NHS
Derby Teaching Hospitals
NHS Foundation Trust

Annual Report & Accounts
2017-18

Taking pride in caring

DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST

ANNUAL REPORT & ACCOUNTS 2017-18

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) (a) of the National Health Service Act 2006.

Contents

Contents

Contents

Chairman & Chief Executive's Statements

Taking pride in caring

An important priority this year has been the growing partnership with our neighbouring Burton Hospitals NHS Foundation Trust. 'Ensuring value through partnership' forms one of our key Board objectives and we know the NHS works best for the communities we serve when all partners across both health and social care work together.

This year we have built a compelling case for merger with our colleagues at Burton which demonstrates the many benefits for patients which would result from delivering services in a joined up way. As the year drew to an end it was especially heartening to see the Competition and Markets Authority give their support to the case for the merger. The CMA strongly endorsed our plans, ruling that any potential lessening of competition as a result of the merger was substantially outweighed by the real benefits to patients that would result. This approval was a testament to the hard work of our teams in both Trusts who had worked so well together to develop these new integrated models of care that will deliver these benefits.

As we write, we await NHS Improvement's consideration of our detailed plans to create a new merged organisation, which will help to sustain services in Burton, give Derby the opportunity to develop and grow its specialist services and help us make better use of our community hospitals together with our other Health and Care partners in both Derbyshire and Staffordshire. Originally we had hoped to merge on 1 April 2018 but NHSI required more time to thoroughly examine the financial case, notwithstanding their clear support for the clinical justification so strongly supported by the CMA. We hope to complete our plans to bring into being the University Hospitals of Derby and Burton by 1 July 2018.

Developing a 'joined up approach' across Derbyshire remains a key focus for us, alongside the leaders of all the county's health and social care organisations, bringing together NHS bodies with local authorities as part of the Sustainability and Transformation Partnership. The Joined Up Care Derbyshire Board is developing a Derbyshire System Plan for 2018/19 and beyond. The plan will join up services to provide better care, closer to people's homes, with a focus on prevention and keeping people out of hospital wherever possible.

This underpins another of our Board objectives, to ensure our patients are treated by the right people, in the right place and at the right time. Our dedicated A&E team at the Royal Derby Hospital embody this approach, putting patient care at the heart of everything they do. Our Emergency Department team was named 'Emergency Department Clinical Team of the Year' by the Royal College of Emergency Medicine. The prestigious award recognised the high quality care given to patients, even when the department faced record demand. It is the second major national accolade for the Derby A&E team. In 2015 the Royal Derby Hospital's Emergency Department won the CHKS 'Excellence in Accident and Emergency Care Award', with judges praising its compassionate care and good outcomes for patients.

We continue to lead the way nationally in our use of barcode technology to improve patient safety and drive efficiencies in our hospitals. During the year, we became the first Trust to complete all four phases of the Scan4Safety programme. Derby Teaching Hospitals is currently the only trust in the country that can track every single product to each patient in this way, with the system now live in all 35 surgical theatres at the Royal Derby Hospital, as well as in radiology and endoscopy.

Putting patients first is a key objective for Derby Teaching Hospitals and we were delighted to see this demonstrated when our Patient Experience team was named the best in the country, winning the accolade of Team of the Year at the Patient Experience Network National Awards for showcasing our commitment to putting the needs of patients first. Our team impressed the judges with a number of different projects, including the Patient Experience Champions initiative which has seen more than 200 members of staff listening to feedback from our patients and putting into practice ideas to make positive changes.

Quality sits at the heart of everything we do and we constantly strive to further improve the quality of the care we offer our patients. We launched our Quality Strategy for 2017-2021, in line with the Care Quality

Commission's five key lines of enquiry ensuring that our services are safe, caring, responsive, effective and well led. Our focus this year has been on reducing our sepsis rates, reducing stillbirth and maternal death rates, reducing unwarranted clinical variation and learning from preventable deaths.

During the year we welcomed the Secretary of State for Health, Jeremy Hunt, who praised our quality ambitions and our outstanding record on diagnosis and swift treatment of sepsis. Derby Teaching Hospitals has the lowest In-patient mortality for sepsis compared to other hospitals in the region. Patients have a 32.2% lower chance of dying of sepsis in Derby than the national average. This is a significant achievement which demonstrates our Quality Strategy in action. We have developed a comprehensive Maternity Safety Improvement Plan to ensure we provide safe, high quality maternity care in Derby and it is encouraging to report we are making good progress in this vital area. The improvements we have made have already resulted in a marked reduction in the stillbirth rate in our maternity unit, which is now significantly below the national average.

How our staff feel about the quality of care we deliver is an important marker of quality and it is pleasing to report that the National Staff Survey showed that 84% of our staff would be happy to recommend our hospitals to friends or relatives for treatment. This put Derby in the top 20% of trusts in this category for the third year running, while we were also in the top 20% for staff saying they would recommend the Trust as a place to work, and for those who feel enthusiastic about their role.

All of this has been achieved during a particularly challenging year, with record demand for our services. In line with many other large acute trusts, we experienced an unprecedented period of sustained pressure over winter, with large numbers of acutely unwell patients needing emergency treatment and admission. During January, we saw a 7% increase in emergency admissions, compared to the same time last year, with more than 100 new patients being admitted each day in medicine and health care of the elderly services alone. This trend continued into March. In January we were instructed to cancel all elective surgery in our hospitals. This unprecedented step was taken nationally to ensure hospital beds were available for the sick patients who needed to be admitted. As one of the country's largest surgical centres, the cancellation of all elective work resulted in considerable inconvenience for many of our patients and reduced income for the Trust in the first months of 2018.

It is pleasing to be able to report our year end position for 2017-18 which saw us achieve a deficit of £40.8m which was within the planned deficit of £42m. This improved position was achieved in spite of the impact of loss of income as a result of winter pressures and reduced elective activity. Strong leadership is needed during challenging times and we should like to thank our senior leaders and Board colleagues who have worked hard during a difficult year to continue to set the highest standards, in spite of ever tightened finances.

Our people are our most valuable asset and their hard work, tireless commitment and resolve has been outstanding during the past 12 months. Thanks to our dedicated staff, we have continued to deliver compassionate, high quality care to our patients despite the challenges of a year which saw rising demand, the increasing impact of an ageing population and the continuing reality of funding constraints for the NHS. We would like to take this opportunity to thank all our people, our volunteers, governors and partners for their continuing support.

John Rivers
Chairman
24 May 2018

Gavin Boyle
Chief Executive
24 May 2018

Performance Report

Taking pride in caring

This report takes account of the guidance issued by NHS Improvement (NHSI) within the NHS Foundation Trust Annual Reporting Manual 2017-18 and the revised NHS Foundation Trust Code of Governance (July 2014). The Board of Directors are responsible for preparing this document. The Board considers the 2017-18 Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provides the information necessary for patients, regulators, and other stakeholders to assess the Trust's performance, business model and strategy. The audited accounts of the group have been prepared under a direction issued by NHSI under the National Health Service Act 2006.

Overview

The purpose of the Overview is to give the user a short summary that provides them with sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year.

Trust Profile & History

Derby Teaching Hospitals NHS Foundation Trust was authorised by Monitor in April 2004 (Monitor was replaced by NHS Improvement in 2016). The Trust provides both acute hospital and rehabilitation care, serving a population of over 600,000 people in and around Southern Derbyshire. As one of the region's acute hospitals judged to be "Good" by the Care Quality Commission.

Derby Teaching Hospitals NHS Foundation Trust has an excellent reputation and proven track record for providing high quality, safe and compassionate care. The Trust runs two hospitals; the Royal Derby Hospital, which incorporates the Derbyshire Children's Hospital, is a busy acute teaching hospital, and the London Road Community Hospital provides inpatient and outpatient rehabilitation and care.

Derby Private Health is also based at the Royal Derby Hospital providing inpatient and outpatient private health services. All profits are invested into local NHS services, improving healthcare for everyone.

The Royal Derby Hospital, incorporating the Derby Medical School and School of Health Sciences, is Derbyshire's only teaching hospital. We work in partnership with the Universities of Derby and Nottingham, educating and training future generations of doctors, nurses and other healthcare professionals.

Clinical excellence and compassionate care lie at the heart of the services provided. These include a wide range of inpatient and outpatient surgical and medical specialities, intensive care, maternity and children's services and accident and emergency care. For some of our specialist services such as vascular, cancer and stroke care the Trust attracts patients from a wide catchment area.

The Trust treats a million patients each year and over 6000 babies are born in our maternity unit annually, an average of 17 births every day. Over 190,000 elective operations and procedures take place every year in the hospital's suite of 35 modern operating theatres. In addition to this we see over 2900 outpatients in clinics every day.

The Royal Derby has the only roof-top helipad in the East Midlands and its busy emergency department sees over 400 patients every day. The hospital has a total of 1,100 beds, many of which are single rooms for improved privacy and dignity for patients.

The Derby Teaching Hospitals NHS Foundation Trust has an annual budget of £541 million and is one of the largest employers in the region, with more than 8800 staff and 900 volunteers (including DTHFT volunteers and volunteers from affiliated groups such as the League of Friends groups).

Our staff and volunteers pride themselves on delivering high quality patient care. This has been consistently recognised year on year through the achievement of many national awards for patient care, safety and patient experience.

Performance Report

2017 – 18 in review
Highlights of the year

April 2017
Trust holds first Patient Experience Week
Staff competed with each other to come up with new ways to improve the hospital experience for our patients as part of the Trust's first Patient Experience Week. London Road Community Hospital's Ward 6 received £1,000 to put into practice their idea to provide a pop-up sensory space to create a soothing experience for patients with dementia.

New Radiotherapy machines provide better treatment for cancer patients
Cancer patients at the Royal Derby Hospital benefitted from improvements in treatment, thanks to new state-of-the-art Radiotherapy equipment. Two new Linear Accelerators were switched on, with a third machine due to be up and running by the end of the year. The new machines provide quicker, more accurate treatment for patients, using image-guidance to help radiographers direct the treatment more precisely. This gives better results and fewer side-effects, as well as reducing the amount of time patients spend in treatment during each radiotherapy session.

May 2017
Dying Matters Week
We joined partners from across the county to spread the word about the importance of talking with loved ones about death, as part of Dying Matters Week. The end of life wishes of Royal Derby Hospital cancer patient Helen Jordan were taken to a number of different locations to raise awareness as part of a relay across the county.

Trust named in top 40 nationwide
Derby Teaching Hospitals NHS Foundation Trust was named as one of the CHKS 40 Top Hospitals for 2017. This list is based on the evaluation of 22 key performance indicators, including safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

June 2017
Outline Business Case for merger is approved
The boards of both Derby Teaching Hospitals NHS Foundation Trust and Burton Hospitals NHS Foundation Trust approved the Outline Business Case for the proposed merger between the two neighbouring Trusts. Work began on compiling a detailed Full Business Case to set out the benefits for patients of the two Trusts coming together as a new organisation.

Patients praise care in CQC survey
Around 80% of our patients surveyed in the Care Quality Commission's National Inpatient Survey rated the care they had received at our hospitals as 7 out of 10, or higher. A sample of 570 patients who stayed overnight at either the Royal Derby Hospital or London Road Community Hospital during 2016 responded to the survey. We achieved scores above the national average in the majority of the areas assessed; including questions about whether patients felt well looked after, the quality of communication from staff and the way their privacy and dignity was maintained.

July 2017
Nurse wins award for Manchester attack response
Royal Derby Hospital Paediatric Theatre Nurse Georgina Smith won a special Pride of Derby Award for her actions in the aftermath of the Manchester Terror Attack in May. Georgina was off-duty at the Manchester Arena when a bomb exploded, resulting in the deaths of 22 people. Georgina bravely rushed to help those who had been injured by the blast and stayed with the victims for several hours until paramedics arrived on the scene to treat them.

Cancer services receive a boost
The results of the National Cancer Patient Experience Survey revealed that patients had given us an average score of 8.8 when asked to rate the care they had received. This represented an improvement on the previous year and placed us above the national average and the best in the region. End of Treatment Bells were also installed in Radiotherapy Department and the Combined Day Unit to allow patients to celebrate their last round of chemotherapy or radiotherapy.

Urgent Care Village proposal announced
The Health Secretary announced plans to invest up to £20 million to create a new 'Urgent Care Village' at the Royal Derby Hospital. The development would include GP services, a frailty clinic and mental health services all under one roof to help avoid patients going to A&E unnecessarily.

August 2017
Tandem scooters help less mobile patients
Derby Hospitals Choir purchased two new mobility scooters to transport less-mobile patients to different parts of the Royal Derby Hospital. The scooters are able to access lifts, helping less mobile visitors and patients reach all parts of the hospital site.

Trust rates highly for patient experience
Both the Royal Derby Hospital and London Road Community Hospital achieved top marks in the Patient-Led Assessments of the Care Environment (PLACE) review. A team made up of staff and members of the public assessed six areas, including cleanliness, appearance, privacy and wellbeing.

Therapy dogs helping patients in city hospitals
Specially-trained therapy dogs and their handlers helped bring a smile to the faces of patients undergoing treatment at the Royal Derby and London Road Community hospitals. The therapy dogs are comforting elderly patients on hospital wards, as well as with those receiving palliative care at the Royal Derby's Nightingale Macmillan Unit. A visit from a therapy dog can bring a range of therapeutic benefits to people in hospital by reducing anxiety and boredom and helping to lift morale.

September 2017
Staff celebrated at annual awards
The achievements of our staff were honoured at a special ceremony at Pride Park Stadium. The annual Celebrating Success Awards saw numerous awards handed out to staff, including to the Radiotherapy department, who won the Chairman's Team of the Year award.

Week focuses on Quality Care
The first Quality Week was held to mark the launch of our revised Quality Strategy. The Quality Strategy encourages all staff to deliver quality care to our patients. During Quality Week staff were challenged to describe 'what quality means to me'.

Keeping patients in the loop
A&E trialled the use of 'keeping you in the loop' cards, containing information on who patients had already been seen by, what service they were waiting for next, and whether they were likely to stay in hospital or go home.

October 2017
Emergency Department team named best in UK

Our A&E team was awarded the 'Emergency Department Clinical Team of the Year' title by the Royal College of Emergency Medicine. The prestigious award recognised the high quality care given to patients, even when the department faced record demand. The busy department's ethos has remained clear - putting patient care at the heart of all that they do and this was evident to those on the judging panel. It is the second major national accolade for the Derby A&E team. In 2015 the Royal Derby Hospital's Emergency Department won the CHKS 'Excellence in Accident and Emergency Care Award', with judges praising its compassionate care and good outcomes for patients.

Trust completes Scan4Safety programme

We became the first Trust to complete all four phases of the Scan4Safety programme and we won the EHI Live Best System or Initiative Adoption/Roll-Out award as a result. The use of Scan4Safety makes operations safer and more efficient, by using scanners to read every piece of equipment used in a procedure and linking this to a barcode on each individual patient's wristband. Derby Teaching Hospitals NHS Foundation Trust is currently the only Trust in the country that can track every single product to each patient in this way, with the system now live in all 35 surgical theatres at the Royal Derby Hospital, as well as in radiology and endoscopy. The Derby Trust's work in leading the NHS with this scheme has already won many awards and accolades.

November 2017
Trust has the lowest sepsis mortality rate in the region

Latest data revealed that patients treated at Derby Teaching Hospitals NHS Foundation Trust were 32% less likely to die of sepsis than the national average. This was the lowest inpatient mortality rate for sepsis in the region – with the latest statistics showing that there were 112 fewer deaths than would have been expected between August 2016 and July 2017. Sepsis is a major cause of potentially avoidable deaths in hospitals, although the survival rate is over 75% if it is treated with antibiotics within an hour of diagnosis.

New interpreter service trialled

A three month trial of a brand new service aimed at helping deaf patients to communicate with staff more quickly was introduced in A&E in November. The SignLive app allows visitors to the department to communicate with staff via an on-screen interpreter whilst arrangements are made for a face to face interpreter to arrive.

Trust celebrates discharge

We gave an insight into the different improvements that have been made to get our patients fit and ready to leave hospital by holding our very first Celebrating Discharge Week. From the introduction of the Discharge Lounge, to the development of Discharge to Assess, the week looked at all of the changes that have been made recently, while staff also gave their thoughts in a series of short videos on social media.

December 2017
Royal Derby's respiratory team leading fight against pneumonia

A specialist respiratory infections team, based at the Royal Derby Hospital, was leading the fight against pneumonia this winter. Respiratory Consultant Dr Tom Bewick has set up a specialist team to quickly diagnose pneumonia, identify the strain and treat it effectively with the correct antibiotic. The hospital's Respiratory Infections Team is reducing hospital stays for the condition, according to a new study presented to the British Thoracic Society. Data shows the team has improved antibiotic stewardship and reduced the length of stay by two days for patients admitted to hospital with community-acquired pneumonia (CAP). New treatment machine in Radiotherapy

Surgeon named best medic

Consultant Maxillofacial Surgeons Mr Nikolay Yanev was named 'Best Medic of the Year' by the Bulgarian Medical Union. Mr Yanev specialises in major facial reconstruction surgery for head and neck cancer patients and splits his time equally between Derby and his native Bulgaria.

January 2018
Winter pressures bite
We experienced an unprecedented period of sustained pressure over winter, with large numbers of acutely unwell patients needing emergency treatment and admission. We saw a 7% increase in emergency admissions compared to the previous year, as we admitted more than 100 new patients each day. We had prepared well for winter and thanks to this detailed planning, we coped better than some other large acute trusts. Our hardworking front line staff were praised for their tireless resolve and commitment to providing compassionate care in challenging circumstances.

Doctor provides diphtheria care
Emergency Medicine Consultant Dr Iain Lennon spent three weeks in Cox's Bazar, Bangladesh, following an outbreak of diphtheria in the area. Dr Lennon was part of a team of 40 UK medical professionals who were deployed to the area, where 600,000 Rohingya refugees are based.

February 2018

Pharmacy robot unveiled
Derby County owner Mel Morris officially unveiled the Trust's new drug dispenser robot in our Pharmacy department. The automated machine has been in use since December and has resulted in patients receiving their drugs more quickly than ever before, while removing human error and providing 24 hour support to the pharmacy service to meet increasing demand.

Surgeon granted royal meeting
Consultant Upper GI Surgeon Mr Syed Iftikhar was granted an audience with Her Majesty the Queen, in recognition of his charitable work. Mr Iftikhar has helped raise around £4 million for different causes in other countries through his charity Midland Doctors, which built a general hospital in Pakistan in the aftermath of the 2005 Kashmir earthquake.

March 2018
Patient Experience Team named UK's best
Our Patient Experience Team was presented with the Team of the Year Award at the Patient Experience Network National Awards (PENNA). The Trust was shortlisted for four PENNA awards in total. This included two nominations for a joint project with arts charity Air Arts, which saw two 10-foot tall flower sculptures installed to help guide patients to cancer services at the Royal Derby Hospital. The Trust also received a nomination for our 'Keeping You in the Loop' project.

Preceptorship Programme receives national acclaim
Midwife Kristen Goodall, who leads our Preceptorship Programme, was presented with the Excellence in Midwifery Education, Learning and Research Award at the Royal College of Midwives (RCM) Annual Midwifery Awards. The programme helps new midwives through their first year of work by pairing them up with a buddy to provide support on each of their shifts over a 16 month period.

Staff have their say in survey
For the third year running, we were placed in the top 20% of Trusts nationally for staff who would recommend us as a place to work or receive treatment. Almost 3,500 of our staff took part in the latest NHS National Staff Survey, which showed 84% would be happy to recommend our hospitals if a friend or relative needed treatment.

Key Issues & Risks that could affect the Trust in delivering its objectives

As identified in more detail within the Accountability Report, the Trust has identified a number of strategic imperatives, underpinning its five important PRIDE values. Specifically, these imperatives are;

- Developing services to maximise productivity and efficiency
- Delivering quality in everything we do; safety, effectiveness and patient experience
- Developing integrated care for people with long term conditions to help them stay as healthy as they can be
- Creating networks for complex and acute care

In developing strategic objectives relating to the above, the Trust continues to focus on:

- System transformation
- Strategic alliances
- Relationships with Local Commissioners/ Stakeholder Relations

Key risks that could affect the Trust in delivering its objectives were set out within the Board Assurance Framework for 2017-18 that was developed in line with Risk Management Strategy and Policy.

The most significant risks are considered to be as follows;

- Failure to deliver the Patient Benefits identified in the Patient Benefits Case for the Derby Burton Collaboration
- Insufficient management capacity due to the volume of work involved in various system wide developments and strategic planning processes, especially the collaboration work with Burton Hospitals NHS Foundation Trust and development of the STP could leave the Trust under-resourced
- Pace, scale and governance grip of the whole system redesign projects could be insufficient to deliver the required level of transformation to maintain patients' standards
- Failure to deliver the operational or financial plan which will impact on the Trusts ability to maintain clinically safe services and progress developments to meet current and future capacity demands.
- Inability to transition towards 7 day Services and deliver the defined 10 Clinical Standards, due to workforce and financial constraints
- Overcrowding and ineffective assessment of patients due to inappropriate facilities within ED, Assessment Areas and Ambulatory Care facilities
- Referral to Treatment 18 week standard; the Trust breaches its licence to operate through on-going failure to deliver sustainable performance against the national access standard for routine elective treatment
- Failure to deliver of the 62 day performance target from urgent GP referral for suspected cancer to first definitive treatment for cancer

Going Concern

The financial statements for the year ended 31 March 2018 have been prepared on a going concern basis, as stated in the Chief Executive's Accounting Officer Statement.

The Trust is again expecting to incur a deficit during the next 12 months and as a result will require significant additional external funding. Although the level of this funding stream is not yet formally agreed, the Trust's Board of Directors has a reasonable expectation that the required funding will be provided from external sources.

The Board continues to monitor its monthly and future cash position and is engaged in ongoing discussions through NHS Improvement with the Department of Health for funding support.
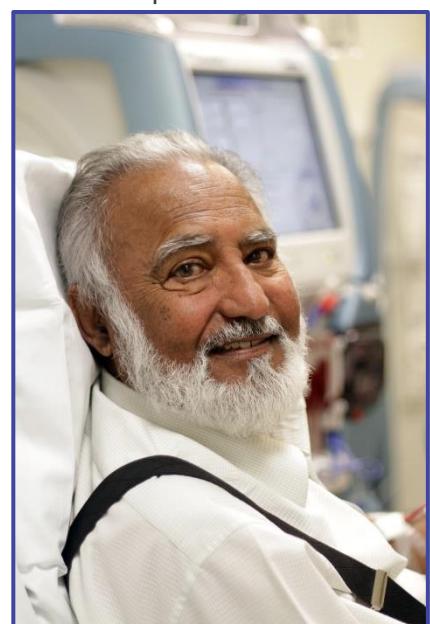
Performance Analysis
How the Trust measures performance
The Trust measures Business Units and Divisions on key indicators and targets split across 5 domains using the PRIDE framework. This enables the development of operational plans at Divisional level which will help to ensure that operational delivery is supporting the achievement of the organisation's long term aims. The monthly Performance Management Meetings (PMMs) between the Executive and Divisional leadership teams track delivery of these Divisional plans.

The Integrated Performance Report has been restructured using the PRIDE framework and each element of the PRIDE framework has been allocated to a sub-committee of the Board in order to assure the Board that particular operational and strategic objectives are being achieved as per below:

Putting Patients First – Quality Committee
Right First Time – Finance and Investment Committee
Investing Our Resources Wisely - Finance and Investment Committee
Developing our People – People Committee
Ensuring Value through Partnership – Trust Board

Executive Leads have been defined for each of the PRIDE 'threads' and enabling strategies that support these 5 year plans are due for completion in early 2017-18.

The committee structures beneath these Board sub-committees have been mapped to agree where metrics will be tracked and escalated.

Summary of Performance in 2017-18
The table below demonstrates the average performance for Referral to Treatment and the year to date position for the other targets.

Indicator	Trust Performance	Target
C Difficile	67 Cases	<=53
A&E, 4 Hour Wait (with DUCC)	86.46%	>95%
Referral to Treatment (incomplete)	91.78%	>92%
Cancer 2 week wait	96.82%	>93%
Cancer 2 week wait - Breast Symptoms	96.49%	>93%
Cancer 31 day Standard	96.55%	>96%
Cancer 31 day Subsequent - Surgery	95.55%	>94%
Cancer 31 day Subsequent - Drugs	97.76%	>98%
Cancer 31 day Subsequent - Radiotherapy	95.03%	>94%
Cancer 62 day Standard	78.70%	>85%
Cancer 62 day Screening	94.61%	>90%

Performance Report

Cancer Waiting Times

Cancer performance is reviewed by the Cancer Programme Board which is chaired by the Medical Director. In addition to assuring performance against agreed improvement trajectories the Cancer Board review all breaches of the 62 day target to receive assurance that patients have not been harmed as a result of any delays. Although achieving the majority of the cancer targets, the Trust narrowly missed the target for 31 Day subsequent treatment – drugs, missing the target in 3 months for a very small number of patients. Actions have been taken to improve the scheduling of appointments and performance has picked up.

The Trust has not achieved the 62 Day Cancer standard in any Quarter end in 2017-18 and has established an action plan, which is updated monthly and reviewed at Cancer Programme Board. These actions include re-designing pathways (such as providing same day appointments for some diagnostic tests) to shorten pathways overall. The Trust has agreed a trajectory to recover performance to above 85% for Q1 2018-19, whilst this represents a significant challenge, it remains the ambition of the Trust.

A&E

The 4 hour wait performance has proved challenging as the volume of patients, particularly those requiring admission, has increased– this reflects the national position with many hospitals facing similar pressures. The Trust has an action plan for improvement which has been agreed with our local Clinical Commissioning Group and local A&E Delivery Board. Actions to date have included investing in Medical staffing within the Emergency Department and implementation of a new rota system to improve the time to be seen, and expansion of the GP Co-location service to stream non-emergency patients away from A&E.

The Trust has implemented the Safer, Faster, Better Standards which incorporates Red2Green (ensuring there are no unnecessary delays for inpatients) to improve patient flow.

Referral to Treatment (RTT) waiting times

The Trust achieved the incomplete target for 9 of the 12 months of the year, with the impact of lost capacity due to winter pressures contributing to the Trust missing the target over the past few months.

Clostridium difficile (C diff)

The end of year total for C diff cases was 67 against a threshold of 53. A trajectory was calculated as cases per 100,000 bed days and Derby Teaching Hospitals NHS Foundation Trust trajectory was set as no more the 16.6 cases per 100,000 bed days.

There has been a significant reduction in the Trust apportioned C.diff rates since December 2017, after the antibiotic guideline for the treatment of sepsis of unknown origin were reverted back to piperacillin / tazobactam.

The Trust remains fully committed to improving all aspects of Infection Prevention and Control to minimise the numbers of patients who contract C Diff and there is on-going scrutiny of each case to identify learning from lapses of care.

Financial Performance

The Trust has detailed financial performance for the year in the Explanatory Foreword to the Annual Accounts from page 172. Financial performance is reviewed through the same performance cycle described above. In addition Divisional teams attend the Finance & Investment Committee during the year to present on their financial position, covering key reasons for off plan performance and any actions that will be taken to improve the situation.

Other key measures

Quality measures are escalated from Performance Management Meetings through to the Quality Review Committee and up to the Quality Committee, the Medical Director and Director of Patient Experience and Chief Nurse also include these in their reports to the Trust Board. Nurse staffing fill rates are reviewed at Safe Staffing Board and triangulated with other performance measures at Divisional Performance Management meetings.

Environmental Matters
Sustainability/Climate Change

The NHS Sustainable Development Unit, identifies Sustainable development as follows:

The goal of sustainable development is to meet the needs of today without compromising the ability of future generations to meet their needs. Stabilising and then reducing our carbon emissions is key to "living within environmental limits", just as addressing climate change is central to a "healthy, just and fair society". Sustainable development is the framework within which carbon emissions will be reduced.

NHS England, Public Health England and the Local Government Association, jointly launched in January 2014 a New Sustainable Development Strategy for the NHS, Public Health and Social Care systems. For 2014 – 2020.

The new Strategy for the Health, Public Health and Social Care System is titled; "Sustainable, Resilient, Healthy People and Places – A Sustainable Development Strategy for the NHS, Public Health and Social Care system". The new strategy aims to reduce carbon emissions, and protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments are key to the concept.

The Sustainable Development Strategy describes the vision for a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments. The challenge is how to continually improve health and wellbeing and deliver high quality care now and for future generations within available financial, social and environmental resources.

Understanding these challenges and developing plans to achieve improved health and wellbeing and continued delivery of high quality care is the essence of sustainable development. It is important that plans factor in:
- The environmental impact of the health and care system and the potential health co-benefits of minimising this impact
- How the health and care system needs to adapt and react to climate change, including preparing and responding to extreme events
- How the NHS, public health and social care system maximises every opportunity to improve economic, social and environmental sustainability.

Urgency of Actions
Climate change is already impacting upon health, however actions towards reducing emissions today could help shape changes in future decades. The NHS has an urgent role to play both in resilience by adapting to the effects of climate change by mitigating or minimising the impact through changes to services and human behaviour.

Derby Teaching Hospitals NHS Foundation Trust is committed to the NHS Sustainable Development Unit strategy and targets

Vision

To become the flagship Trust in an innovative, practical and financially viable environmental solutions , embedding in its culture, the dynamic and enthusiastic desire to change the way we care for our patients , to ensure a fully sustainable organisation is created to support the health and wellbeing of our patients, our staff and our communities.

Our Sustainable Development Management Plan highlights key areas of focus including responsibility and accountability, environmental legislation, energy management, procurement, travel and transport, water and waste management. The Sustainability action plan sets out a range of actions necessary to take the Trust to a higher level, as part of our ambitious target to reduce carbon emissions.

We do this by
- Strong Governance & Leadership
- Engagement with staff, patients stake holders and our communities
- Resource Impact – Monitoring and analysing direct energy (Gas Electricity) & water consumptions and waste production /disposal
- Commissioning
- Travel & Transport
- Procurement
- Healthy Resilient Communities
- Sustainable Models of care

Key actions include:
- Changing behaviours to ensure our staff integrate effectively with their built environment to ensure improved patient experience and carbon efficiencies are achieved
- Making the Trust a good Corporate Citizen (GCC) Now redefined and remodelled using the NEW Sustainable Development Assessment Tool (SDAT)
- The setting of a new carbon reduction target
- The establishment of a Carbon Management Sustainability Group and supporting groups Energy, Transport and Procurement
- A comprehensive communications strategy
- Adaptations of patient pathways arising out of climate change
- Enhanced management of data for emissions and waste
- Producing an annual Carbon Footprint report using DEFRA UK Government GHG Conversion Factors for Company Reporting
- Produce an annual Travel Plan summary
- A review of the outstanding measures, success and barriers to progress in our carbon management programme, followed by implementation where appropriate
- Ensuring we have strong partnering arrangement with key stakeholders in the community ie Voluntary services, Clinical Commissioning Groups (CCG's) and Local Councils

Table 1: Carbon and Energy Reduction Targets

Target	% Reduction	Timescale	Current Trust Status
NHS Carbon Reduction Strategy (medium term)	28% reduction in carbon dioxide equivalent emissions (CO2e) from a 2013-14 baseline	7 years by 2020-21	The Trust is currently tracking this target and produces an annual foot print report which shows an increase of 7% from a 2013-14 baseline. This is due to an increase in procurement costs.

The biggest driver to our carbon reduction strategy for 2018 is the Climate Change Act 2008 – UK legislation long term legally binding framework to reduce carbon emissions, mitigate and adapt to climate change. The Climate Change Act became law 26th November 2008 our target for Health and Social Care is a 28% reduction by 2020/2021 from a 2013/ 2014 base line.

In 2011 The NHS Sustainable Development Unit (SDU) published the Route Map for Sustainable Health for individual hospitals and networks to help work towards the delivery of sustainable healthcare. The six themes cover individual and societal attitudes and behaviours, governance and use of resources against standards and innovations in care and technology. The route map is used to define where one is at present, what is the destination and by which route. The progress along the route is getting started during which sustainability is understood, progressing to a transition to the expectation that sustainability is becoming the norm and finally to a transformation in which sustainability is routine and culturally embedded and self - regulated. By individuals' behaviour, the route map places the onus on all of us.

A further important driver is the continual increase in the cost of Trust utilities, - in order to combat this the Trust is looking at three electrical projects consisting of replacing current lighting with LED – Solar Panels and the installation of a Combined Heat and Power Unit. The fourth project designed to help reduce our carbon footprint is to look at a waste disposal using pyrolysis plant. These four projects will require capital funding. Various options of funding are being considered, the further use of good housekeeping, through our Environmental Champions project will also provide a key resource in our efforts to reduce our carbon footprint, plus continued close monitoring of our electricity, gas and water usage.

Timescales

The Trust recognises that to achieve these targets, or subsequent targets, will require a prolonged and concerted effort focusing on a range of opportunities including investment to save and practical opportunities. Specific measures the Trust has implemented to reduce its emissions, engage with the community and manage its sustainability impacts include:

- Adapting and responding to both the projected and current impacts of climate change and adverse weather events. Mitigating risks and developing resilience

- The Trust approved in 2012 its Sustainability Management Structure   A Sustainability Strategy and a Sustainability Development Management Plan .(Revised 2016) together with a detailed Action Plan and nominated a Non-Executive Director to oversee the sustainability agenda within the Trust.
- An energy awareness campaign among staff, using the enthusiasm and dedication of the Environmental Champions, which included the distribution of 4,000 energy awareness booklets to staff and visitors and the annual Energy Awareness month in November
- Bespoke training for Environmental Champions at the Royal Derby Hospital and London Road Community Hospital
- Engage with local primary and secondary schools to develop their sustainable awareness to become Junior Environmental Champions
- Monthly performance monitoring and trend analysis of energy and water consumptions and Waste management
- Annual whole Trust Carbon Foot Print now carried out by a Trust team
- Moves to introduce e-rostering and paperless outpatients services
- Inclusion of sustainability options in the development of major projects
- An award winning transport strategy promoting, among other measures, car-sharing and walk and bike to work schemes, home working and flexible working where appropriate.

Awards

Over the past year the Trust has achieved recognition locally, nationally and internationally in the following awards;

- 2017 Achieved a green World Silver Award for commitment to best practice in the Health Industries Sector in the Green World Awards held in Dubai – This award represents the pinnacle of green achievement in competition with other companies, governments and organisations around the globe which is now recognised as an exceptional achievement.
- 2017 awarded Green World Ambassador recognition at the Houses of Parliament June 2017
- Finalists in this year's NHS Sustainability Day Awards in the Workforce Development category. and was celebrated on the 17th May at Imperial College London
- The Sustainable Development Unit, NHS Improvement and Hospital Finance Managers Association accredited the Trust for the third successive year with a certificate of Excellence in Sustainability reporting in its Annual Report for 2017

OUTCOME REPORTS 2017-18

Sustainable Development Assessment Tool (SDAT)

The Sustainable Development Unit (SDU) developed an SDAT to replace the Good Corporate Citizen tool (GCC), which allows Trusts to carry out a refined self-assessment to assess how sustainable they are, track progress and benchmark against other Trusts. The tool contains 10 sections – Corporate Approach, Asset Management Utilities, Travel & Logistics, Adaptation, Capital Projects, Green Space and Biodiversity, Sustainable Care Models, Our People, Sustainable Use of Resources and Carbon/Greenhouse Gases (GHGs).

During 2017-18 the Trust carried out, the first of the SDAT assessment achieving a score of 71%.

DERBY HOSPITALS NHS FOUNDATION TRUST

Latest assessment score

71%

Module	Score
Corporate Approach	59.75%
Asset Management & Utilities	92.75%
Travel and Logistics	87.5%
Adaptation	100%
Capital Projects	35.09%
Green Space & Biodiversity	36.23%
Sustainable Care Models	57.69%
Our People	92.47%
Sustainable use of Resources	68.06%
Carbon / GHGs	76.19%

Commentary

This assessment shows that the Trust is performing very well however there is work to be done on capital projects and Greenspaces and Biodiversity.
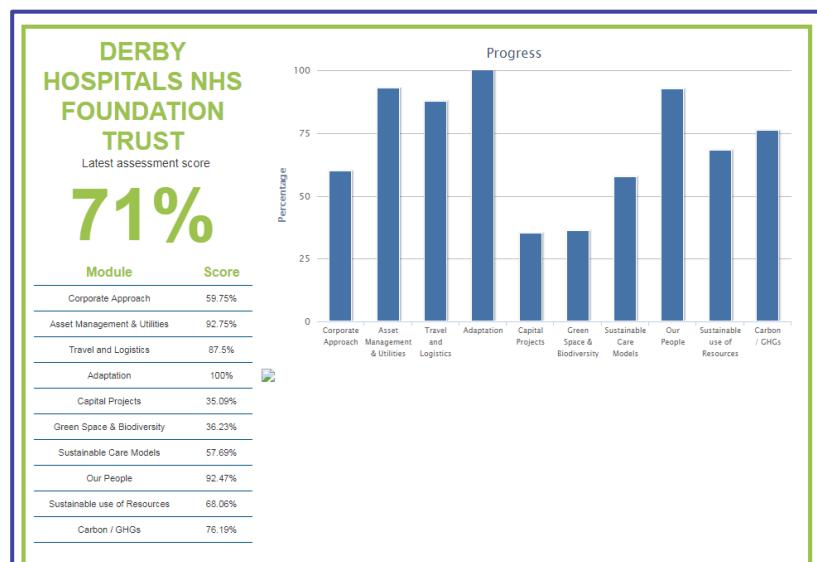
Emissions 2017-18

These are based on the new reporting framework requirements and is aligned with the "Greening Government Commitment Guidance" The framework requires reporting under 3 different headings called "SCOPES". The Three Scopes of emissions are:

Scope 1 Energy Direct
- Fuels Combustion from gas boilers
- Owned Transport
- Fugitive Emissions from air conditioning, refrigeration and medical gases

Scope 2 : Energy Indirect
- Purchased Electricity

Scope 3: Other indirect
- Business Travel Via transport not owned by the Trust
- Waste

Scope 1 (Energy Direct)
Fuels Combustion Gas

Reduction in gas consumption 2017-18 compared to 2008-09 was - 41% the in year increase was +0.97%, which was achieved by closer monitoring & control plus remodelling of operational parameters
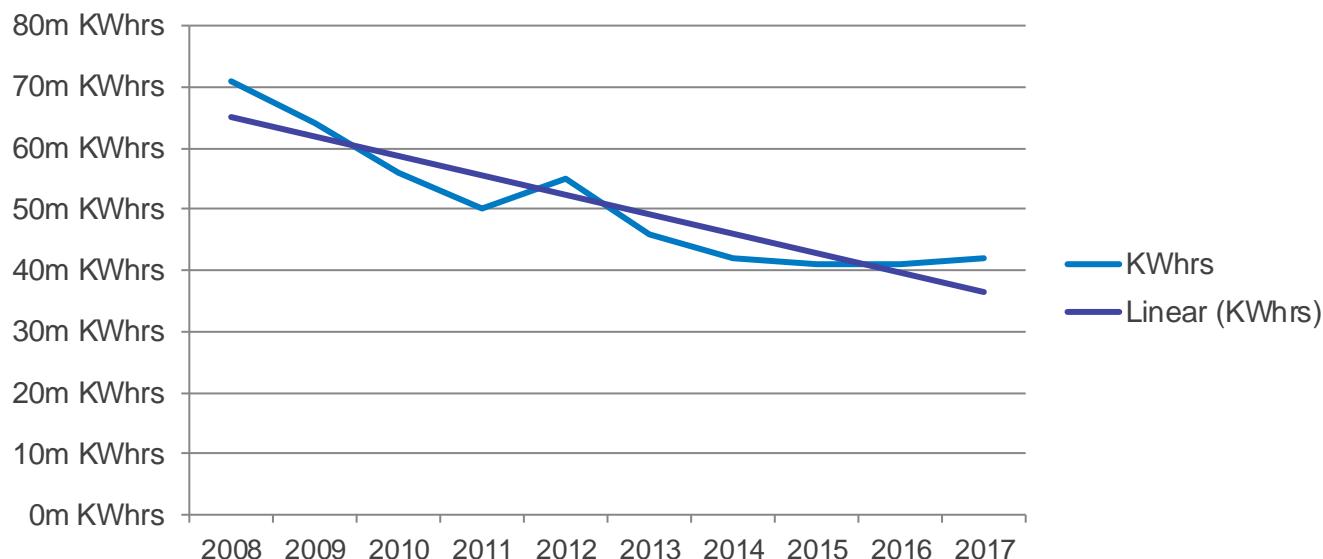
Fugitive gases

The Royal College of Anaesthetists are aware of the impact of anaesthetic gases on global warming and are developing awareness amongst the profession and the Trust will work closer with the division to understand any local actions taken.
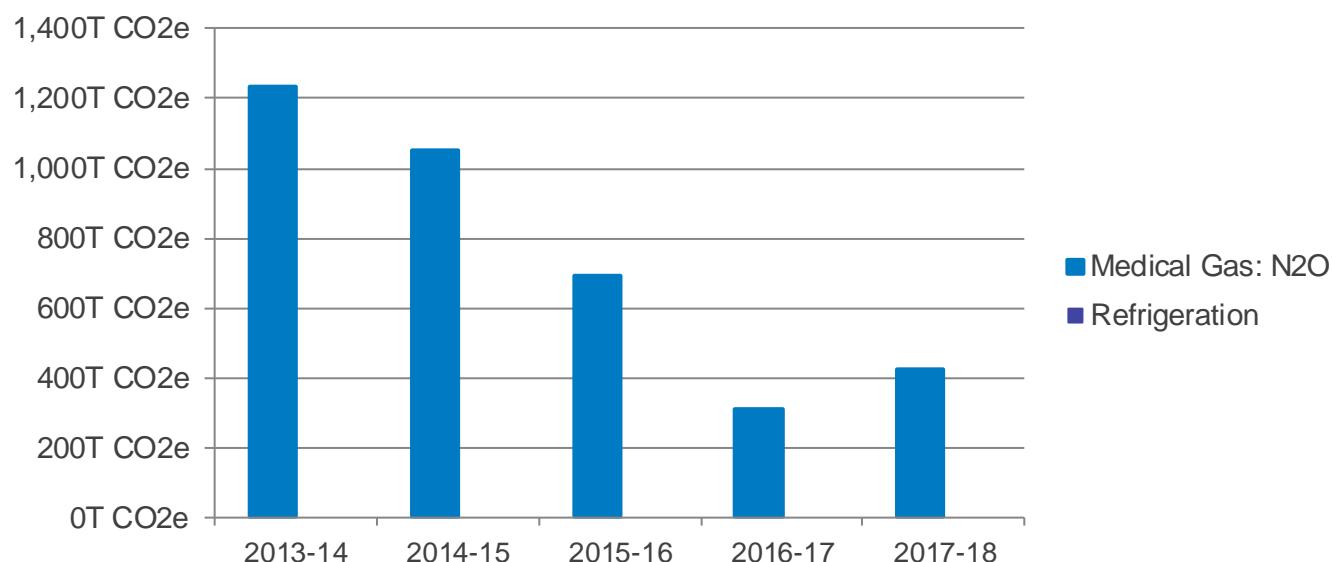
Performance Report

Scope 2 (Energy Indirect); Purchased Electricity

Reduction in electricity 2017-18 compared to 2008-09 (10 years) – 4.43% in year decrease was + 0.47% this was achieved by reconfiguration of chiller plant operation and closer monitoring & control plus remodelling of operational parameters for heating.
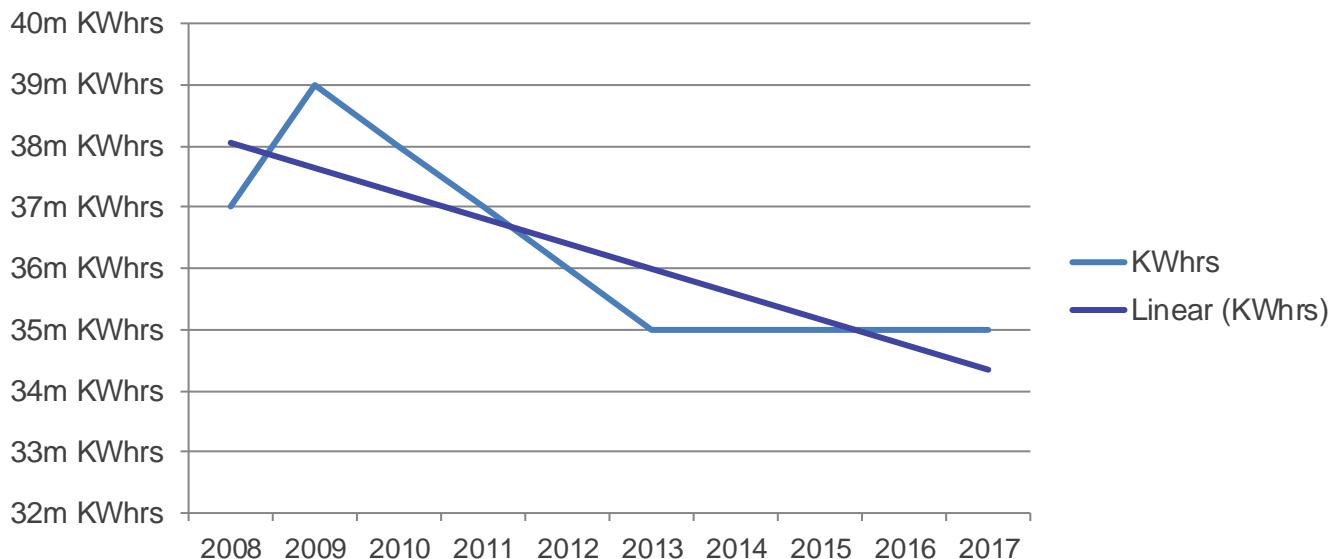
Trust 9 Year Gas & Electricity kilograms of CO2e

"Carbon dioxide equivalent" or "CO_2e" is a term for describing different greenhouse gases in a common unit. For any quantity and type of greenhouse gas, CO_2e signifies the amount of CO2 which would have the equivalent global warming impact.

Electricity has approximately twice as much impact on global warming than gas and as such efforts to reduce electricity use will have a greater benefit per unit than gas.

10 year CO_2e change shows the Trust achieved a 29% reduction in year change increase 0.10% shows efforts are being made to limit any increase in spite of increase developments ie additional MRI scanner etc.
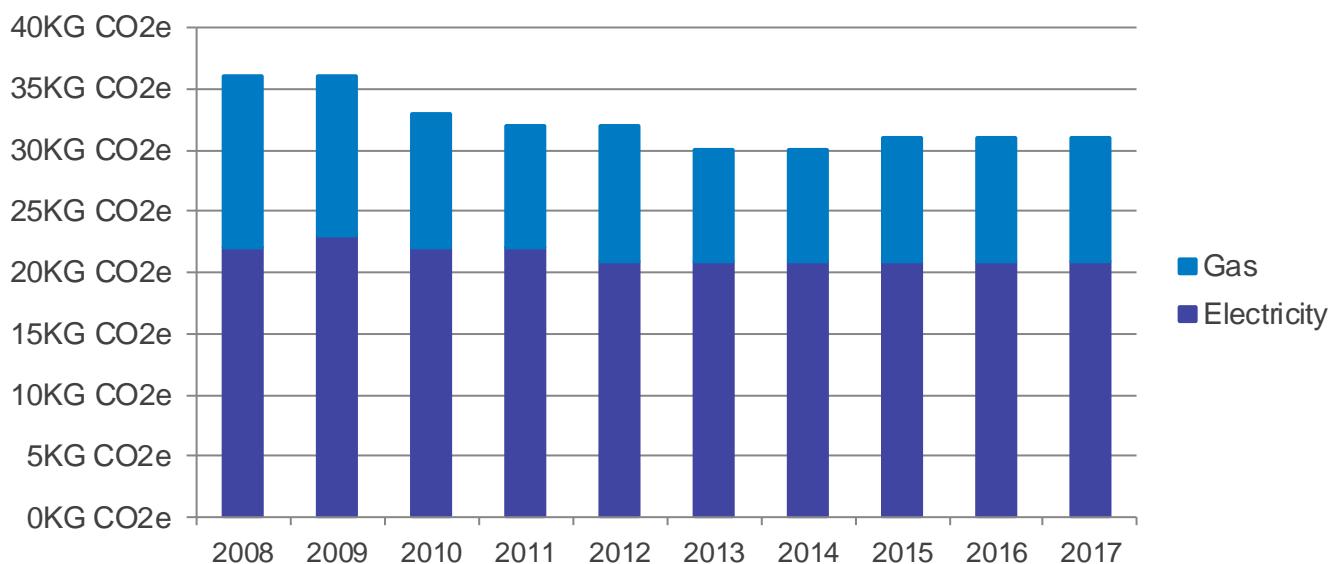
Trust patient activity

Patient activity has reduced by 1% over the year however the energy consumption has increased by 4% this is partly explained by the fact that the whole building has still to be maintained at the required levels irrespective of number of patients plus additional developments i.e. MRI scanners etc. adds to our increases. Operational efficiencies continue to be monitored and identified and agreed improvements actioned.
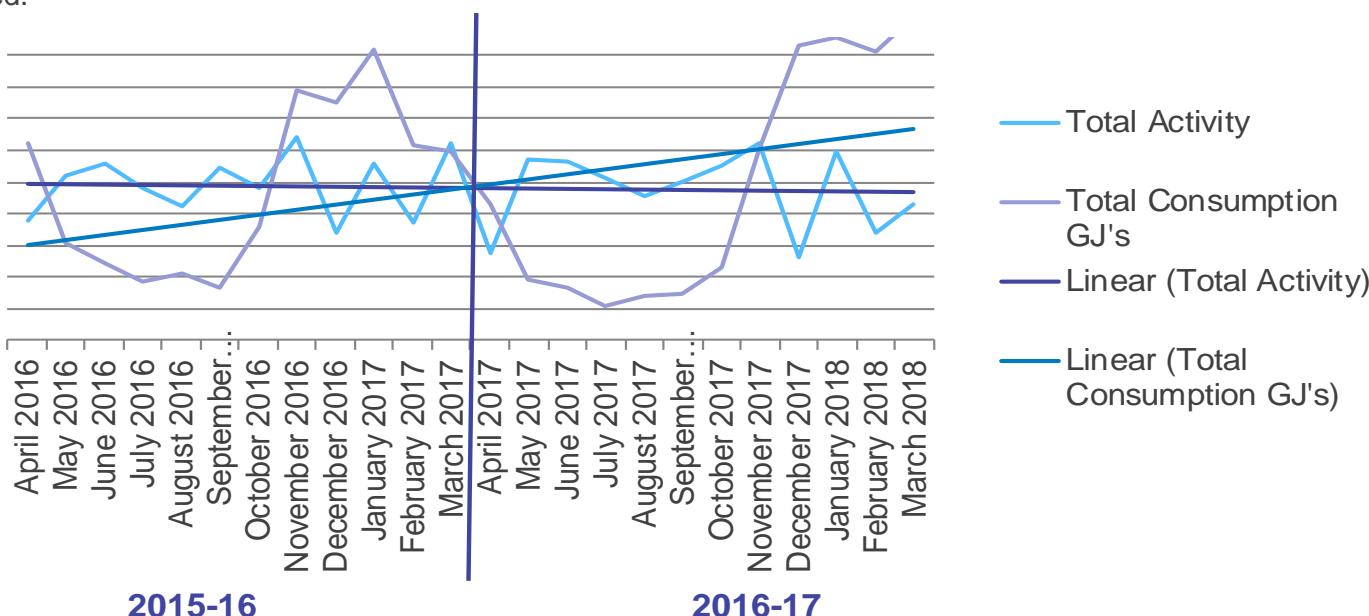
Scope 3 (Other indirect); Business travel

2017- 18 has seen an increase in car business mileage. Rail and taxi mileage have both increased but air travel has decreased slightly. Trust owned vehicles include Drivability cars. Leased vehicles include courier vans. The contracted Trent Barton Royal Derby Saturday bus service was discontinued in July 2017.
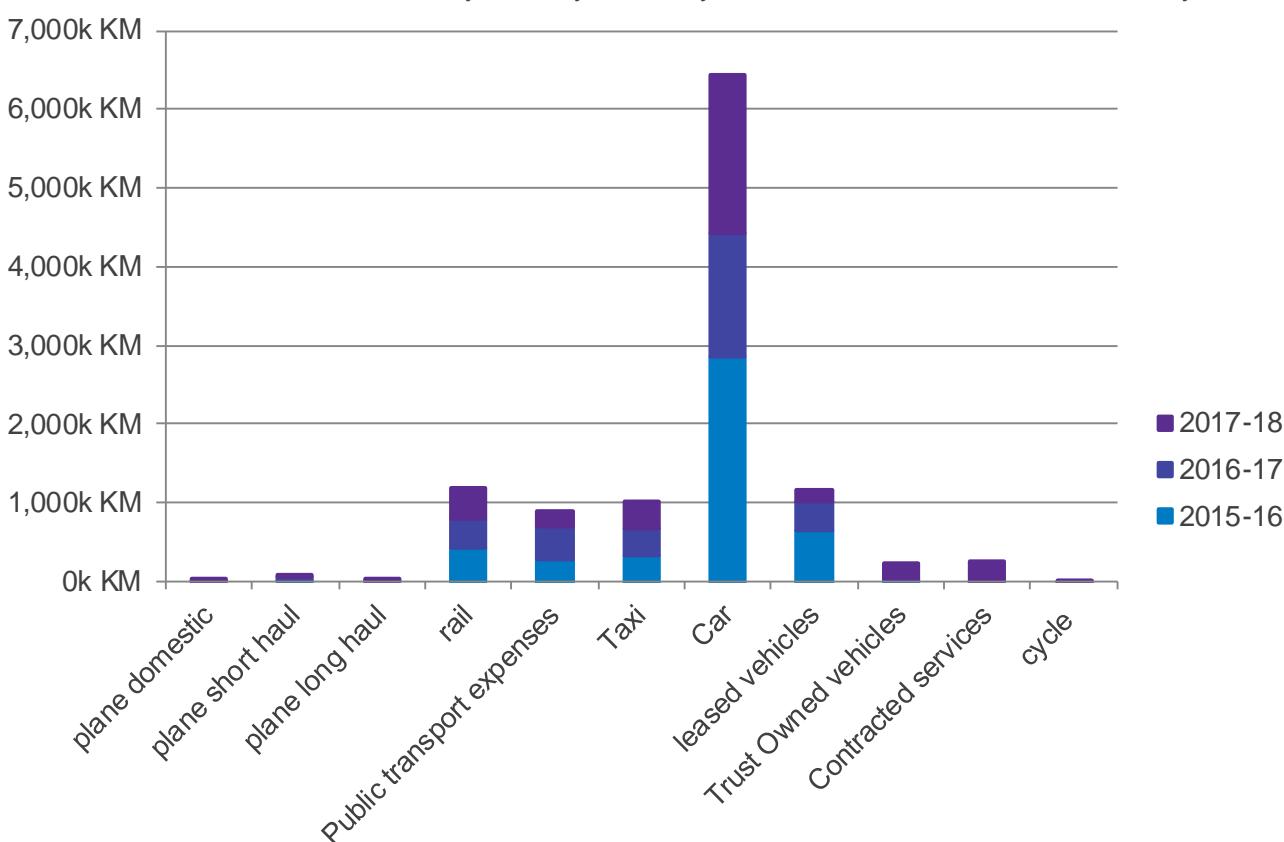
Performance Report

Waste

The way we dispose of our waste has changed over the year and is now more strict on what can be recycled. 2% of our waste is recycled which includes paper and cardboard. A majority of our waste has to go to high incineration due to the nature of the waste and the risk of contamination. We do send items over to Syria that we are no longer able to use.
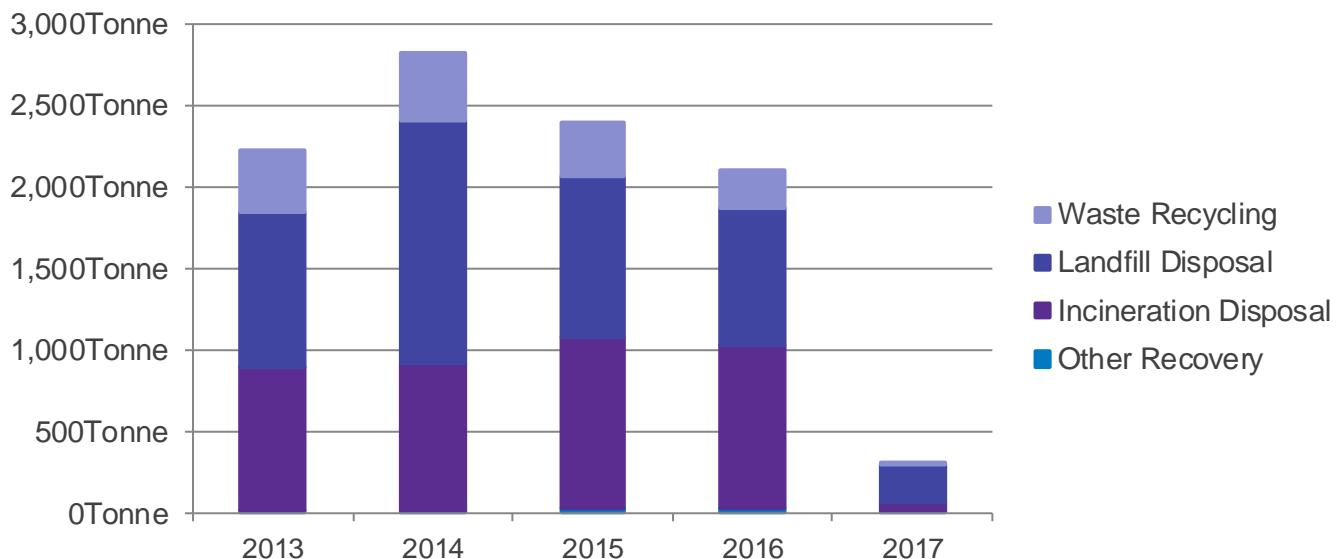
Water

10 year consumption shows and increase of 14.78% and an in year increase of 4.33%. Earlier this year we identified an increase trend of water consumption and action was taken to reverse this trend which was successful plus an external audit was carried out which identified a few minor issues but nothing major. A review of water usage is now being carried out.
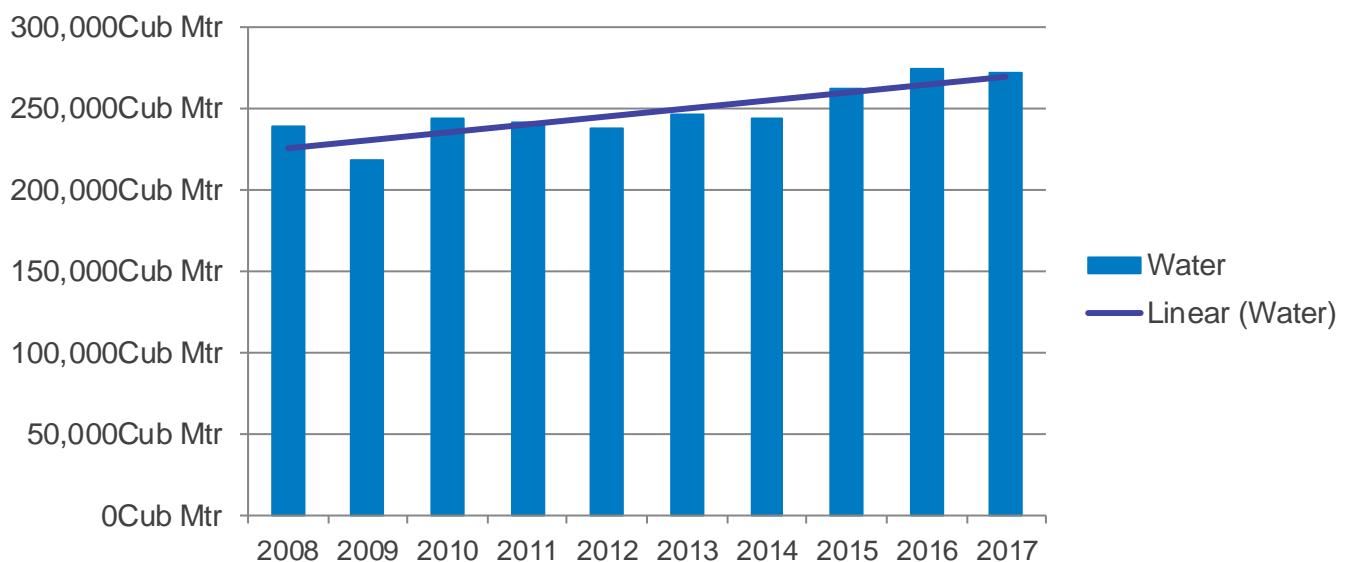
Carbon Footprint DTHFT Total Carbon Footprint (Tonnes CO2e)

The carbon footprint analyses of Derby Teaching Hospitals NHS Foundation Trust from 2007-08 to 2016-17 include a wide range of the hospitals operational activities with only a few exclusions due to a lack of data. All the data gathered for this footprint is more accurate than previous and fewer assumptions were used. Both footprint analyses include electricity, gas, and water, business travel, staff commuting, patient and visitor travel, capital purchases, procurement, food and waste. The total footprint for Derby Teaching Hospitals for 2016-17 was 113796 CO_2e (tonnes) the overall decrease from the base year of 2007-08 equates to a reduction of 19 % with an in year reduction of 1%
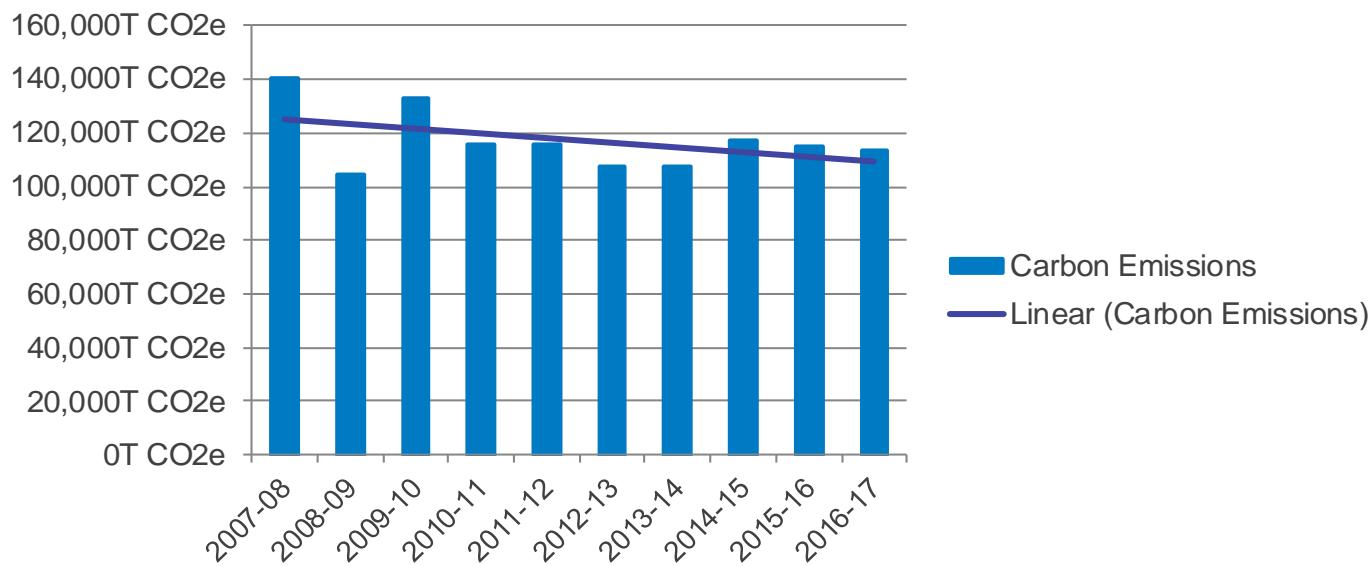
Carbon Footprint elements

The NHS needed to reduce its emissions by 10% by 2015 (based on 2007 baseline data) and by 80% by 2050. This target will be difficult to achieve without additional capital expenditure and increased engagement/commitment of staff and departments towards the Trusts sustainability agenda.
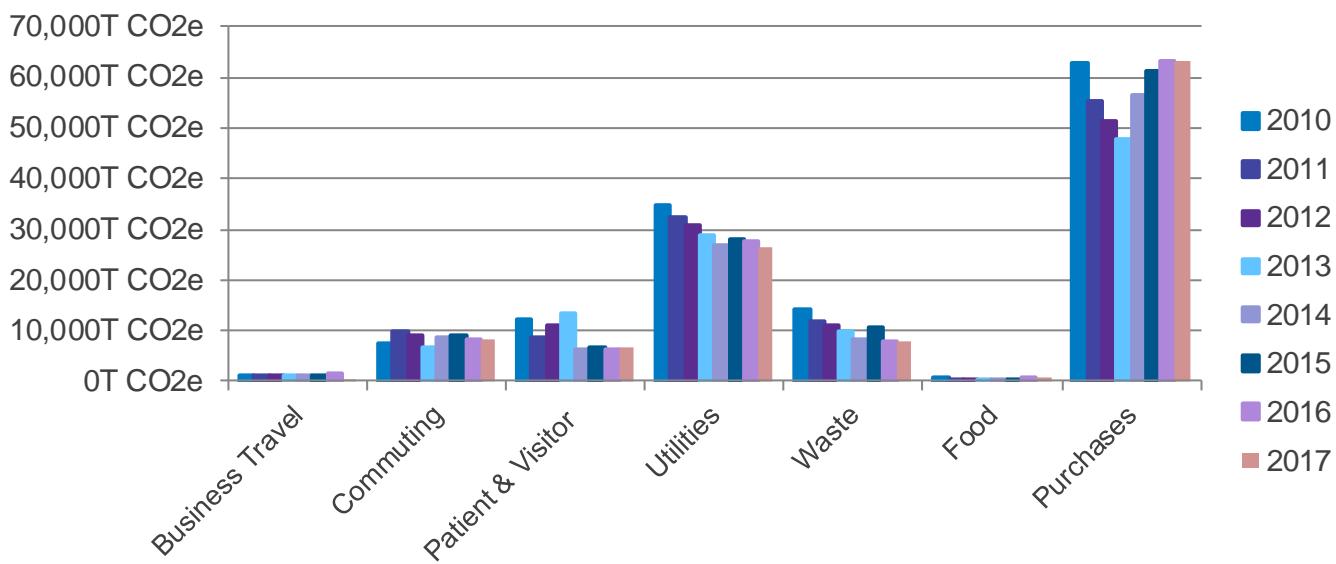
The Trust achieved a reduction of 19% against the NHS target of 10% and continues to achieve year on year reductions

Pie chart:
- Purchases 56%
- Business Travel 0%
- Commuting 7%
- Patient & Visitor 6%
- Utilities 23%
- Waste 7%
- Food 1%
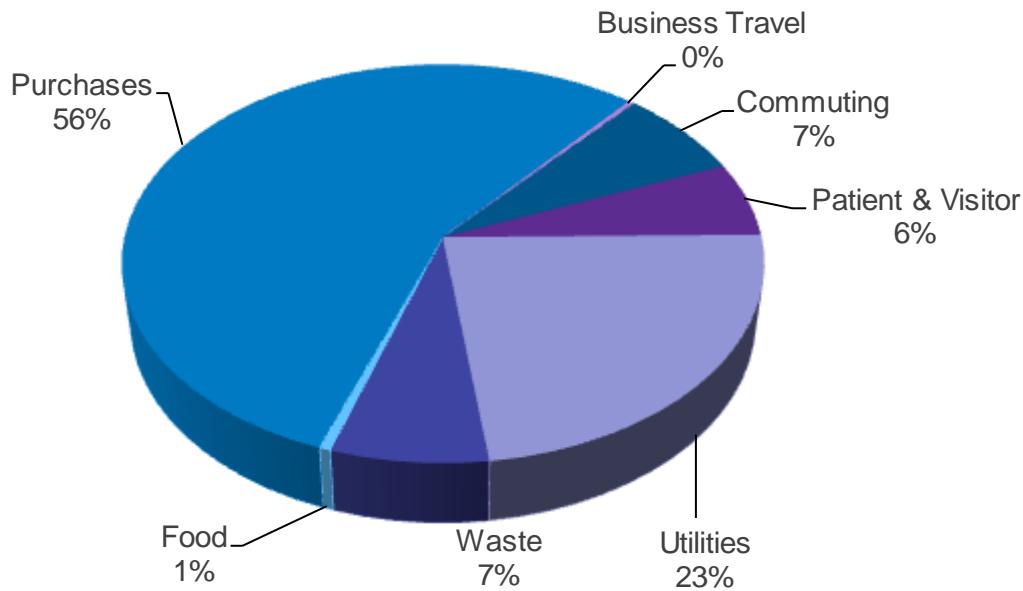
European Union Emissions Trading Scheme (EUETS)

The EUETS is a system for greenhouse gas emissions allowance trading. The Trust was required to participate in the scheme from 2008, but in 2013 elected to be monitored under the UK's "Small Emitter and Hospitals Opt-Out Scheme". This scheme was introduced in recognition of the disproportionate administrative burden imposed by EUETS on small emitters.

The Opt-Out Scheme still requires the Trust to meet challenging emission reduction targets. However, the Trust did contest the methodology for setting these targets, given that the baseline level of allowable emissions was calculated using 2008-10 data, during which time the Royal Derby site was not fully operational.

Following a successful appeal, targets were revised by the Environment Agency and in calendar year 2017 the Trust's emissions were independently verified at 6,426 tonnes CO_2e, well within the target of 7,657.

Social, Community & Human Rights Issues

Full information is provided in the Remuneration Report on page 44.

THE BLUEBELL

Inspired by Patients their families / carers and the staff at the Nightingale Macmillan Unit
Created by Jenny Pickford
2016

Post Balance Sheet Events

Since the end of the financial year on 31 March 2018 significant events that have occurred include:

The ongoing discussion for a merger between Derby Teaching Hospitals NHS Foundation Trust and Burton Hospitals NHS Foundation Trust. This is on hold pending approval by NHS Improvement.

The election process for the Council of Governors has commenced with 8 public and 1 staff governor vacancies to be filled. The whole process is being managed for the Trust by the Electoral Reform Society with the contested election results being declared in June 2018.

The Executive Medical Director, Dr Sturrock, left the Trust on the 31 March 2018. Due to the merger discussions, a permanent appointment has not been made, however Mr Stephen has been appointed as Acting Executive Medical Director from the 1 April 2018.

There have been no overseas operation by the Trust during the financial year

Gavin Boyle
Chief Executive
24 May 2018

Accountability Report

NHS
Derby Teaching Hospitals
NHS Foundation Trust

Taking pride in caring

Directors' Report
The Trust Board

The role of the Trust Board is to set the strategic direction of the Trust, to promote leadership of the organisation, and to report to NHS Improvement its performance against predetermined financial and clinical measures.

To achieve these objectives the Board receives regular detailed reports enabling appropriate decisions to be taken directly by the Board or through delegation of authority to various sub-committees. During the course of the year the Board met, confidentially, on a monthly basis and bi-monthly in public.

The Trust also operates a scheme of delegated authority which identifies certain activities with specific financial limits for approval by the Board and for different levels of key senior management within the organisation.

Decisions reserved to the Board are set out in Section 1 of the Trust's Scheme of Delegation and cover; regulations and control, appointments/dismissal, Strategy, Business Plans and budgets, policy determination, audit, monitoring and the annual report and accounts.

Other delegations are set out in the following sections of the Trust's Scheme of Delegation:
Section 2 – Committees
Section 3 – Council of Governors
Section 4 – Accountable Officer
Section 5 – those derived from Codes of Conduct and Accountability
Section 6 – Standing Orders
Section 7 – Standing Financial Instructions
Section 8 – Detailed Scheme of Delegation

The Trust Board comprises seven Non-Executive Directors including the Trust Chairman and six Executive Directors including the Chief Executive. Executive Directors comprise the Chief Executive, Chief Operating Officer, Director of Finance and Performance, Medical Director, Director of Patient Experience and Chief Nurse and the Director of Workforce.

The Non-Executive Directors include four specific individuals who have financial and/or commercial experience, two with a clinical background, including a University Professor of Healthcare Research, and one with Local Authority/NHS experience.

Taking account of the NHS Foundation Trust Code of Governance, the Board have taken the view that all the Non-Executive Directors are independent. All Non-Executive Directors declare their interests and in the unlikelihood that such interests conflict with those of the Trust, then the individual would be excluded from any discussion and decision relating to that specific matter.

Under the terms of the Trust's Constitution, members of the Trust Board are individually required to declare any interest which may under the terms of the Constitution conflict with their appointment as a Director of the Foundation Trust. During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Derby Hospitals NHS Foundation Trust. A Register of Directors' interests is available on the Trust's web-site or via the Trust Secretary.

Any member of the Foundation Trust wishing to make contact with the Trust Board Directors should contact the Trust Secretariat on 01332 786896 and arrangements will be made for the appropriate Director to make contact.

Board of Directors

Director	Appointment
Non-Executive Directors	
Mr John Rivers	Chairman – current term of office expires 30 June 2018
Mrs Patricia Coleman	Current term of office expires 31 July 2018
Mr Chris Hole	Current term of office expires 30 June 2018
Mr Steven Jarratt	Current term of office expires 30 April 2021
Sir Stephen Moss	Current term of office expires 31 January 2019
Professor Avril Drummond	Current term of office expires 31 October 2018
Mr Graham Bragg	Current term of office expires 30 April 2020
Executive Directors	
Mr Gavin Boyle	Chief Executive
Dr Nigel Sturrock	Medical Director
Ms Cathy Winfield	Director of Patient Experience & Chief Nurse
Miss Sharon Martin	Chief Operating Officer
Mr Kevin Downs	Director of Finance & Performance
Dr Neil Pease	Director of Workforce
Mr Jim Murray	Acting Director of Patient Experience and Chief Nurse (May 2017 - November 2017)

Non-Executive Directors at 31 March 2018
Mr John Rivers CBE DL - Trust Chairman

John was appointed for a four year term of office from 1 April 2009 – 31 March 2013 and then appointed for a second term to 31 March 2016 which has since been extended to 30 June 2018. John was also appointed Chair of Burton Hospitals NHS Foundation Trust on 14 March 2016 until 31 March 2017 This appointment was extended inline with Derby Hospitals to 30 June 2018. John serves as Chair of the Nominations and Remuneration Committee and is a member of the Finance and Investment Committee.

John retired from Rolls-Royce plc in September 2007 after ten years as Director of Human Resources for the company preceded by five years as Personnel Director for the Aerospace Group. For 19 years prior to joining Rolls-Royce, he worked at GEC in a number of senior management positions, including Personnel Director at GPT (GEC/Plessey Telecommunications). John's other interests include Industrial Heritage. He was a Trustee of the Arkwright Society at Cromford Mills from January 2009 to March 2016 and was Chair from July 2012 to March 2016. He resigned as a member of the Steering Group for the Derwent Valley Mills World Heritage in December 2017 but remains, Chair of the Florence Nightingale Derbyshire Association and Deputy Lieutenant of Derbyshire.

Mr Chris Hole –Vice-Chair

Chris, a former Group Director of Procurement with Rolls-Royce plc, joined the Trust Board as a Non-Executive-Director in November 2007. He has been re-appointed twice and his term has been extended to 30 June 2018. Chris retired at the end of December 2006 after a career that included the Ford Motor Company and more recently Rolls-Royce plc. His areas of expertise include: purchasing, supply chain management, outsourcing, strategy development, business plan deployment, personnel planning and development, IT and financial planning. He serves as a member of the Nominations and Remuneration Committee, Audit Committee and the Finance and Investment Committee.

Sadly, Mr Hole passed away while still in office in May 2018. The Trust is very appreciateive of his commitment and significant contribution to the Trust since his appointment as a Non- Executive Director in November 2007.

Mrs Patricia Coleman OBE

Patricia has a public service background, mainly local government, with senior management positions held in Sheffield, Birmingham and Manchester where she was Deputy Chief Executive of the city council. More recently she has worked at national level promoting leadership and improvement strategies. Previous Non-Executive appointments included Derbyshire County Primary Care Trust, the Peak District National Park Authority and Derbyshire Probation Service. She is currently a board member of a number of cultural and environmental charities, including as Chair of Derby Museums Trust. She has particular interests in and an affinity towards patient care and the patient experience, service redesign and the involvement of stakeholders across the county. Patricia is Chair of the People Committee, Vice-chair of the Quality Committee, Chair of the Charitable Funds Committee and Chair of the Trust's Voluntary Services Liaison Group. Patricia was first appointed on August 1st 2011, and was reappointed from August 2014 for 3 further years, her appointment was extended until 31 July 2018.

Mr Stephen Jarratt

Steve is a Fellow Chartered Management Accountant and Chartered Global Management Accountant who has held a number of senior level finance roles in private and public sector organisations over the last twenty years. Steve commenced his career in manufacturing, then spent several years in the rail sector initially within British Rail then as a Finance Director of a train operating franchise within the National Express Group. In 2003 he joined the Department of Work & Pensions firstly working within their corporate change programme before taking a senior finance role in JobCentre Plus. Latterly Steve had been the Deputy Chief Executive of the Independent Living Fund where he also held the position of Finance & Resources Director responsible for all aspects of financial management and control, a position he retired from on 30 September 2015. Steve was appointed as Non-Executive Director on 1 May 2015 for a three year term and has been re-appointed with his current term ending on 30 April 2021. Stephen is Chair of the Audit Committee and serves on both the Nominations and Remuneration Committee and the People Committee.

Sir Stephen Moss – Senior Independent Director

Stephen is a nurse by background and has spent his entire career in the NHS. Following a number of years in clinical practice he moved into a variety of nursing and general management roles, and has over thirty years' experience in posts at Board level including Chief Nurse, Chief Executive, Non- Executive Director and Chairman. He spent seven years as Director of Nursing at the former Derbyshire Royal Infirmary (DRI) and associated hospitals before moving to Queens Medical Centre in Nottingham in 1984. Stephen was appointed by the Secretary of State as a Commissioner on the first NHS Quality regulator, the Commission for Health Improvement (CHI) and was Vice Chair of the team which developed the first reviews of clinical governance to be undertaken in England and Wales. He took early retirement in 2005 and in 2009 was asked to undertake the role of Chairman at Mid Staffordshire NHS Foundation Trust following the highly critical report from the Healthcare Commission. Stephen was previously Chairman of the Department of Health Human Factors Reference Group as well as currently being appointed by the Secretary of State to hold the post of Non-Executive Director at Health Education England. Stephen took over as the Chair of the Quality Committee in February 2014 and is also a member of the Audit, People and the Nominations and Remuneration Committee. He was appointed as the Senior Independent Director from 1 November 2014. He was initially appointed on 1 February 2013 and reappointed in February 2016 for second three year term.

Professor Avril Drummond

Avril is the University of Nottingham's representative on the Trust Board and is Professor of Healthcare Research, Deputy Head of School and Director of Research in the School of Health Sciences. She is an occupational therapist by professional background and has a particular interest in rehabilitation and rehabilitation services. Avril is Visiting Professor of Occupational Therapy Research at the University of Derby. She was appointed for a three year term from 1 November 2014whcih has been extended to 31 October 2018. Avril serves on Quality Committee and Nominations and Remuneration Committee.

Accountability Report

Mr Graham Bragg
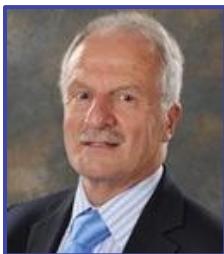
Graham retired as Interim Chief Executive of the Royal Orthopaedic Hospital NHS Foundation Trust, in December 2013. He had spent over twenty years there, with roles including the Finance Director and Director of Strategic and Business Development. Overall he has worked in the NHS for over 40 years. He is an Associate Member of the Chartered Institute of Management Accountants and a Charted Global Management Accountant. Graham has also been involved with various representative bodies, including; Chairman of the Trust Directors of Finance Network (Southern), Chairman of the Audit and Corporate Governance Committee (West Midlands HFMA) and also a member of the West Midlands Healthcare Procurement Consortium. He was appointed for a three year term on 1 May 2014 and has been re-appointed with his current term ending on 30 April 2020 . Graham is Chair of the Trust's Finance and Investment Committee and also serves on the Nominations and Remuneration Committee.

Executive Directors as at 31 March 2018
Mr Gavin Boyle, Chief Executive

Gavin joined the NHS just over 25 years ago as a General Management Trainee in Liverpool. This followed University and a degree in Biological Sciences, then a short period of private industry. He holds a Masters Degree in Business Administration and completed the Programme for Leadership Development at Harvard Business School. He spent the first part of his NHS life in and around Liverpool in both primary care organisations and hospitals, then onto Exeter and then Winchester where he was responsible for a broad range of hospital and community services. More recently he has held Board level posts as Director of Operations at the Oxford Radcliffe Trust, the Queens Medical Centre in Nottingham and at Leeds Teaching Hospitals. Prior to joining Derby Teaching Hospitals in March 2016 as Chief Executive, Gavin has held the position of Chief Executive at Chesterfield Royal Hospital NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust. Gavin became Chair of East Midlands Leadership Academy in November 2013 and is Chair of the East Midlands Acute Hospitals Chief Executives forum.

Dr Neil Pease, Executive Director of Workforce

Dr Neil Pease was appointed as Executive Director of Workforce on 1 June 2015. Neil has worked in the NHS for over 25 years including as a porter and healthcare assistant. His more recent role was as Director of Organisational Development and Workforce at Northern Lincolnshire & Goole Foundation Trust. After obtaining a degree in Sports Medicine from Glasgow University he moved into education and organisational development, where he pioneered the use of clinical simulation in palliative care education. Other roles have included Deputy Director at NHS Hull, where he led work to reduce health inequalities in the city and he also spent a year in professional sport as Director of Strategic Development at Hull Kingston Rovers Rugby League Club. Neil holds a Professional Doctorate from Sheffield Hallam University on the subject of organisational development and organisational anthropology.

Miss Sharon Martin, Chief Operating Officer

Sharon was appointed substantively as Chief Operating Officer 1 August 2016 following a period of interim cover. Sharon has worked in Derby for 34 years holding key nursing, leadership and management roles within Medicine. In 2009, as Divisional Lead for Medicine, she led the programme to bring Medicine together onto one acute site in Derby, developing speciality take in and 24/7 services . Sharon has been instrumental in delivery key improvements to workforce and performance against the 4 hour target in Adult Emergency Department. In her previous role as Divisional Director of Integrated Care, Sharon developed the division, particularly focussing on partnership development outside of the acute trust. Sharon is a passionate leader; patient focussed and has a track record of positive staff engagement and achievement. Sharon has recently successfully completed the Nye Bevan Director Development programme.

Dr Nigel Sturrock, Medical Director

Nigel was appointed Executive Medical Director at Derby in March 2014. He began his career in the NHS in 1984 working as a mortuary attendant during his summer holidays in between his medical studies. He graduated in 1988 and worked as a Consultant Physician in Diabetes and Endocrinology in Nottingham from 1997; combining that with a series of Medical leadership roles covering both medical and surgical specialities. His focus as Executive Medical Director at Derby is on continuous quality improvement and ensuring robust clinical governance. This centres on clinical engagement and developing medical leadership at all levels of a doctors career; implementation of the Quality Strategy focussed on continuous quality improvement and shared learning; improving medical productivity and controlling costs with effective job planning, removing unwarranted clinical variation, developing innovative posts; improving clinical coding; and influencing external stakeholders in the health community by building relationships with GPs, neighbouring provider trusts and the CCG's. In addition to the Executive Medical Director role, Nigel continues to be actively involved in Acute Medicine and holds a clinic in Endocrinology.

Ms Cathy Winfield, Director of Patient Experience and Chief Nurse

Cathy was appointed as the Director of Patient Experience and Chief Nurse at the Derby Teaching Hospitals NHS Foundation Trust in May 2013, prior to which Cathy was the Deputy Chief Nurse at the Trust moving from Nottingham University Hospital in 2009 where she had held the post of Clinical Directorate Lead for a very large and diverse Directorate. Cathy has a particular passion for Patient Experience & Quality and is a CQC Specialist Advisor taking part in a number of CQC inspections. She graduated from Loughborough University in 2011 with a Masters with Distinction in Healthcare Governance and is particularly interested in Organisational Risk Management and Board Governance. As the lead for many key Workforce Transformation schemes she has led the development of many new roles including being a national pilot site for the Pre- Degree Nurse project, Nursing Associate Role and the introduction of Clinical Apprentice Schemes, Advanced Clinical Practitioner roles and supporting development frameworks. Cathy is leading a number of Derbyshire wide nursing workforce projects supported by Health Education England and is currently Chairing the National Pressure Damage Steering Group for NHS Improvement. Cathy enjoys staying in contact with patients and developing leadership and innovation through clinical teams.

Mr Kevin Downs, Director of Finance & Performance

Kevin was appointed as the Director of Finance and Performance on 1 April 2015, having spent the previous three years at the Trust as Deputy Director of Finance responsible for Financial Accounting, Procurement, Theatre Transformation Group and Cost Improvement Programmes. Prior to this he worked at other NHS Acute providers including Leicester, Milton Keynes, Northamptonshire Healthcare and Hull mainly in operational roles. He was also a Non-Executive Director at Burton Hospital. Prior to joining the NHS the Kevin worked in the commercial sector at Finance Director Level. He worked for Venture Capitalists (Netwest Bank/ Bridgepoint) and large multinationals both in the UK and across Europe. These included VF Corp (Wrangler Jeans). Warnaco (Vanity Fair) and Mattel Toys. Prior to that he worked as a PLC Director at MV Sports and for BASS the brewer in multiple roles including mergers and acquisitions. He is a Fellow of the Chartered Association of Certified Accountants, a Fellow of the Institute of Directors, and has an MBA from Nottingham Trent University.

Mr Jim Murray Acting Director of Patient Experience and Chief Nurse

Jim became Acting Director of Patient Experience and Chief Nurse between May and November 2017 in place of the substantive post-holder, Cathy Winfield who was on maternity leave. He joined the Trust as Deputy Director of Patient Experience and Chief Nurse in September 2013, prior to this he was a Clinical Directorate Lead at Nottingham University Hospitals. Jim has worked in the NHS for over 30 years and is passionate about patient experience, patient safety, quality and governance. Jim is also the professional lead for nurses, midwives and allied health professionals and is committed to ensuring that all staff are supported to deliver the best possible care for patients.

Changes to Board Membership during 2017-18

Since April 2017 the following Non Executive Directors have had their contract extended or renewed:

- Mr John Rivers Chairman had his term extended to 30 June 2018.
- Mr Chris Hole Non Executive Director had his term extended to 30 June 2018.
- Mr Stephen Jarratt Non Executive Director had his term renewed for an additional 3 years to 30 April 2021.
- Professor Avril Drummond Non Executive Director had her term renewed for a year to 31 October 2018.
- Mr Graham Bragg Non Executive Director had his term renewed for an additional 3 years to 30 April 2020.

A number of these extentions are linked to the establishment of the prospective Board for the Combined organisation whilst others were driven by necessity following the announcement of a delay in the merger completion. In addition for the period 28 May 2017 to 20 November 2017. Mr Jim Murray was Acting Director of Patient Experience and Chief Nurse during Ms Winfield's absence on Maternity leave.

Appointment & Removal of the Trust's Chair & Non-Executive Directors

Under the Trust Constitution, the Council of Governors has power to appoint and remove the Chairman and the Non-Executive Directors of the Trust. Removal of the Chairman or a Non-Executive Director requires the approval of three-quarters of the Council of Governors voting in person or by proxy at a meeting of the Council of Governors.

The process governing the appointment of the Trust Chairman and Non-Executive Directors is covered by the Trust's Constitution, the main details of which are set out later in this report.

Attendance at Trust Board Meetings 2017-18

Name	Title	Attendance (Out of 18)
Mr John Rivers	Chairman	18
Mrs Patricia Coleman	Non-Executive Director	14**
Mr Chris Hole	Non-Executive Director	6**
Mr Steve Jarratt	Non-Executive Director	17
Sir Stephen Moss	Non-Executive Director	18
Professor Avril Drummond	Non-Executive Director	16
Mr Graham Bragg	Non-Executive Director	18
Mr Gavin Boyle	Chief Executive Officer	18
Dr Nigel Sturrock	Medical Director	18
Ms Cathy Winfield	Director of Patient Experience & Chief Nurse	10*
Miss Sharon Martin	Chief Operating Officer	17
Mr Kevin Downs	Director of Finance & Performance	18
Dr Neil Pease	Director of Workforce	18
Mr Jim Murray	Acting Director of Patient Experience & Chief Nurse	8*

*Mr Murray attended Trust Board whilst in the role of Acting Director of Patient Experience and Chief Nurse, covering the Maternity Leave for Ms Winfield during the period of 28 May 2017 to 20 November 2017.
** Mr Hole and Mrs Coleman's reduced attendances were due to personal reasons however both played an active part providing feedback to the Chairman on Board papers.

Significant commitments of the Trust Chairman and Executive Directors

Mr Rivers, the Trust Chairman, has another significant role as the Chairman of Burton Hospitals NHS Foundation Trust. He has also declared involvement in the organisations listed below during the year.

- Deputy Lieutenant of Derbyshire
- Chair, Florence Nightingale Derbyshire Association
- Resigned as a Steering Group Member, Derwent Valley Mills World Heritage Site in December 2017.

There are no significant commitments to disclose relating to the Executive Directors.

Trust Board Performance Appraisal

To ensure the recommendations on Board development from the 2012-13 review had been implemented and as part of a review of its performance, a Trust-wide governance review in line with the NHS Improvement Well Led Framework, was initiated in 2016-17.

A detailed self-assessment process of the governance of the organisation was completed with assistance from the Internal Auditors who provided a report. A detailed implementation plan has been developed linked into a Board Capability Review conducted by Deloittes as part of the Burton collaboration work. Regular updates on the progress are provided to the Audit Committee.

Additional assurance on the strength of the Trusts governance was obtained through a report by Grant Thornton in their role as Reporting Accountant during which they observed several Board and Committee meetings.

Board Committees

The Trust Board has the following committees:
- Quality Committee
- Nominations & Remuneration Committee
- People Committee
- Finance & Investment Committee
- Audit Committee

The Trust Board acts as the Corporate Trustee for Derby Hospitals Charity, which has one committee:
- Charitable Funds Committee

The Trust Board acts as shareholder for D-Hive Ltd, which has one primary committee:
- The Board of D-Hive Ltd

Terms of Reference for the Trust Board Committees are reviewed by the Trust Board at least annually and each Committee conducts an annual Self Effectiveness review.

The Board also holds Strategy Time Out sessions throughout the year where it discusses aspects of Trust strategy and provides the opportunity for all Board members to discuss other issues which have a strategic impact on the Trust as a whole. The details of each of the Board's committees are set out below.

Quality Committee

The purpose of the Quality Committee is to review the quality of standards of those services provided by the Trust. The Committee does this by monitoring outcomes and risks related to quality and safety. It considers feedback from patients and independent reports, and ensuring that action is taken through individual strategies and plans in response to adverse feedback. In addition, the Committee oversees the development and implementation of the Trust's Quality Strategy.

Membership of the Quality Committee is listed below, along with a record of attendances during the year. The Trust Chairman and Chief Executive may attend meetings of the Committee as ex officio members.

The other Committee attendees include the Deputy Chief Nurse, the Head of Governance, the Associate Director of Patient Experience and Facilities, the General Manager to the Medical Director, the Trust Secretary and an observer from the Coucil of Governors.

Name	Title	Attendance (Out of 12)
Sir Stephen Moss	Non-Executive Director & Committee Chair	11
Mrs Patricia Coleman	Non-Executive Director & Vice Committee Chair	11
Professor Avril Drummond	Non-Executive Director	11
Dr Nigel Sturrock	Medical Director	8
Ms Cathy Winfield	Director of Patient Experience & Chief Nurse	4 *
Miss Sharon Martin	Chief Operating Officer	11
Dr Neil Pease	Director of Workforce	9
Mr Jim Murray	Acting Chief Nurse	6*

*Mr Murray attended QualityCommittee in the role of Acting Director of Patient Experience and Chief Nurse, covering the Maternity Leave for Ms Winfield.

Nominations & Remuneration Committee

This Committee's primary responsibilities are to approve the appointment of the Executive Directors to the Trust Board and to review and agree the terms and conditions of those Executive Directors. The Committee also conducts the Fit & Proper Person's Requirement Investigation Process for Executive Directors. All Non-Executive Directors are members of the Committee and it is chaired by Mr John Rivers, Trust Chairman. Membership and attendance for this Committee is set out below.

Name	Title	Attendance (Out of 4)
Mr John Rivers	Chairman	4
Mrs Patricia Coleman	Non-Executive Director	3
Mr Chris Hole	Non-Executive Director	1
Mr Steve Jarratt	Non-Executive Director	4
Sir Stephen Moss	Non-Executive Director	3
Professor Avril Drummond	Non-Executive Director	3
Mr Graham Bragg	Non-Executive Director	4

People Committee

The purpose of the Committee is to oversee the development and delivery of the workforce and organisational development strategies and plans providing support and assurance to the Trust Board that key workforce and performance issues are properly scrutinised and managed, ensuring that robust measures exist to monitor and review the workforce and organisational development activity.

Name	Title	Attendance (Out of 8)
Mrs Patricia Coleman	Non-Executive Director	6
Mr Steve Jarratt	Non-Executive Director	8
Sir Stephen Moss	Non-Executive Director	8
Dr Neil Pease	Director of Workforce	8
Miss Sharon Martin	Chief Operating Officer	5
Nigel Sturrock	Medical Director	3
Cathy Winfield	Chief Nurse and Director of Patient Experience	2 *
Mr Jim Murray	Acting Chief Nurse	4 *

* Mr Murray attended People Committee in the role of Acting Director of Patient Experience and Chief Nurse, covering the Maternity Leave for Ms Winfield.

Finance & Investment Committee

The purpose of the Committee is to provide support and assurance to the Trust Board that key financial issues are properly scrutinised and that robust measures exist to review financial performance and to give oversight to the development of appropriate financial strategy. Membership of the Finance & Investment Committee is listed below, along with a record of attendances during the year. Meetings are also attended by members of the Senior Finance Team.

Name	Title	Attendance (Out of 11)
Mr Graham Bragg	Non-Executive Director & Committee Chair	11
Mr John Rivers	Trust Chairman	11
Mr Chris Hole	Non-Executive Director	4
Mr Steve Jarratt	Non-Executive Director	8 (of 8)
Mr Kevin Downs	Director of Finance & Performance	11
Miss Sharon Martin	Chief Operating Officer	8
Dr Neil Pease	Director of Workforce	8

Audit Committee

The purpose of the Audit Committee is to provide the Trust Board with a means of independent and objective review of internal control with an emphasis on: a) financial systems; b) the financial information used by the Trust; c) the assurance framework and risk management systems and compliance with law; and d) guidance and codes of conduct.

Significant Issues considered by the Audit Committee

During 2017-18 the following issues were considered by the Committee as significant in relation to the financial statements, operations and compliance:

Matter Considered	Action
Regular review of the BAF and risk management processes to ensure assurance of the risk assessments undertaken by the various Committees responsible	The Committee undertakes reviews to strengthen the oversight of the BAF including any proposed changes to policy or definition. The Committee specifically reviews the work of the Risk Compliance Committee and its role in monitoring risk across the Trust Board Sub Committees.
Internal Audit annual work programme and reports reviewing recommendations over a wide variety of activities.	The Committee received eleven new audit reports, over a wide range of subjects, during this year plus a large number of follow up reports. Of the audit reports received ten indicated significant assurance but if assurance is limited, the Director responsible attends the meeting or provided a detailed report to provide assurance that action plans are sufficient and timely to provide appropriate remedial action. The only report to receive a limited assurance was on GDPR (General Data Protection Regulations) in October 2017 reflecting the Trust's early preparatory position at the time of audit.
Reviews of completed and outstanding management actions relating to internal audit reports.	The Committee reviewed outstanding management actions position at each Audit Committee meeting and has noted the positive progress around delivering the management actions agreed as a result of the Internal Audit recommendations.
Counter Fraud – Fraud, Bribery and Corruption Plan and changes to NHS Protect.	The counter Fraud Plan is progressively reviewed during the year policy and assessed at year end; the assessment for 2017-18 demonstrates the Trust has a commitment to the NHS Anti- crime Strategy and the requirements of NHS CFA therefore providing assurance the Trusts Counter Fraud arrangements are embedded, efficient and effective. The role of NHS protect has changed and a new special health authority to tackle fraud, bribery and corruption in the NHS and the wider health group has been set up, this new organisation, NHS Counter Fraud Authority (NSH CFA), was launched on 1 November 2017.
Going Concern An assessment for the Trust Board to prepare the 2017 – 18 accounts under the basis of the Trust being a "Going Concern"	The Committee continues to regularly review the position to ensure compliance with the Dept of Health Group Accounting Manual and the Treasury Financial Reporting Manual.

In line with the recommendations within NHS Improvement's published Audit Code; all Foundation Trusts are required to present an Annual Report on the activities undertaken during the year, drawing particular attention to the nature of the reports received from both Internal and External Auditors. This report is provided independently from the Trust's Annual Report.

The Trust has an internal audit function, provided by 360 Assurance, supporting the Trust in identifying key business risks and gaining assurance that they are being managed effectively, through its Team Manager and associated specialists. Membership of the Audit Committee is listed below, along with a record of attendances during the year. Meetings are also attended by representatives from the Trust's Finance Department, led by Mr Kevin Downs, Director of Finance and Performance, the Trust's External and Internal Auditors, and the Trust Secretary and from October 2016, the Director of Patient Experience and Chief Nurse attended as the Trust Risk lead.

Name	Title	Attendance (Out of 6)
Mr Steve Jarratt	Non-Executive Director & Committee Chair	6
Sir Stephen Moss	Non-Executive Director	6
Mr Chris Hole	Non-Executive Director	3

Charitable Funds Committee

The Committee holds delegated responsibilities from the Corporate Trustee which include;
- ensuring the effective use of Charitable Funds including merging, closing and opening of funds
- appointment and review of the effectiveness of Fund Managers
- producing and keeping under review a Charitable Funds Strategy and Fundraising Strategy
- reviewing the Governance arrangements for the Charity
- ensuring the financial stability of the Charity

The Committee provide a resource to support Fund Managers in the proper discharge of their responsibilities and promote the benefits of charitable funds to the Trust and general public. Membership of the Charitable Funds Committee is listed below, along with a record of attendances during the year.

Name	Title	Attendance (Out of 4)
Patricia Coleman	Non-Executive Director & Committee Chair	4
Sir Stephen Moss	Non-Executive Director	4
Kevin Downs	Director of Finance & Performance	3
Cathy Winfield	Chief Nurse & Director of Patient Experience	1
Faye Bradley	Deputy Director of Human Resources	3
Teresa Grieve	Deputy Director of Research & Development	4
Mike Goodwin	Divisional Director	2
Michael Hayworth	Staffside Representative	3
Kendre Chiles	Assistant Director of Finance	3
Jennifer Leah	Financial Controller & Charity Accountant	2
Andrea Croud	Charity Accountant	3
Julie Chapman	Charity Manager	4
Kerry Brady	Community Fundraiser & Appeal Co-Ordinator	4
Dr Maarten Taal(to Oct 17)	Consultant	2
Dr Nitin Kolhe (from Jan 18)	Consultant	0
Dr Alistair McCance	Consultant	1
Dr Mark Bagnall	Consultant	2
Michael Flude	Council of Governors Representative	2
Jenny Ireland	Council of Governors Representative	4
Gay Evans	Council of Governors Representative	0
Eric Boston	Council of Governors Representative	1

D-Hive Board

Building on its investment into D-Hive Ltd, the Trust continues to support commercial activity performed by its subsidiary and benefits from its success. The breadth of activity increase and now covers Managed Equipment Services, Professional Services and Event Management, all currently on behalf of the Trust.

D-Hive Ltd wholly owns a further subsidiary, Clinicians Connected Ltd. Clinicians Connected has continued to grow its membership base, now having 6 customers in addition to Derby Teaching Hospitals. Performance is reported quarterly to the D-Hive board of directors.

Revenue in both companies is expected to continue to increase as activities widen and revenues are re-invested. The Directors of D-Hive are unchanged and remain Kevin Downs, Scott Jarvis and Steve Jarrett who report quarterly to the Finance and Investment Committee. D-Hive and its subsidiaries are exempt from the requirements relating to the audit of accounts under section 479A of the Companies Act 2006.

The Trust's Auditors

The External Audit fee for 2017-18 is shown in the table and PwC have not undertaken any non audit work during the year. The Trust approved the principal terms of engagement with PwC, covering the period of their engagement as auditor. The terms include a limitation on their liability to pay damages for losses arising as a direct result of breach of contract or negligence, of £1m.

	2017-18 £m	2016-17 £m
Statutory audit - Trust	0.057	0.057
Audit of Quality Report	0.008	0.008
Statutory audit - Charity	0.004	0.004
Total	**0.069**	**0.069**

The Trust's Internal Audit function is carried out by 360 Assurance on our behalf. A number of clinical and financial audits are carried out over the year as part of the audit plan agreed with the Audit Committee. Findings and progress against actions are reported and followed by the relevant committees.

Appointment Process for the Trust's External Auditor

The appointment of the Trust's External Auditors is a matter that requires the approval of the Council of Governors. The Council of Governors, appointed PwC as the Trust's external auditors for an initial period of 3 years from 1 April 2011 with the option to extend for a further 2 years, subject to satisfactory performance.

The Committee agreed PwC had been able to demonstrate satisfactory performance over the last three years and recommend to the Council of Governors that the External Audit Contract with PwC be extended for a further two years from 1 April 2014. This extension was approved by the Council of Governors.

A process for the reappointment of the Auditors was carried out during 2015-16. Subsequently, the Council of Governors confirmed at their meeting on 15th December that 2015 that they were content with the recommendations arising from the process to reappoint PwC for a three year term commencing 1st April 2016.

Relationship between the External Auditors and the Council of Governors

Each year the External Auditors are required to present their Audit Letter for the year ending 31 March to the Trust Board and subsequently the Council of Governors at which time the Governors have the opportunity to ask the auditors questions relating to their investigations. The relationship with the Governors has been based on the professional service they provide, and the opportunity for the Governors whether collectively or individually to ask questions on points of clarification.

A member of the Council of Governors now attends the Audit Committee and as an observer but is invited to be involved in discussions.

Other Disclosures

The Trust has complied with the HM Treasury cost allocation and charging guidance as disclosed in the accounting policies on page 226. There have been no political donations during 2017-18. Our policy and performance relating to the better payments practice code is disclosed in note 16 to the accounts. There has been no interest paid under Late Payment of Commercial Debts (Interest) Act 1998 during the year.

Enhanced Quality Governance Reporting

The Trust is guided by NHS Improvement's Quality Governance Framework and the Single Oversight Framework in arriving at its overall evaluation of its performance, internal control and Board Assurance Framework. Quality Governance and quality are covered in more detail in the Quality Report and the Annual Governance Statement. The Trust has robust processes in place to ensure that:

- The Board of Directors accurately understands the quality of the care the Trust provides
- The Board of Directors is able to assess and mitigate risks to quality
- Quality is seen as a responsibility of the entire board of Directors
- The Trust is committed to continuous quality improvement, and has put in place the tools to address poor performance.

Patient Care
Our Vision – Quality through Partnership

We aim to be a national beacon for all that is best in the NHS delivering 21st century healthcare. The Trust will be part of a flourishing network of health and social care partners to integrate care for our patients, deliver clinically excellent results and be financially sustainable.

Our Values – Taking Pride in Caring

CARE principles of **C**ompassion, a positive **A**ttitude, **R**espect and **E**quality are at the very heart of care at Derby Teaching Hospitals. These values motivate us to provide for the individual needs of our patients in a compassionate and professional manner, encourage us to create a positive workplace for our employees, and push us to strive to continue to deliver high quality healthcare.

Our Strategic Imperatives

These are **PRIDE**

Putting Patients First

Right First Time

Investing our Resources Wisely

Developing our people

Ensuring Value through Partnerships

Priorities for 2018-19
During the year, our high-level objectives to ensure we achieve our vision are:

Putting patients first

- Ensure our patients have timely and convenient access to elective care.
- Reduce non-elective bed days, ensuring only those patients requiring acute care remain in our wards.
- Improve access to all services at weekend for patients.
- Ensure our services meet the diverse cultural needs of all our patients and their families.
- Help patients to understand how best to use their medication.
- Implement year three of our five-year Quality Strategy and ensure delivery of our CQC improvement plan.

Right first time

- Improve planned care pathways, including diagnostics, by increasing the level of outpatient and day case procedures, moving delivery into the community where appropriate.
- Ensure outpatient services are efficient, effective and valued by patients, Trust staff and Primary Care colleagues.
- Improve urgent care pathways.
- Provide better support to patients and families at the end of life, and improve services in the community or at home.
- Implement and embed the accessible information standard across the Trust.

Investing our resources wisely

- Increase our planned care capacity to treat elective patients in a timely manner.
- Implement organisation form and resource changes set out in the information Management and Technology strategy.
- Develop front door business plan to utilise capital funding
- Ensure delivery of our CO_2 reduction strategy, which aims to reduce our emissions by 2% each year.
- Develop Pharmacy service to provide cost effective and efficien service to patients
- Implement our five year financial strategy.

Developing our people

- Develop a clinical leadership and engagement model which can be embedded across the Trust.
- Develop and implement a workforce strategy, specifically focussing on the recruitment and retention of nursing, midwifery and clinical support staff, to enable us to deliver effective patient care over the next five years.
- Further to develop our strategic approach to collective leadership.
- Improve the health and wellbeing of our workforce, including support for people with long-term conditions and disabilities into and back into, employment.

Ensuring value through partnerships

- Work with Burton Hospitals NHS Foundation Trust to gain agreement from NHSI for merger of two Trusts
- Work with Derbyshire Community Health Services NHS Foundation Trust to optimise usage of resources across Southern Derbyshire.
- Work with the 21st Century Joined Up Care Board to develop the Sustainability and Transformation Plan, and develop future initiatives objectives.
- Establish Joint Venture with Chesterfield Royal Hospital NHS Foundation Trust for provision of Pathology services.
- Implement year two of opportunities identified by the Commercial Opportunities Strategy and develop proposals for year three

Supporting Strategies

The Trusts vision is quality through partnership: To be a beacon for all that is best in the NHS delivering 21st Century healthcare. To realise this vision the Executive Team developed a set of 5 year strategic ambitions, and are developing/refreshing a set of enabling strategies which (aligned to our **PRIDE** framework) will help describe how these aims will be met. These are:

Putting patients first

Executive Leads:	Medical Director & Director of Patient Experience and Chief Nurse
Ambition:	The most patient centred, harm free and caring teaching hospital in England
Enabling Strategy:	Quality Strategy

Right first time

Executive Leads:	Chief Operating Officer & Medical Director
Ambition:	To deliver effective, sustainable service with no avoidable delays
Enabling Strategies:	Clinical Service Strategy and Transformation Strategy

Investing our resources wisely

Executive Lead:	Director of Finance and Performance
Ambition:	To attain a level of financial independence by reaching and maintaining a sustainable surplus
Enabling Strategy:	5 Year Capital Strategy and 5 Year Financial Model

Developing our people

Executive Lead:	Director of Workforce
Ambition:	To be the top NHS employer and educator in England
Enabling Strategy:	People Strategy

Ensuring value through partnerships

Executive Lead:	Chief Executive
Ambition:	To improve care and efficiency across the system through purposeful partnerships
Enabling Strategy:	Partnership Strategy

Likely Future Developments & System Transformation; STP

Healthcare systems were asked to create a blueprint for accelerating the implementation of the Five Year Forward View (5YFV). Notably, how healthcare systems will meet the triple aim of rebalancing the:

- Health and Wellbeing Gap (health inequalities)
- The Care and Quality Gap
- The Funding Gap

The Derbyshire Sustainability and Transformation Plans (STPs) was developed in 2016-17, built around the needs of local populations and spanning 5 years to help ensure system wide improvements were identified on a longer term basis than previous planning cycles. As a system, 5 priorities were identified to bridge the gaps mentioned above – these are:

- Primary Care/PLACE,
- Prevention,
- Urgent care,
- System management and
- System efficiencies/shared services

Governance arrangements have been established to develop and manage the STP plans, and the system will look to confirm how the plans will progress in the near future.

Increasing capacity

As part of the above urgent care priority, next year we will also invest in increasing our capacity and as such, our estates infrastructure. In order to deal effectively with the ever growing demand on our 'front door', we will reconfigure our emergency department and assessment units, whilst also pursuing opportunities to collaborate with primary care providers who deliver urgent care services. Funding has been made available subjcet to the development of the full Business Case. We will also be looking to capitalise on opportunities to expand the range and scale of services provided from London Road Community Hospital.

Strategic Alliances

Two of our strategic imperatives examine working to develop networks and to work in partnership in order to improve pathways for patients. The Trust continues to develop relationships to meet this aim and this year established a Strategic Collaboration Board with Burton Hospitals NHS Foundation Trust to explore integrated clinical, operational and financial models.

During 2017-18 Outline and Full Business cases were developed and approved by both the Trust Boards. A Patient Benefit Case was developed and submitted to the Competition and Markets Authority where its was approved. NHS Improvement discussed the merger and asked the Trusts for more information delaying the merger until Mid 2018.

Derby Teaching Hospitals NHS Foundation Trust (DTHFT) following a request by NHS England took on the Breast Screening service for South East Staffordshire in conjunction with Burton Hospitals Foundation Trust (BHFT) The expanded service   created a screening population catchment of just under 1 million making it one of the largest screening services in the country.

Work has been completed with Chesterfield Royal Hospital to offer a joint Pathology service across the whole of Derby which will commence in July 2018 and other opportunities are being explored.

In 2018-19 we will explore in more detail the extent of these plans, how they will drive improvements in health outcomes for the populations that we serve and how any imrpovements can lead financial gains for the local health economy.

Relationships with Local Commissioners / Stakeholder Relations

There has been a significant change for the four local Clinical Commissioining Groups who have come togther under a single Executive Team whilst retaing the own individual accountability. The aim of this move is to enhance support for Strategic Commissioning across the STP footprint including the developmnt and implementation of plans.

Further details of stakeholder relations including public and patient activities are provided in the Quality Report 2017-18.

Statement as to disclosure to Auditors

It is confirmed that, for each individual who is a Board Director at the time that the report is approved;
so far as the Director is aware, there is no relevant audit information of which the NHS Foundation Trust's auditor is unaware and, the Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the NHS Foundation Trust's auditor is aware of that information.

Income Disclosures

The Trust has met the requirement under Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purpose. Other income generated by the Trust was used to support the provision of our health services.

Remuneration Report

Introduction

The Trust has two Committees that deal with remuneration:

- The Nominations and Remuneration Committee – A Board Committee, comprised of all of the Trust's Non-Executive Directors. This Committee's primary responsibilities are to approve the appointment of the Executive Directors to the Trust Board and to review and agree the terms and conditions of those Executive Directors.
- The Appointments and Remuneration Committee – This is a Sub-Committee of the Council of Governors. The purpose of this Committee is to consider the appointment of, and the fees payable to, the Trust Chair and the Non-Executive Directors of the Trust Board. In addition the Committee is responsible for setting the objectives for the Trust Chairman, taking into consideration the views of the Board, particularly the Chief Executive and the Non-Executives through the Senior Independent Director. It also receives an overview of the process of Non-Executive appraisal by the Chairman.

Statement from the Chairman
Statement of Policy

Executive Director terms and conditions are decided by the Committee taking account of benchmarking reports on NHS executive salaries and conditions and the financial circumstances relating to the Trust. Performance is assessed against agreed Trust, team and individual objectives.

All non-medical employees of the Trust including senior managers are remunerated in accordance with the nationally agreed NHS pay structure Agenda for Change. Medical Staff are remunerated in accordance with the national terms and conditions of service for doctors and dentists.

Methods of Assessment

The method of assessment of Executive Directors performance is by individual appraisal together with a report by the Chief Executive to the Committee.

Remuneration

Remuneration of Executive Directors is subject to a combination of issues, specifically the performance of the Trust and the individuals themselves. In 2017-18 Executive Directors received a 1% consolidated award, taking into account context and collective awards for other staff groups. The salaries of the Executive Directors are annually reviewed against national survey data.

Two members of the Executive Directors are paid more than the Prime Minister (more than £150,000) being:

- Dr Nigel Sturrock – Medical Director £161,248 with £13,260 of this directly attributed to his medical role. (£159,921 in 2016-17 with £13,216 related to his direct medical care role)
- Gavin Boyle – Chief Executive £196,369 (£194,425 in 2016-17)

The remuneration of the Medical director is split as detailed above between his direct medical service and his Executive Director role. Treasury guidelines were followed in relation to setting the salary for the Chief Executive for which ministerial approval was obtained on appointment.

The remuneration arrangements for both Executive and Non-Executive Directors including the Chairman are disclosed in this report.

Mr Gavin Boyle
Chief Executive
24 May 2018

Methods of Assessment

The method of assessment of Executive Directors performance is by individual appraisal together with a report by the Chief Executive to the Committee.

Service Contracts for Senior Managers

The service contract for the Chief Executive and Executive Directors is the contract of employment. This is substantive and continues unless terminated by notice. The notice period for termination by the Trust is 6 months and for termination by the director is also 6 months. The contract does not provide for any other payment for loss of office, but does provide for compensation for early retirement and redundancy in accordance with the provisions in section 16 of the Agenda for Change: NHS Terms and Conditions of Service Handbook.

The service contract for Non-Executive Directors is not an employment contract. Non-Executive Directors are appointed for an initial term of up to three years and are eligible to be considered for further terms of appointment up to the shorter of a maximum of three terms or nine years.

Future Policy Table; Executive Directors

The remuneration strategy which underpins the Senior Management Remuneration policy is subject to detailed discussion and consideration. This will include identifying the impact of each component on strategic objectives including performance management through regular appraisals.

Component

Our remuneration strategy comprises three elements:

- A pay point that is benchmarked against similar roles in similar sized NHS organisations
- Cost of living pay rises that are in line with other groups of staff in the NHS and
- A PRP element is in place for Executives and for all staff on Agenda for Change. In respect of Agenda for Change staff, in line with national agreements, the assumption is one of progression unless an individual is subject to performance measures.

The other elements of this component are set out in the table below:

How this operates	How this supports the short and long term strategic objectives of the Trust	Maximum that can be paid	Framework used to assess performance and performance measures that apply	Provisions for recovery or withholding of payments
This is set out within the Remuneration Strategy, agreed with the Trust's Nominations and Remuneration Committee on 7 July 2015.	The strategy is against a key set of principles outlined below: • Achievement of team objectives • Achievement of individual objectives • objectives are based on key items identified at the outset of each year from the "Plan on a Page" as determined by the Annual Plan	5% of overall Executive Directors earnings (non-recurrent and non-pensionable)	Appraisal and overall organisational performance	Provision is made for termination of the contract without notice in certain circumstances.

Non-Executive Directors

Component

Fixed annual non-pensionable fee, with a higher rate payable for the Chair of the Trust, Vice Chair, the Senior Independent Director / Chair of the Quality Committee, Chair of the People Committee, Chair of the Finance and Investment Committee and Chair of the Audit Committee

Additional Fees or Other Remuneration

There are no additional fees or other remuneration

Council of Governors Appointments and Remuneration Committee

During the financial year 2017-18 the Committee met on 3 occasions

Name	Title	Attendance (Out of 3)
Nick Seed	Public Governor & Chair of the Committee	3
Roland Fitzgerald (to30/6/17)	Public Governor	1 (of 1)
Bill Whitehead	Appointed Governor	2
Andy March	Staff Governor	2
Shirley O'Sullivan	Public Governor	3
Beverley Martin (from1/7/17)	Public Governor	2 (of 2)

The Committee receives support from the Trust Secretary.

Statement of Policy

Non-Executive Director remuneration levels are approved by the Council of Governors on recommendation of the Committee.

In May 2013, the Council of Governors approved increases to the Chair and Non-Executive Director remuneration and fees for the Chairs of Board Committees. This was on the basis of achieving the 2013 National Median rates (from the Foundation Trust Network's benchmarking reports on NHS Non-Executive remuneration levels).

As agreed an interim review was initiated in March 2015, to consider the 2015 median. The Committee put forward their recommendations to the full Council in April 2015 which were approved and will apply for future years until the next review in April 2018, which has been deferred pending the merger.

Methods of Assessment

The Committee sets and reviews the objectives for the Trust Chairman, taking into consideration the views of the Board, particularly the Chief Executive and the Non-Executives through the Senior Independent Director. The Committee also receives an update from the Chairman on Non-Executive Director appraisals. Both issues are then reported to the Council of Governors. The Council of Governors approves the Chairman's annual objectives.

Use of External Advisors

The Trust's Remuneration Committees have not used external advisors to provide advice or services on remuneration matters.

Pension Arrangements

Details relating to Executive Directors pension rights are set out in the Remuneration Report.

Reporting high paid off-payroll arrangements; Policy Statement

The Trust's policy is to avoid the use of off-payroll arrangements for engaging highly paid staff. The only event in which they are used, exceptionally, is where there is a compelling need to import expertise that Trust does not currently have and where for whatever reasons it is not feasible to engage someone as a direct employee. Any off-payroll engagements were subject to appropriate senior level scrutiny and approval.

Off Payroll Engagements

For all off-payroll engagements as of 31 Mar 2018, for more than £220 per day and that last for longer than six months	Number
No. of existing engagements as of 31 Mar 2018	0
Of which, the Number which have existed:	
less than one year at the time of reporting	0
between one and two years at the time of reporting	0
between two and three years at the time of reporting	0
between three and four years at the time of reporting	0
four or more years at the time of reporting	0

For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2017 and 31 Mar 2018, for more than £220 per day and that last for longer than six months	Number
New engagements, or those that reached six months in duration	0
Those above which include contractual clauses giving the trust the right to request assurance in relation to income tax and NI obligations	0
Number for whom assurance has been requested	0
Of which:	
Number for whom assurance has been received	0
Number for whom assurance has not been received	0
Those terminated as a result of assurance not being received	0

For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2017 and 31 Mar 2018	Number
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	6

Audit of the Remuneration Report

The following tables have been subject to the External Audit in combination with the Annual Accounts process.

Salary & Pension Entitlements of Directors

There were no mutually agreed resignations or any other remuneration including taxable benefits/performance related pay bonus for either financial year. From the perspective of the Annual Report and Accounts, Senior Managers (Directors) has been determined to be the Chief Executive and the Executive Directors who directly report to them

Name	Title	Salary (Bands of £5k)		Pension related benefits (Bands of £2.5k)		Total (Bands of £5k)	
		2017-18	2016-17	2017-18	2016-17	2017-18	2016-17
Executive Directors:							
G Boyle	Chief Executive	195-200	190-195	82.5-85	120-122.5	280-285	310-315
K Downs	Director of Finance and Performance	140-145	135-140	52.5-55	125-127.5	195-200	265-270
S Martin	Chief Operating Officer	140-145	120-125	212.5-215	355-357.5	350-355	480-485
C Winfield	Director of Patient Experience and Chief Nurse*	95-100	130-135	55-57.5	57.5-60	155-160	185-190
J Murray	Acting Director of Patient Experience and Chief Nurse*	40-45	0	0	0	40-45	0
N Sturrock	Medical Director	145-150	145-150	0	122.5-125	145-150	270-275
N Pease	Director of Workforce	130-135	130-135	50-52.5	125-127.5	180-185	255-260
Non-Executive Directors:							
J Rivers	Chairman	40-45	40-45	0	0	40-45	40-45
C Hole	NED and Vice Chair	10-15	10-15	0	0	10-15	10-15
P Coleman	NED	10-15	10-15	0	0	10-15	10-15
S Moss	NED	10-15	10-15	0	0	10-15	10-15
A Drummond	NED	10-15	10-15	0	0	10-15	10-15
G Bragg	NED	10-15	10-15	0	0	10-15	10-15
S Jarratt	NED	10-15	10-15	0	0	10-15	10-15

*Jim Murray held the role of Acting Director of Patient Experience and Chief Nurse, covering the Maternity Leave for Cathy Winfield during the period of 28 May 2017 to 20 November 2017.

Nigel Sturrock ceased to be a member of NHS Pensions on 31 March 2016

Salary & Pension Entitlements of Senior Employees

Name / Assignment		Gavin Boyle Chief Executive	Kevin Downs Director of Finance and Performance	Cathy Winfield Director of Patient Experience and Chief Nurse	Neil Pease Director of Workforce	Sharon Martin Chief Operating Officer
Real increase in pension at age 60 (bands of £2500)	£000	2.5-5	2.5-5	2.5-5	2.5-5	7.5-10
Lump sum at aged 60 related to real increase in pension (bands of £2500)	£000	0-2.5	0	0-2.5	0	22.5-25
Total accrued pension at age 60 at 31st March 2018 (bands of £5000)	£000	55-60	40-45	45-50	25-30	60-65
Lump sum at aged 60 related to accrued pension at 31st March 2018 (bands of £5000)	£000	145-150	0	125-130	55-60	180-185
Cash Equivalent Transfer Value at 31st March 2018	£000	1,035	715	759	400	1,220
Cash Equivalent Transfer Value at 31st March 2017	£000	949	639	677	348	977
Real Increase in Cash Equivalent Transfer Value	£000	76	70	75	48	233
Employer's contribution to stakeholder pension	£000	0	0	0	0	0

All information concerning pensions has been provided by the NHS Pension Service. Amounts shown in the employers contribution to the stakeholder pension column relate to the Trust's contribution to non NHS pension schemes.

Nigel Sturrock ceased to be a member of NHS Pensions on 31 March 2016. Jim Murray returned to his substantive post on 20 November 2017 following his period as Acting Director of Patient Care and Chief Nurse, therefore was not a reportable Senior Manager at the Balance Sheet date.

Directors Expenses

A total of £25,784.13 was paid as expenses to Executive and Non-Executive Directors in 2017-18 (£18,501.40 in 2016-17). The number of directors who held office during 2017-18 was 14 (2016-17 was 13).

Directors Remuneration and Other Benefits

	2017-18 £000	2016-17 £000
Directors Remuneration	896	880
Employer Contributions to Pension Scheme	113	103

There were no advances, credits granted or guarantees entered into for any directors of the Trust, by the Trust or any subsidiary of the Trust. There are no directors benefits accruing under other defined benefit pension schemes (2016-17 nil).

Median Remuneration

The median salary of the Trust was £26,565 (£25,298 in 2016-17). The mid-point range for the highest paid Senior Manager was £197,500 (£192,500 in 2016-17) which is 7.43 times the median salary (7.61 times in 2016-17).

The median salary has been established by taking the full time equivalent salary of all employed in post on 31 March together with the full time equivalent salary of all bank and agency staff who worked for the Trust on 31 March.

Average monthly number of persons employed

	2017-18			2016-17
	Total	**Permanent**	**Other**	**Total**
Medical and dental	918	918	-	864
Administration and estates	1,337	1,337	-	1,334
Healthcare assistants and support staff	1,250	1,250	-	1,185
Nursing and midwifery staff	2,212	2,212	-	2,157
Nursing and midwifery learners	-	-	-	2
Scientific, therapeutic and technical	1,454	1,454	-	1,365
Agency and contract	71	-	71	109
Bank staff	934	934	-	904
Other	222	222	-	212
Total average numbers	**8,398**	**8,327**	**71**	**8,132**

Staff Costs

	2017-18			2016-17
	Total £000	**Permanent £000**	**Other £000**	**Total £000**
Wages & Salary	291,664	286,959	4,705	272,083
Social Security Costs	27,277	27,277	0	25,205
Apprentice Levy	1,406	1,406	0	0
Contributions to NHS Pensions	34,427	34,427	0	32,986
Other Pension Costs	77	77	0	87
Agency / Contract Staff	8,755	0	8,755	10,722
Total	**363,606**	**350,146**	**13,460**	**341,083**

Gavin Boyle
Chief Executive
24 May 2018

John Rivers
Chairman
24 May 2018

Staff Report
What staff say about working at Derby

The national NHS staff survey 2017 highlights that the Trust is in the top 20% (best) of acute trusts in England for the following measures:

- Staff recommendation of the organisation as a place to work or receive treatment
- Agreeing their role makes a difference to patients/service users
- Staff believing the organisation provides equal opportunities for career progression/promotion
- Staff confidence and security in reporting unsafe clinical practice
- Staff satisfaction with resourcing and support

In addition to these the Trust is in the top 20% of all trusts for 'overall staff engagement' for the third year running. For the fourth year running the Trust is in the top 20% of acute trusts for staff recommending it as a place to work and receive treatment. The breakdown of results when compared with other acute trusts is:

Best 20% - 5
Above average - 18
Average - 6
Below average - 2
Worst 20% - 1.

A total of 3424 staff (42%) returned the national staff survey in 2017, giving a 12% increase in the response rate, compared to the previous year. Top five ranking scores were:

Top 5 key factor scores	Trust Score 2017	Trust Score 2016	National Average 2017	Trust Improvement / Deterioration
KF1 Staff recommendation of Trust as a place to work or receive treatment	4.02	4.02	3.75	No Change; Highest (best) 20%
KF3 % of staff agreeing their role makes a difference to patients/service users	91%	91%	90%	No Change; Highest (best) 20%
KF21 % of staff believing the organisation provides equal opportunities for career progression or promotion	88%	88%	85%	No Change; Highest (best) 20%
KF 14 Staff satisfaction with resourcing and support	3.41	3.4	3.31	No Change; Highest (best) 20%
KF31 Staff confidence and security in reporting unsafe clinical practice	3.71	3.71	3.65	No Change; Highest (best) 20%

It is worth noting that above average staff experience is highlighted in areas including quality of appraisals, staff motivation, staff reporting good communication between senior management and staff and staff satisfaction with the quality of work and care they are able to deliver.

The bottom five ranking scores were:

Bottom 5 key factor scores	Trust Score 2017	Trust Score 2016	National Average 2017	Trust Improvement / Deterioration
KF29 % staff reporting errors, near misses or incidents witnessed in last month (the higher the better)	86%	89%	90%	No change Worst 20%
KF22 % of staff experiencing physical violence from patients, relatives or public in last 12 months (the lower the better)	17%	16%	15%	No change Worse than average
KF24% of staff reporting most recent experience of violence (the higher the better)	64%	65%	66%	No change Worse than average
KF18 % of staff attending work in last 3 months, despite feeling unwell because they felt pressure from their manager, colleagues or themselves (the lower the better)	53%	51%	52%	No change Average
KF9 Effective team working (the higher the better)	3.71	3.73	3.72	No change Average

Actions (to address areas of concern/deterioration)

We have one measure in the bottom 20% nationally, which is 'reporting errors, near misses or incidents witnessed in last month' (KF29), which was also among our bottom five scores in 2016.

The two key measures which are below average are the scores for 'experiencing physical violence from patients, relatives of the public in last 12 months' (KF22) and 'reporting the most recent experience of violence' (KF24).

There is **deterioration** in the following key factors:
- Being able to contribute towards improvements at work (KF7)
- Experiencing physical violence from staff in last 12 months (KF23)

Attending work in last three months, despite feeling unwell because they felt pressure (from managers, colleagues or themselves) (KF18), has now fallen into our lowest five scores for 2017, (although in comparison to other acute trusts it is average).

The results of the national and local surveys will be looked at in detail in forums including the Patient Experience Committee, the Workforce Review Committee, the Lead Ambassadors and the Staff Engagement Group. They have also been used to inform work on the Trust's retention strategy. Staff will be invited to national staff survey focus group sessions in April and May to look at the lowest scores and action planning will be encouraged locally.

Taking pride in caring

Staff Engagement Forums

Throughout 2017, the Trust has provided a variety of staff forums, including:

- Staff survey forums
- Range of professional 'time outs'
- Leadership Community Forums
- Merger communications
- Non-Executive Director - Drop in Surgeries
- Rapid Improvement Events
- Continuation of management visibility programmes, back to floor, board to ward
- Staff engagement group
- 'Connect' forum for LRCH staff.

Lead Ambassador colleagues from various backgrounds and roles continue to work together to introduce and promote a culture of compassionate and collective leadership in the organisation, both generally and by working with specific teams across the Trust, in support of the Organisational Development agenda.

In addition to this, we have worked very closely with our staff-side partnership colleagues on a variety of issues and discussing ideas within engagement forums, including the staff engagement group.

We have continued to highlight ways in which staff can report any concerns, as well as highlighting the role of the Freedom to Speak Up Guardian.

Counter Fraud

The Counter Fraud Specialist ensures the Trusts fraud risks are approiately identified and addressed through proactive reviews and reactive investigations relating to fraudulent activity. They ensure compliance with the NHS Counter Fraud Auhtorities Standards for Providers by completing annual and risk based work in three areas; Inform and Involve, Prevent and Deter and Hold to Account.

Equality, Diversity and Human Rights

Our Executive lead for Equality, Diversity and Human Rights is the Executive Director of Workforce. As a forward-thinking NHS organisation, the Trust takes its responsibility for inclusion and diversity extermely seriously and expects all staff to take responsibility for ensuring that patients, visitors and colleagues are treated as individuals, with compassion, dignity and respect during each and every contact.

Delivering on inclusion and diversity will enable the Trust to achieve the ambition to be a national beacon for all that is best in 21st Century Healthcare and well as ensuring that the local community receive the very best possible care.

Understanding the makeup of the local community provides a real opportunity to put patients at the centre of Trust services. It is recognised that involving diverse groups enables the Trust to prioritise and address health inequalities in the community. During 2017-18 the Trust has continued to engage with and involve staff to ensure that they feel confident in supporting the needs of patients and colleagues. In particular it is important to recognise that over 98% of staff have completed the Trust's Equality & Diversity Training since it was launched in July 2015. This training reinforces how understanding more about the individuals who use NHS servics can lead to improved clinical outcomes.

The Trust is fully committed to meeting the requirements of the Equality Act 2010 and is compliant with the Public Sector Equality Duty. The Trust is also working with the Department of Health's toolkit, the Equality Delivery System (EDS2) and having implemented the Workforce Race Equality Standard (WRES) looks to do the same for Workforce Disability Equality Standard in 2018/19. In quarter 3 of 2017-18 the Inclusion Committee created an Inclusion Framework to support the delivery of the 'Developing Our People Strategy'. During 2017-18 the Trust continued to develop its approach via the Inclusion Framework to delivering the requirements of EDS2 and the current self-assessment against the four key standards is shown in the table.

EDS 2 Goal	Rating
1. Better health outcomes for all	Developing
2. Improved patient access and experience	Exceeding
3. Empowered engaged and well-supported staff	Developing
4. Inclusive leadership at all levels	Developing

The most recent Annual Workforce Equality Report and WRES submission, together with further relevant information can also be viewed in full detail on the Trust website at: https://www.derbyhospitals.nhs.uk/about/equality-diversity/

The Trust uses the local Impressions survey to ask about equality of opportunity for our diverse workforce in senior/management roles – this data showed that the preference of employees was to use mentoring or coaching as a way of improving equality of opportunity, soemthing which features in the newly developed Inclusion Framework. Annually, the Trust undertakes the NHS staff survey, which provides results that are considered in relation to their implications for diversity. All of these results are explored further as part of the work of the newly formed Inclusion Committee, along with feedback gained from focus groups with broad representation from across the workforce.

The following table provides a high level summary of the diversity of our workforce in context:

Equality Characteristic	Number of Staff	% of Staff
Age		
16-19	76	0.86%
20-29	1,615	18.31%
30-59	6,645	75.36%
60-69	456	5.17%
70+	26	0.29%
Ethnic Group		
Asian	1,001	11.35%
Not Specified	125	1.42%
White - Other	352	3.99%
White British/Irish	6,699	75.97%
Mixed	126	1.43%
Black	293	3.32%
Other Ethnic Group	222	2.52%
Gender		
Male	1,620	18.37%
Female	7,198	81.63%
Disability		
Yes	304	3.45%
No	6,767	76.74%
Not Declared	1,747	19.81%

	Male	Female	Total
Executive Directors	4	2	6
Non-Executive Directors	5	2	7
Senior Managers*	27	51	78
All other Staff	1,724	7,374	9,098
Total	**1,760**	**7,429**	**9,189**

This table shows a breakdown at year end of the number of male and female directors, other senior managers and employees.

*Senior managers are those who report directly to the Executive Directors and those who have responsibility for budgets, staff, assets or significant areas of work.

Consultancy Expenditure

Consultants have been used by the Trust where specific expertise is required which is not available in-house or where the capacity to complete a time limited exercise does not exist. No consultancy has been used for Executive level appointments. The trust has spent £2.16m on consultancy during the year.

Health and Wellbeing of Our Workforce
Workplace Health

The Trust has an established Workplace Health Strategy, which has been in place since 2012. In 2017 this strategy was reviewed and updated to take into account a range of national and local publications, together with anecdotal feedback provided by group members and staff side colleagues.

The result of this review was the launch of the "Workplace Health Framework", which sets out our vision and priorities for addressing staff health and wellbeing in support of the Trust's Developing Our People Strategy. In addition to this, the Framework takes into account the Trusts commitment to the Prevention Agenda, which highlights the need to support Public Health and in doing so supporting the wider communities we serve.

The Workplace Health Framework is supported by an ambitious action plan, against which good progress has been made across the year.

Since April 2017, a number of wellbeing roadshows have been held across the Trust, with over 3000 staff in attendance. These roadshows and wellbeing events have been targeted in the Acute Medicine Business Unit, Maternity, Gynaecology and Genito Urinary Medicine, Cancer Services and Trauma and Orthopaedics.

The wellbeing roadshows have covered a number of topics to support the emotional, physical and mental wellbeing of our workforce.

There have been several positive outcomes from these roadshows, including:
Sickness absence in Medical Assessment Unit (MAU) has reduced from 12% to 5% (achieved through a combination of interventions, of which wellbeing was one component)

The "Wellbeing Pop Up Internet Cafes" supported an increase in uptake of the staff survey results
Staff have identified health conditions that they were not aware of and are now receiving the appropriate treatment. Staff are reporting improved health outcomes, including over 50 stone collective weight loss in MAU and other Business Units

Raised awareness of other wellbeing programmes, including rapid access.Although the statistical data provides a compelling business case for Workplace Health, it is the impact that the programme has had on individuals that highlights that for some people the initiative is potentially life changing.

CQUIN; Health and Wellbeing

The focus of this element of the CQUIN 2017-18, shifted from the introduction of schemes to measuring the impact that staff perceive from the changes – via improvements to the health and wellbeing questions within the NHS staff survey.

Results from the National Staff Survey highlighted that Derby Teaching Hospitals were in the top 20% of positive responses to the Wellbeing questions, however, the Trust was still not succcesful in meeting the CQUIN critiera, which required a 5% improvement in the response to two of three wellbeing questions.

The Trust are currently in discussions with Southern Derbyshire CCG to ascertain the level of payment.

Seasonal Flu

The national target for seasonal flu for 2017-18 was achieving an uptake of 70% frontline clinical staff by Febuary 2018.

Derby Teaching Hospitals closed the seasonal flu programme for 2017-18 with 73.76% of frontline healthcare workers being vaccinated. This confirms the Trust has met the CQUIN criteria of 70% or more frontline healthcare workers being vaccinated.

Occupational Health

The Occupational Health Department provide a range of services to support employees, advise managers and ensure the Trust complies with the associated legislation and guidence.

The Occupational Health Department also provide commerical services to all NHS organisation in Derbyshire and hold a commercial protfolio across a range of other sectors.

Key successes of the department, working in partnership with key stakeholders, include:

Topic	Achievement
HSE Blood Bourne Virus	Innoculation incidents are at the lowest recorded level, since recording begain
HSE Stress Management Standards	The number of work related stress cases reported within the Trust are 10% lower than the national average
NICE Guidelines for Workplace Health	The Trust are over 90% compliant with the NICE Guidelines for Workplace Health
STP	The Trust are the single provider for all NHS organisations in Derbyshire, generating over £100,000 in efficiancies through the economy of scale and streamlining of services
Commercial Income	The Occupational Health Department generate over £1.2 million in income with the average profit margin of 40%
Provider Income	The Occupational Health Department have secured the £330,000 of provider income for the Seasonal Flu CQUIN and hope to secure partial allocation of the £330,000 provider income for the wellbeing CQUIN
Staff Survey Uptake	The Occupational Health Department hosted a number of "pop up internet cafes" to support the uptake of staff survey
Burton Partnership	In January 2018, the Occupational Health Department merged with Burtons service, including providing Burton with an enhanced counselling and employee assistance programme
NHSI - Retention	In January 2018, NHSI identified Derby Teaching Hospitals approach to Occupational Health and Wellbeing as an exempler of best practice

Case Study 1

"I would just like to feedback to you regarding the Wellbeing event held for the Maternity Gynaecology and GUM Business unit and what a positive move this is.

I am a lady in my 50+ years who has been a nurse for many years, I popped along to the event being held at the end of June beginning of July not knowing I had a problem until my blood pressure check, to my horror my blood pressure was 200/115, (rather high) I put this down to dashing around before attending the event, so I took advantage of the massage (which was wonderful) thinking that this would calm me and my blood pressure down. While feeling very relaxed following my massage I had my blood pressure re checked- unfortunately it was still high, so I was recommended that I make an appointment with my GP.

I am now on antihypertensives and have a very respectful blood pressure, so I would like to say a big thank you for you and your team and to the Trust for putting on such an event- I had no idea I had a blood pressure problem (as I had no symptoms) which if left untreated would have increased my risk of stroke and heart attack."

Case Study 2

"I would like to say thank you for the advice that I received at the Maternity Gynaecology and GUM Business unit wellbeing event, as a result of your advice I have changed my training programme to do more resistance training and I have lost 1 ½ stone! Thank you"

Case Study 3

"*I would just like to say thank you for raising awareness of rapid access. I had been experiencing an increasing amount of shoulder pain along with some limitation of movement and I was worried that it may start to affect my work. I took the completed paperwork to London Road Community Hospital the following day (I am a cross-site worker) and handed it in to the out-patient physiotherapy department. I was offered an appointment that very same day as there had been a cancellation and I had a 40 assessment of my shoulder. I was told that an x-ray was required and that I should go to the ground floor x-ray department and make an appointment. I went and after I had given my details to the receptionist, I was offered an x-ray there and then (which I gladly accepted). Less than 1 week later, I had a telephone call informing me that I had been referred to a specialist physiotherapist and could I make an appointment to see him. I called to make the appointment and asked for an early time slot as I work office hours. I was offered 08.00 the next day and attended my appointment without taking any time off work. During my consultation I was informed that due to my condition, a steroid injection would be the preferable treatment. I agreed and was given the injection 5 minutes later. It is my firm belief that no other organisation could have done more to help a member of their own staff. To have been seen and assessed so promptly and to have had an x-ray, follow-up appointment and treatment all within 7 working days is quite incredible. My shoulder feels the best it has felt for years and I have had no time off work at all because of it. Thanks to all involved in this process.*"

Sickness Absence

The sickness absence data for the Trust is outlined below. Please note the figures given are in calendar years (January 2017 to December 2017).

	Figures converted by DH to Best Estimates of Required Data Items		Statistics Published by HSCIC from ESR Data Warehouse		
	Ave FTE	Adjusted FTE sick days	FTE Days available	FTE days recorded sickness	Average annual sick days per FTE
Derby Teaching Hospitals	7,425.48	110,868.58	2,693,875	110,125	14.95

Exit Packages

	Compulsory Redundancies		Other Departures		Total	
	Number	**Cost £000**	**Number**	**Cost £000**	**Number**	**Cost £000**
<£10,000	-	-	2	12	2	12
£10,001 - £25,000	-	-	5	69	5	69
£25,001 - 50,000	1	48	-	-	1	48
£50,001 - £100,000	-	-	1	68	1	68
£100,001 - £150,000	-	-	-	-	-	-
£150,001 - £200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total average numbers	**1**	**48**	**8**	**149**	**9**	**197**

The table above has been subject to the External Audit in combination with the Annual Accounts process.

Consultative Arrangements with our Staff and Common Awareness of staff regarding the Foundation Trust

The Trust is highly committed to being open and transparent with staff and regards involving them in decision-making and keeping them informed of changes and developments across the organisation to be a critical part of ensuring a highly engaged workforce. The Trust uses a range of well-established forums for consulting with and engaging our staff and their representatives, including:

- Trust Joint Council, where our Executive Team meet with senior Trade Union representatives, on a quarterly basis across the year to discuss key matters relating to the performance and strategic decision making;
- Partnership Forum takes place on a monthly basis (on months where there is no Trust Joint Council). This meeting, which is led by the Executive Director of Workforce provides for regular formal engagement of staff side colleagues and represents the main forum for collective barganining on policies and pay within the Trust;
- The Executive Medical Director and Executive Director of Workforce meets with members of the Medical trade unions on a bi-monthly basis to discuss matters specific to medical staff, including terms and conditions of service; and
- The senior union representatives also meet informally with the Deputy Director of Workforce on a regular basis to discuss matters of shared interest with a view to identifying solutions as appropriate.

In addition to this, in 2017-18, the Trust and staff organisations have developed a joint trade union structure with Burton management and staff side colleagues. This has enabled transparent and open dialogue to take place with representatives from both organisations as part of the work to establish the prospective merged organisation.

Senior staff representatives have continued to play a key part in the Trust's bi-monthly Health and Safety Committee and monthly Inclusion Committee where they work alongside senior managers and other Trust colleagues.

Employee Relations

Going into the 2017-18 year, we established a central Employee Relations team to provide support, advice and guidance for all employee relations (case) work across the trust. This provided an opportunity to ensure and further improve consistency and oversight of such work and resilience in the event of team absence. The team is led by the Head of Employee Relations who works closely with Divisional Business Partners.

Employee Relations team provide support, advice and monitoring of a range of ER subjects relating to conduct, grievance, appeals, capability, short and long term sickness, dignity at work, raising concerns and employment tribunals. The table below demonstrates the volume of this work based on data from April 2017 to November 2017:

Case type	Volume of live cases per month
Short term sickness	984 staff across the trust on 4 or more episodes of absence in rolling 12 months.(Stage 1 is managed by local line managers)
Long term sickness (over 4 weeks)	135
Disciplinary	26
Grievances (formal)	7
Dignity at Work	6
Capability (formal)	2/3
Employment tribunal	2
Total	**43/44**

The monitoring of employee relations casework is through a manual system of Microsoft excel based spreadsheets and word documents for individual cases. Towards the end of 2017-18 the Trust approved the implementation of a web based tracking system which will enable colleagues to be more proactive in the management of case work. It is anticipated that this will increase compliance with policies improving morale and minimising the risk of litigation. The implementation of this tracking system will:

- Provide information on the timeliness and effectiveness of employment processes;
- Enable robust management of employee relations processes to ensure timely completion, reducing lost time through sickness or suspension;
- Reduce the time taken to respond to Freedom of Information Act and Subject Access Requests;
- Improve visibility of equality metrics in relation to employee relations work;

Retaining our Workforce

Over the last year, we have increased our focus on a range of initiatives aimed at supporting staff retention particularly within shortage occupations such as nursing, medical and allied health professional roles.

During 2017, we volunteered to participate in cohort two of the NHS Improvement Retention Support Programme; working with nursing leadership teams to develop new ideas and key actions aimed specifically at nursing retention.

The initiatives, outlined below, are transferable to the wider workforce, and align to the Developing Our People Strategy, the Health & Wellbeing Framework and Inclusion Framework.

Ensuring good employment practices and rigorous time to hire metrics - building commitment through continuous communication throughout the employee journey with the Trust (from pre-employment, job offer, supporting career development and through to retirement).

Developing ways to promote the Trust as a place to work 'Employer of Choice' and recommend it to friends and family.

Development of 'Itchy Feet' initiative - facilitating job chat conversations to understand why staff may want to leave the Trust and explore opportunities how we can retain their skills and experience.

Development of Internal Job Swap/Transfer Scheme – aimed in the main at retaining registered nurses and focused on opportunities to swap jobs across different specialties at specified times of the year and linked to the Derbyshire 'Trading Places' rotational nursing model.

Linking into the wider Occupational Health and Wellbeing team initiatives and an annual programme of events within hot spot areas.

Over the next year we will be exploring:
- Increase use of Social Media groups – offering insight into our Trust people and culture.
- Piloting refreshed exit processes to encourage conversation and feedback to provide meaningful insight into the reasons for leaving
- A Retention Framework will be delivered through the aims of Collective Leadership; Health & Wellbeing; Reward & Recognition; Developing Our People and Inclusion, Empowerment & Engagement. The aims is to support the Trust organisational objectives and values and are reflected in the Five Year Forward View, and the Sustainability & Transformation Partnership for Derbyshire's health and social care system.

Collaboration on Pay Services

In January 2018, the Trust took on responsibility for the management of payroll services to Burton Hospitals NHS Foundation Trust. The provision of this service represents and in sourcing of work previously delivered by NHS Shared Business Services. This work has been undertaken as part of the developed of the prospective merged organisation and has resulted in a high quality payroll service being provided locally to Burton colleagues whilst providing a saving to both organisations.

Organisational Development

Organisational Development (OD) can help engage, support and involve our staff particularly during the collaboration process between Burton and Derby. OD does not sit in isolation and works in conjunction with Integration, Transformation and Communication.

The following summary is the key interventions that have taken place towards the end of 2017-18:
- Open staff meetings were held at all sites at the end of 2017 to explain the rationale behind the merger and invite staff to ask questions. The sessions were led by the executive teams in conjunction with the Communications team.
- Interview skills, resilience and change workshops have been offered to all staff affected by the management of change process. These staff have also been offered coaching to provide additional individual support.
- A set of proposed values and behaviours has been drafted in anticipation of the prospective development of the new merged organisation. It is intended that these values and behaviours will be widely consulted upon as part of the prospective merger process.

There continues to be considerable OD focus on planning for the prospective merger between Derby and Burton and as part of this work, we are planning to hold series of meetings between the executive team and all 12,000 staff as part of engagement with the new prospective organisation. We also know that the merger will result in the formation of new teams. There is a considerable amount of work for OD to support leaders to develop new well-functioning teams with shared objectives and purpose. This work will start shortly and will be a sustained effort over the next 12 to 18 months. Three additional fixed-term posts will be established to increase the level of OD support available in the new organisation.

Directors Appointments and Contracts

All Executive Directors of the Trust Board have permanent contracts of employment, and are not subject to fixed term arrangements, as indicated within the Foundation Trust Code of Governance. Non-Executive Directors including the Trust Chairman are subject to fixed term appointments. Details are set out in Part 2 in this report.

The Executive Director appointments are as follows:

Name	Post	Date of Appointment	Date Appointment Ended	Noitice Period
Mr Gavin Boyle	Chief Executive	7 March 2016	Not Applicable	6 Months
Mr Kevin Downs	Director of Finance & Performance	1 April 2015	Not Applicable	6 Months
Ms Cathy Winfield	Director of Patient Experience & Chief Nurse	1 November 2012	Not Applicable	6 Months
Dr Nigel Sturrock	Medical Director	1 March 2014	31 March 2018	6 Months
Miss Sharon Martin	Chief Operating Officer	1 August 2016	Not Applicable	6 Months
Dr Neil Pease	Director of Workforce	1 June 2015	Not Applicable	6 Months
Mr Jim Murray	Acting Director of Patient Experience & Chief Nurse	28 May 2017	20 November 2017	N/A

Statement of Compliance with the NHS Foundation Trust Code of Governance

Derby Teaching Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis.

The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

An NHS Foundation Trust is required to provide a specific set of disclosures in its Annual Report to meet the requirements of the Code of Governance. The disclosures are set out below, using the Code of Governance reference where applicable.

The extensions in the terms for the Non Executive Directors and the Chairman were agreed because of the need to ensure stability and continuity during the detailed discussions with Burton Hospitals.

Fit and Proper Person Regulations

The Trust has taken steps to assure itself that all Directors and Non-Executive Directors have been assessed according to the Trust's policy and standards, in line with regulations, to ensure compliance with Fit and Proper Person Requirements and are considered to be fit and proper individuals to carry out their roles.

A.1.2 Board, Nominations Committee, Audit Committee & Remuneration Committee

Details of membership and meetings held by these committees is covered in the Directors report on page 28.

Council of Governors
A.1.1 Functions and Purpose of the Council of Governors

The statutory general duties of the Council of Governors are to:
- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and;
- Represent the interests of the members of the corporation as a whole and the interests of the public.

Other powers include the appointment (or removal) and deciding the remuneration of the Chairman and other Non-Executive Directors, appointment of the external auditors, receiving the Annual Report and Accounts, being involved in the Annual Plan submission to the Regulator, approval of increases in Private Patient income, approving significan/statutory transactions and approving changes to the Constitution. Other roles and responsibilities and Standing Orders for Council of Governors meetings are set out in the Trust's Constitution. Decisions reserved to the Council of Governors are set out in Section 3 of the Trust's Scheme of Delegation. The Council of Governors is unable to veto or over-rule decisions made by the Board of Directors or be involved in the day to day running of the Trust, setting budgets, staff pay or other operational matters.

A.5.3 Structure and Council Members

The Council comprises a total of 31 Governors, 18 of whom are elected to represent public constituencies, 7 who are elected as Staff Governors, and 6 Appointed Governors. The members of the Council of Governors who served during the year are as follows:

Public Governors

Derby City (9)	Derbyshire Dales & Southern Derbyshire (2)
Mrs Gay Evans (until 30.06.17)	Mr Nick Seed
Miss Anne Johnson	Mrs Catherine Devonport (from 1.7.17)
Miss Beverley Martin	
Mrs Shirley O'Sullivan	**Amber Valley (4)**
Ms Margot Keats (until 30.6.17)	Mr Roland Fitzgerald (until 30.6.17)
Mrs Rita Merrison	Dr Paul Garrud
Mr Eric Boston (until 1.10.17)	Ms Jenny Ireland
Mr Bob MacDonald	Mr Andrew Loades
Ms Val Haylett (from 1.7.17)	Mrs Maura Teager (from 1.7.17)
Mr Douglas Sice (from 1.7.17)	
Mr Ranjit Singh Dhanda (from 1.7.17)	**Erewash (2)**
Vacancy	Mr Nigel Horridge
	Mr Michael Flude (from 1.7.17)

Rest of Midlands (1)
Vacancy

Other Governors

Staff Governors (7)	Appointed Governors (6)	On Behalf of
Mr Kris Armoogum (until 30.6.17)	Dr Bill Whitehead	University of Derby
Mrs Alison Booth	Cllr Jangir Khan (until 30.6.17)	Derby City Council
Mrs Lorraine Horobin	Mrs Kath Cawdell	Community Action Derby
Mrs Sheena Hill (until 30.6.17)	Cllr Kath Lauro (until 30.6.17)	Derbyshire County Council
Mr David Rogerson (until 30.6.17)	Dr Susan Anderson (until 30.6.17)	University of Nottingham
Mr Andy March	Cllr Joanne West (from 1.7.17)	Derby City Council
Mr Rob Bradley	Ms Karen McGowan	Southern Derbyshire CCG
Mrs Anne Woodhouse (from 1.7.17)	Cllr Linda Chilton (from 1.7.17)	Derbyshire County Council
Mrs Elaine Norton (from 1.7.17)	Prf John Alcolado (from 1.7.17)	University of Nottingham
Mr Ben Smith (from 1.7.17)		

Meetings of the Council of Governors including Attendances

Under the Trust's Constitution the Council of Governors is required to meet a minimum of three times a year. The Trust has found it necessary, particularly with the agenda of items considered by the Council, that the Council should meet bi-monthly. The attendance record is as follows:

Governor	Attendance (out of 6)	Governor	Attendance (out of 6)
Mrs Gay Evans (to 30/6/17)	0 (out of 1)	Mr Roland Fitzgerald (to 30/6/17)	1(out of 1)
Miss Anne Johnson	6	Dr Paul Garrud	4
Miss Beverley Martin	6	Ms Jenny Ireland	5
Mrs Shirley O'Sullivan	4	Mr Nick Seed	5
Ms Margot Keats (to 30/6/17)	1(out of 1)	Mr Nigel Horridge	3
Mrs Rita Merrison	5	Dr Bill Whitehead	3
Mr Kris Armoogum (to30/6/17)	0 (out of 1)	Mrs Kath Cawdell	4
Mrs Alison Booth	5	Cllr Kath Lauro (to 30/5/17)	0(out of 1)
Mrs Lorraine Horobin	6	Dr Susan Anderson (to 30/6/17)	1(out of 1)
Mrs Sheena Hill (to 30/6/17)	0 (out of 1)	Mr Eric Boston (to 30/10/17)	2 (out of 3)
Dr David Rogerson (to 30/6/17)	1 (out of 1)	Cllr Jangir Khan (to 30/4/17)	0 (out of 1)
Mr Andrew Loades	6	Mr Rob Bradley	5
Mr Bob MacDonald	5	Mrs Val Haylett (fm 01/7/17)	4 (out of 5)
Ms Karen McGowan	3	Mr Douglas Sice (fm 01/7/17)	4 (out of 5)
Mr Andy March	3	Mr Michael Flude (fm 01/7/17)	5(of 5)
Mrs Maura Teager (fm 01/7/17)	5(of 5)	Cllr Linda Chilton (fm 01/7/17)	5(of 5)
Mrs Catherine Devonport (fm 01/7/17)	5(of 5)	Mr Ben Smith (fm 01/7/17)	4 (of 5)
Prof John Alcolado (fm 01/7/17)	4 (of 5)	Mrs Anne Woodhouse (fm 07/17)	4 (of 5)
Cllr Joanna West (fm 01/7/17)	2(of 5)	Mrs Elaine Norton (fm 01/7/17)	3(of 5)
Mr Ranjit Singh Dhanda (fm 07/17)	4(of 5)		

The Chairman and Chief Executive attend all meetings. Other Executive Directors attend as required. Non-Executive Directors voluntarilly attend all meetings which allows them to understand the views of the Governors.

Council of Governors' Training and Development

Training and development is a priority to ensure that governors understand their role and can contribute effectively to the Trust. All governors are requested to attend a Governor induction session as well as the wider Trust induction. This covers key mandatory training requirements and Governors are encouraged to use the Trust's training passport mobile phone app which prompts when further updates are required. Governors also have workshop sessions bi-monthly which focus on areas of knowledge and development – where senior staff present on key topics as requested by the governors themselves. In addition to this workshops have been held on particular topics to enhance understanding. The Trust subscribes to NHS Providers and circulates training and development material to Governors and gives the opportunity for Governors to attend their regional and national events which are allocated to us. Governors have also joined Board sub commitees as observers to allow them to view and understand the working of the governace structure reporting this back to the full Council of Governors. Governors have also been involved in the Board to Ward vists as well as in the collaboration discussions with Burton Hospitals Foundation Trust. The Chairman invites Governors to regular briefing on the progress of the collaboration as well as 1-2-1 sessions, giving an additional opportunity to exchange views. Governors have written articles for the Taking Pride magazine to raise awareness of their roles amongst the members. The Trust will continue to work with and support Governors in carrying out their role.

Council of Governors Register of Interests

A Register of Interests relating to the Council of Governors is regularly updated and maintained, and is available for inspection in the Trust Secretariat, Trust Headquarters, Level 5, Royal Derby Hospital, Uttoxeter Road, Derby DE22 3NE and on the Trust's web-site.

B.2.10 The Council of Governors' Appointments and Remuneration Committee

The purpose of this Committee of the Council of Governors is to consider the appointment of and the salaries payable to the Trust Chair and the Non-Executive Directors of the Trust Board. In addition the Committee is responsible for setting the objectives for the Trust Chairman, taking into consideration the views of the Board, particularly the Chief Executive and the Non-Executives through the Senior Independent Director.

During the course of the year the Committee was involved with the re-appointment of Non-Executive Directors, setting and monitoring the objectives for the Trust Chairman, reviewing Non-Executive Directors salaries based on adjustments of responsibility and receiving an update from the Chairman on Non-Executive Director appraisals. Details on membership and attendance are listed in the Remuneration Report on page 44. In 2017-18, the Committee recommended the following appointments/re-appointments:

- Mr John Rivers Chairman had his term extended to 30 June 2018
- Mr Chris Hole Non Executive Director had his term extended to 30 June 2018
- Mr Stephen Jarratt Non Executive Director had his term extended to 30 April 2021
- Professor Avril Drummond Non Executive Director had her term extended to 31 October 2018
- Mr Graham Bragg Non Executive Director had his term extended to 30 April 2020

The above appointments were approved by the Council of Governors. The Council of Governors at both Derby Teaching Hospitals NHS Foundation Trust and Burton Hospitals NHS Foundation Trust have also approved the appointment of the prospective Non–Executive Directors for the merged Board.

Process for the Appointment of the Chair and Non-Executive Directors

The Trust has in place arrangements covering the process for the appointment of the Chairman and Non-Executive Directors. These arrangements are defined in the Trust's Constitution and cover the following responsibilities:

- The Board of Directors will identify the balance of individual skills, experience and knowledge it requires at the time a vacancy arises for the Non-Executive Directors (including the Chair). They will draw up a job description and person specification for each new appointment.
- Under the Trust's Constitution, the Council of Governors can re-appoint the Chair or Non-Executives for a second term of office without the need for open competition. When open competition is applicable, appropriate candidates will be identified by a Nominations Committee through a process of open competition, which will present a shortlist of potential candidates for consideration by the Appointments and Remuneration Committee appointed by the Council of Governors
- The Nominations Committee will comprise the Chair (or Vice-Chair, unless they are standing for appointment, in which case another Non-Executive Director when a Chair is being appointed) and two Governors from the Appointments and Remuneration Committee (one staff, one public). The Chief Executive shall be entitled to attend and speak at the meetings of the Nominations Committee and the Committee shall take into account the Chief Executive's views.
- The Council of Governors' Appointments and Remuneration Committee will have responsibility for handling all further aspects of the recruitment process. When interviewing, the Appointments and Remuneration Committee will include the Chief Executive, the Chair, or the Vice Chair, if the Chair cannot attend the meeting or is standing for appointment, unless the Vice Chair is standing for appointment, in which case the Chair or another Non-Executive Director. An external assessor can attend to provide advice only.
- The Appointments and Remuneration Committee will select a short list of candidates and will make recommendations to the Council of Governors who shall appoint the Non-Executive Directors. The Council of Governors shall not appoint any candidate not shortlisted or recommended by the Appointments and Remuneration Committee.
- Any re-appointment of a Non-Executive Director shall be subject to a satisfactory appraisal carried out in accordance with procedures which the Council of Governors have approved.

B.5.6 The Council of Governors' Membership Group

The Membership Group consists of 10 members and is primarily concerned with membership activities and membership communication and development. The membership group met six times during 2017-18, discussing and agreeing changes to the membership strategy, developing an engagement calendar and considering opportunities to engage with their constituents. The Chairs of the Derby and Burton Membership groups have met to discuss the future membership following the merger of the Trusts.

B.5.6 The Council of Governors Core Regulations Working Group

This Group provides assurance to the Council of Governors for the submission of official commentary to the Care Quality Commission and also in the Monitoring of an agreed performance indicator for inclusion in the Trust's Quality Report, both of which are mandatory requirements on the part of Governors. The Group carries out detailed audits of clinical areas and reports to NHS Improvement any actions arising out of the audits.

Elections to the Council of Governors

Elections take place on an annual basis and newly or re-elected Council representatives take up their appointments with effect from 1 July. The standard term of office is three years. The maximum term of office is three times three year consecutive terms howver this will be adjusted in the context of the merger.

As part of the election process, members are required to nominate themselves, and where the number of prospective nominees exceeds the number of seats available on the Council, a ballot is held of the members within each constituency as appropriate. Governors are required to provide sufficient biographical details on the ballot forms, to enable the membership to decide who should receive their vote.

Governor	2017-18	2016-17
Andrew Loades	£529.05	£493.80
Beverley Martin	£1,153.66	£897.06
Catherine Devonport	£169.35	£0.00
Elaine Norton	£119.25	£0.00
Jenny Ireland	£637.44	£567.72
Margot Keats	£0.00	£117.00
Maura Teager	£278.22	£0.00
Michael Flude	£117.00	£0.00
Nick Seed	£272.70	£182.25
Rita Merrison	£169.20	£89.35
Bob MacDonald	£21.00	£0.00
Roland Fitzgerald	£0.00	£95.50
Vincent Kenny	£81.09	£100.80

Governors' Expenses

The following table represents the amounts paid to Governors that have submitted a claim form in relation to mileage and reimbursements for travel expenses. NB, expenses also include re-imbursement of rail tickets, taxi fares and meals.

Nominated Lead Governor

Under existing NHS Improvement guidance, all Foundation Trusts are required to provide details of a Nominated Lead Governor. Miss Beverley Martin was elected by the Council of Governors to be the Lead Governor The role of the Nominated Lead Governor is defined by NHS Improvement in Appendix B to the NHS Foundation Trust Code of Governance (published July 2014).

B1.1. Independence of the Non-Executive Directors

Refer to the Director's report, page 28.

B.1.4 Skills & Balance of the Board

Refer to the Director's report, page 28

B.3.1 Chair's Other Significant Commitments

Refer to the Director's report from page 28

C.1.1 Responsibility for Preparing the Annual Report & Accounts

The Board of Directors are responsible for ensuring the preparation of the Annual Report and Accounts. The Board consider that the Annual Report and Accounts 2017-18, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS Foundation Trust's performance, business model and Strategy.

C.2.1 Review of Internal Control

The Board has conducted a review of the effectiveness of the system of internal control, informed by the work of internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework.

C.2.2. Internal Audit Function

Refer to the Directors' report on page 28

C.3.9 Audit Committee

Refer to the Director's report on page 28

E.1.4 Membership

The Trust membership is defined into two categories, Staff membership and Public membership.

Staff Membership

In the case of Staff membership, all staff (on a permanent contract or a contract of over 12 months) are automatically made members of the Foundation Trust, unless they decide to opt out. The number of staff opting-out of membership has been very small. At the end of March 2018, there were 9,227 staff members.

Public Membership

The minimum age for membership is 16 and members must live within the defined areas as listed in the Trust's Constitution.

Membership Constituencies

Public membership has increased from 9093 at the beginning of April 2017 to 9,227 by the 31 March 2018. The agreed target for public membership remains at 10,000. Staff membership has increased from 7,423 at the beginning of April 2017 to 7,528 by the 31 March 2018. Total membership has therefore increased from 16,516 at the beginning of April 2017 to 16,755 by the 31 March 2018.

	Public Constituency		Staff Constituency		Total	
	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17
As at 1 April	9,093	9,530	7,423	7,512	16,516	17,042
New Members	209	116	1,201	1,070	1,410	1,186
Members Leaving	75	553	1,096	1,159	1,171	1,712
As at 31 March	9,227	9,093	7,528	7,423	16,755	16,516

The overall Membership position at the 31 March 2018, by constituency is as follows:

Constituency	31-Mar-18	31-Mar-17
Amber Valley	1,496	1,410
Dales & South Derbyshire	1,255	1,232
Derby City	5,076	5,108
Erewash	818	832
Rest of Midlands	582	511
Staff	7,528	7,423
	16,755	16,516

Public Membership Analysis

Public membership can be analysed as follows:

Public constituency	Number of members	
	31-Mar-18	31-Mar-17
Age(years):		
0 - 16	11	-
17 - 21	151	179
22+	8,726	8,624
Unknown	339	290
Total	9,227	9,093
Ethnicity:		
White	7,051	6,958
Mixed	41	42
Asian	530	516
Black	177	181
Other	41	1,396
Unknown	1,387	-
Total	9,227	9,093
Gender analysis:		
Male	3,057	2,992
Female	6,144	6,079
Unknown	26	22
Total	9,227	9,093

Membership Development

Recruitment of members continues in line with the Trust's Membership Development Strategy with an aim to increase public membership to over 10,000. All Governors are encouraged to participate in recruitment and engagement activities. A number of steps have also been taken to ensure a representative membership, including attending diverse events and targeted recruitment and engagement. The Trust has taken the opportunity to attend various local events during 2017-18 to raise its profile, membership and to keep members advised oon the progress of the merger with Burton Hospitals NHS Foundation Trust.

Members' Events

The popular 'Health Information Talks' series continues to attract the public and existing members. The Trust is continuing to use this method of engaging and receiving feedback from the membership on a wide range of issues. After each presentation the Governors are available should any member wish to have an informal discussion about any concerns or issues affecting them. Another reason to hold these presentations is so members can hear about new advances in healthcare or find out what happens behind the scenes in a particular department.

The Annual Members' Meeting held each September is well attended by over members and is a valuable opportunity for the Board, and the Governors to understand the views and concerns of the members. The Membership Office continues to work with the Communications Office and the Engagement Office on opportunities to involve members.

Contact with Council of Governors Representatives

Any member of the Foundation Trust wishing to make contact with their Governor representative should contact the Trust's Membership Office by email dhft.membership@nhs.net or call 01332 785440 and arrangements will be made for the Governor to make contact.

NHS Improvement Single Oversight Framework

Introduction

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

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

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence. The Single Oversight Framework applied from Quarter 3 of 2016-17 and was updated in November 2017.

This segmentation information is the trust's position as at 31 March 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website. The Trust has been rated as a 3 overall.
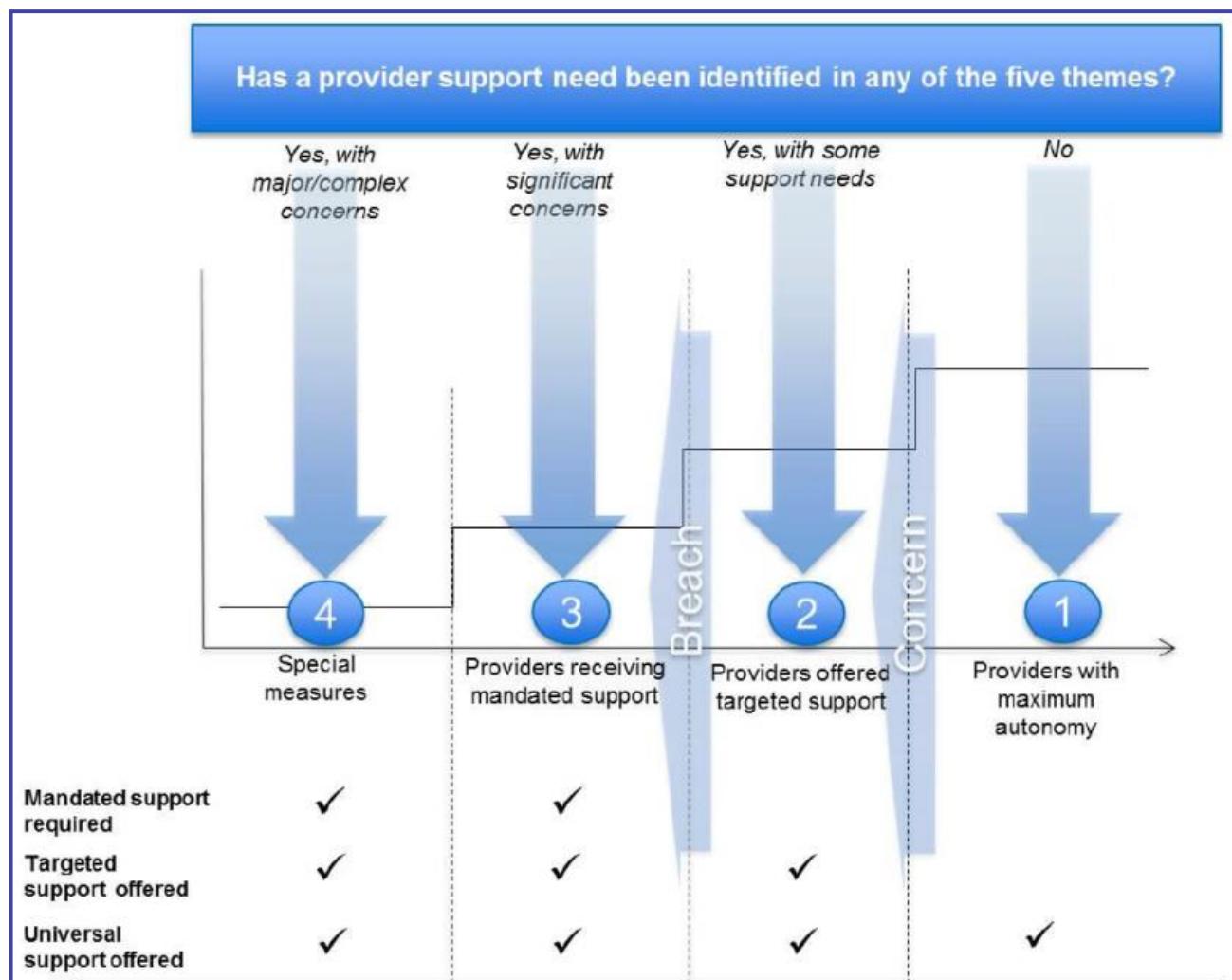
Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017-18 Score			
		Q1	Q2	Q3	Q4
Financial Stability	Capital Service Capacity	4	4	4	4
	Liquidity	4	4	4	4
Financial Efficiency	I&E Margin	4	4	4	4
Financial Controls	Distance from Plan	1	1	2	1
	Agency Spend	1	1	1	1
Overall Score		**3**	**3**	**3**	**3**

	In-year	Annual/ less frequently	Ad hoc
Quality of care	In-year quality information to identify any areas for improvement (see Appendix 2)	Annual quality information	Results of CQC inspections. CQC warning notices, fines, civil or criminal actions and information on other relevant matters
Finance and use of resources	Monthly returns	Annual plans	One-off financial events (eg sudden drops in income/ increases in costs) Transactions/mergers
Operational performance	Monthly/quarterly(in some cases weekly[2]) operational performance information (see Appendix 3)		Any sudden and unforeseen factors driving a significant failure to deliver
Strategic change	Delivery of sustainability and transformation plans (STPs) Progress of any new care models, devolution plans	STPs	Any sudden and unforeseen factors driving a significant failure to deliver
Leadership and improvement capability	Third-party information with governance implications[1] Organisational health indicators - staff absenteeism - staff churn - board vacancies	Staff and patient surveys Third-party information with governance implications[1]	Findings of well-led reviews Third-party information with governance implications[1]

[1] eg reports from quality surveillance groups (QSGs), GMC, ombudsman, CCGs, Healthwatch England, auditors, Health and Safety Executive, patient groups, complaints, whistleblowers, medical Royal Colleges

[2] Where necessary

Enforcement Undertakings

The most recent enforcement undertakings were put in place on the 4th September 2014 and required the trust to develop a financial recovery plan, RTT improvement plan, a cancer wait improvement plan and to ensure sufficient governance arrangements are in place to enable the board to NHS Improvement progress, understand risks and hold individuals to account for the delivery of the relevant plans.

The Trust has implemented a number of measures to meet the requirements of the enforcement undertakings these included a sustainability review by NHS Improvement during 2016-17 which covered clinical sustainability and drivers of the deficit. The Trust is addressing the operational drivers within its control but there remains a number of structural issues not within our immediate control.

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the accounting officer of Derby Teaching Hospital NHS Foundation Trust

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

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

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

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

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

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

Gavin Boyle
Chief Executive
24 May 2018

ANNUAL GOVERNANCE STATEMENT

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Derby Teaching Hospitals NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Derby Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The risk management processes are led at Board level by the Trust's Director of Patient Experience and Chief Nurse. In 2017-18, the Trust had a robust structure of groups and committees (see Quality Governance Structure within the Quality Accounts) which feed into the Executive Quality Review Committee (QRC) along with quality reports from the Divisions. Risk issues are discussed and escalated across the committee structures including via the Risk and Compliance Committee (RCC) and Trust Delivery Group (TDG).

All staff are required to undertake Risk Management training and, where necessary, appropriate staff are trained in risk assessment and investigation techniques.

This is to ensure a standard approach for the identification, assessment and management of all risks, through a standardisation of tools, processes and reporting. This is through the identification, analysis and control of risks, which are reported and managed through a central database. This is managed and well-led locally within the Business Units. In addition, extreme risks are escalated through identified committee structures.

Guidance provided to staff relates to what is a hazard, a risk and other contributing factors to what in our work could cause harm to people so that they are able to weigh up whether enough precautions have been taken or should we do more to prevent harm. Staff are required to review risk regularly and inform of any changes and report into the business units and Trust reporting systems to ensure organisational learning and to share good practice.

The RCC as part of its review process looks at cross divisional and corporate risks to understand not only the organisationa impact but what good practice can be learnt and shared .

The risk and control framework

A Board Capability Review was conducted by Deloittes in 2016 as part of the collaboration work with Burton Hospitals and builds on the Internal Well led assessment which raised no governance concens giving Significant Assurance being identified. This was further supported by the Reporting Accountant's report issued by Grant Thornton in early 2018 which was conducted as part of the Governce review linked to the merger with Burton Hospitals NHS Foundation Trust.

The Board has an established process to assure itself of the validity of its corporate Governance Statement required under NHS Foundation Trust Condition 4 (8) (b), with appropriate sources of assurance being provided to the Board, thereby allowing it to self-certify compliance with the Statement.

During 2017-18 the RCC and the TDG met monthly rewiewing all the high and extreme risks across the Trust along with the Board Assurance Framework (BAF). The RCC reports to TDG on a monthly basis identifying any new risks or rating changes that have occurred escalating these to Trust Board as necessary.

All risks identified on the BAF have clear management actions to reduce the risk ratings and each risk is assigned to a Board Committee for detailed review and monitoring. All high and extreme risks are reviewed bi -monthly by the appropriate Board Committee. The Audit Committee reviews the full Assurance Framework to give the Board assurance on the process, and the Board reviews the BAF on a bi - monthly basis.

The Trust's Risk Management Strategy and supporting documents sets out the structure for dealing with risks which include the duties and responsibilities of key staff within the divisions. The risk register is formally reviewed within the divisions, along with Trustwide Services and report to RCC. Overall, the Divisional Directors are responsible to the Board's Chief Operating Officer. The principal risks faced by the Trust during 2017-18 where catagorised using the Trusts PRIDE statement:
Putting Patients first
Right First Time
Investing our resources wisely
Developing our People
Ensuring Value Through Partnership

All the BAF risk are considered significant however during 2017-18 particular focus has been on the risks related to:
• Meeting operational delivery targets
• Managing the workforce demands due to the additional merger and STP requirements and
• Ensuring Cyber security and IT management meet requirements

The risks on the 2017-18 BAF will be closed and a new set of risks established in line with those agreed by the Provision Board of the combined organisation. These have been reviewed and established at the principle risks for the Trust in 2018-19 The Trust has put in place controls and action plans to mitigate these risks and these are described in the BAF document. Future risks and associated mitigations are identified in a number of ways, including the board's regular 'horizon scanning' of the environment in which the Trust is operating and the annual review process. The Trust has recently reviewed the Risk Management Strategy and a statement on risk appetite has been added and this will become a fundamental part of the strategic development of the organisation in 2018-19.

Clinical Risk
The last assessment completed in the Trust by the NHS Resolution (NHSR) accredited the Trust with Level 3 Standard across the Trust and Level 2 for Maternity Services. The NHSR now focusses on learning from clinical negligence claims and no longer carries out accreditation processes.

In the case of incident reporting, the Trust benefits from openness in respect of reporting and encourages incident reporting as a source of organisational learning.

The Board, RCC and Quality Committee are also responsible for considering and monitoring compliance with the Trust's CQC registration.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission and there were no there were no Inspections during 2017-18.

The Trust is required to register with the CQC and its current registration status is registered without any conditions. The Trust has no conditions on registration. The CQC has not taken enforcement action against the Trust during 2017-18. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Equality and Diversity

Our Executive lead for Equality, Diversity and Human Rights is the Executive Director of Workforce. As a forward-thinking NHS organisation, the Trust takes its responsibility for inclusion and diversity extermely seriously and expects all staff to take responsibility for ensuring that patients, visitors and colleagues are treated as individuals, with compassion, dignity and respect during each and every contact.

Delivering on inclusion and diversity will enable the Trust to achieve the ambition to be a national beacon for all that is best in 21st Century Healthcare and well as ensuring that the local community receive the very best possible care.

Understanding the makeup of the local community provides a real opportunity to put patients at the centre of Trust services. It is recognised that involving diverse groups enables the Trust to prioritise and address health inequalities in the community. During 2017-18 the Trust has continued to engage with and involve staff to ensure that they feel confident in supporting the needs of patients and colleagues. In particular it is important to recognise that over 98% of staff have completed the Trust's Equality & Diversity Training since it was launched in July 2015.

The Trust is fully committed to meeting the requirements of the Equality Act 2010 and is compliant with the Public Sector Equality Duty. The Trust is also working with the Department of Health's toolkit, the Equality Delivery System (EDS2) and having implemented the Workforce Race Equality Standard (WRES) looks to do the same for Workforce Disability Equality Standard in 2018/19. In quarter 3 of 2017-18 the Inclusion Committee created an Inclusion Framework to support the delivery of the 'Developing Our People Strategy'. During 2017-18 the Trust continued to develop its approach via the Inclusion Framework to delivering the requirements of EDS2 and the current self-assessment against the four key standards. Equality Impact Assessments are routinely undertaken in respect of all Trust policies and are undertaken in respect of discussion papers as required both to the Trust Board and its Committees and TDG.

Information Governance

Risks relating to information are managed and controlled via the Information Governance Steering Group which is chaired by the Executive Medical Director/Caldicott Guardian and attended by the Director of Finance and Performance (Senior Information Risk Owner). The Trust extensively uses the Information Governance Toolkit and has a well-developed improvement plan for this agenda.

Serious Information Governance Incidents must be reported through the Information Governance Toolkit. This is the Department of Health and Information Commissioner's Office agreed mechanism for Health & Social Care organisations to report data breach incidents. The Serious Incident Scoring System is used to establish the score. An IG SI severity level 2, are those that typically breach one of the principles of the Data Protection Act and/or Common Law Duty of Confidentiality. This includes unlawful disclosure or misuse of confidential data, recording or sharing of inaccurate data, information security breaches and inappropriate invasion of people's privacy.

Serious Incidents 2017-18

There have been 3 Information Governance serious incidents between April 2017 and March 2018. Incidents classified at a severity rating of 1 have been aggregated and reported in the format below. Incidents rated 0 are not included in the Annual Report.

Category	Nature of incident	Total
I	Loss/theft of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
II	Loss/theft of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0

The Trust has been issued with audit reports that give significant assurance regarding IG compliance.
During the course of the past twelve months the following examples indicate some of the ways the Trust has managed information risks:

- The Trust has achieved and continues to maintain a minimum of level 2 compliance with the Information Governance Toolkit, the Trust's processes for carrying out the self-assessment against the criteria within the toolkit is audited annually.
- The Trust has an established Information Governance Steering Group that is chaired by the Caldicott Guardian and attended by the SIRO. This ensures a consistent approach to information risk management. This group reports to TDG.
- Information Asset Owners (IAOs) have been assigned to each Information Asset, completing an annual System Specific Security Policy (SSSP) and risk assessment. All business units within the divisions have an IG representative; they work closely with the IG team to increase awareness and responsibilities.
- Information Governance training is delivered annually. A significant amount of work has been undertaken to raise compliance levels of Information Governance Training, this has risen from 86% (March 2015), 92% (March 2016), 93% (March 2017). The DoH/IG Toolkit requirement is 95%, which has been achieved during the course of this year with current compliance being 94%.
- Access to systems is removed for any staff who fail to update their IG training within 4 weeks of their expiry date

Involvement of stakeholders in risk reporting and management

Public stakeholders are involved in the risk management process through the Trust's Council of Governors which has 16 publicly elected governors, seven staff governors and six appointed governors who receive reports relating to risk management issues, including complaints. The Trust also has a Patient Experience and Engagement Group. The Group receives detailed information on complaints, incidents and Patient Advice and Liaison (PALS) issues. Membership of the group includes lay representatives from patient groups, Local Involvement Networks (Healthwatch Derby City and Derbyshire) and Public Governors. This is a way for representatives of the patients and public to be involved in managing the risks and quality issues which impact on patients and the public.

The Council of Governors play an important role in supporting our assurance processes by their scrutiny of our work and broad involvement in the Trust. In particular, the Governors' Core Regulations Group provides assurance to the Council of Governors for the submission of official commentary to the CQC and carries out detailed audits of clinical areas, Monitoring any actions arising. The Core Regulation Governors are actively involved in working with the Trust to ensure its quality standards are met.

Governors are also participating observers on all the Board Commitees and as such they can see and challenge the risk managment process within the Trust.

Risk Management – the future

The Board have continued their focus on risk management through 2017-18. This has included review and scrutiny of progress to mitigate and manage the BAF Risks on a bi-monthly basis. The Board remains keen to ensure that processes are in place to ensure that the right risks are being managed at Board level and oversees the review of BAF risks at Board Committees where relevant. Strategic planning developments for 2017-18 considered how strategic intentions are delivered through the operations of the Trust. This demonstrates that the Trust is considering how risk and performance management are key components of delivering agreed strategic objectives.

During 2017-18 the Board have worked to further develop the process of assurance and oversight of BAF risks, and have a robust programme of review at Board meetings and Board Committees.

Visible Leadership

23 Board to Ward (B2W) sessions have been undertaken successfully throughout the year, and these now also involve a Governor from the Core Regulations Group as well as Executive and Non Executive Directors . Twilight visits and unnounced visits have also continued and access to other Ward rounds have been made available to Governors.

The Chief Executive regularly visits areas across the Trust talking to staff and patients about their roles and experiences. These are reported on in his weekly Blog. The Executive Medical Director and Director of Patient Experience and Chief Nurse carry out regular safety rounds along with other Senior Nursing Staff from across the organisation. The Trust's Quality Committee is the Board Committee that oversees Quality, Safety and Effectiveness. It is chaired by a Non-Executive Director (NED) and its membership includes 2 further NEDs and 5 Executive Directors.

- The Board receives a Quality Report at each meeting with supportive narrative in relation to: key elements of the Quality Strategy including safety, effectiveness, caring, responsiveness and incidents.
- In addition, the Quality Governance Structure enables escalation of issues through the committee structure to the Board.
- The Board has regular time-outs to appraise themselves on more detail of certain issues including the Trust Quality Governance and Reporting Structure. Along with this memebers of Quality Committee and the Governors who are members of the Core Regulations Group meet up to discuss Quality, the Quality Strategy and progress of the priorties.
- The development of the Quality Strategy has led to the development of Quality KPIs being led at Board level via a quality dashboard. This monitoring takes the form of assessing progress against a planned trajectory of improvement, and sharing organisational learning when the trajectory is off plan.

Transformational Risks

All transformation initiatives include input from staff within the related services to ensure best care best value principles are applied. Data from a number of sources is used to inform reviews of quality impact including audit, complaints, acuity and activity.

The Quality Impact Assessment that was introduced has strengthed the systems already in place, however further work is under way following an Internal Audit review of QIA's in 2017-18 which were given Limited Assurance. The QIA process is overseen by the Quality Committee and the concerns raised in the Internal Audit report are being addressed.

During 2017-18 a Cost Improvement Programme Board was established to strengthen the governence of this important area. Dedicated days for staff to meet with the Transformation Team to look at ways of improving efficiency and effectivness are regularly held and well supported.

Incident Reporting

Intelligence is gathered via a number of sources and reviewed within the Trust's Governance Structure including, Quality Strategy KPIs, Ward Assurance, Healthcare Evaluation Data (HED), Performance and Scrutiny at divisional level, Incident Trend Analysis, Complaints Trend Analysis, Patient Safety Improvement Plan, Risk Register, BAF and Data Warehouse. The intelligence is validated through the Trust's Quality Governance structure and TDG.

The Freedom to Speak Up (Raising Concerns at Work) policy is in place and is included in staff induction. We have undertaken mini campaigns to highlight ways in which staff can report any concerns and feel confident they are listened to through a new email address, revised staff leaflet and intranet page. The Trust is now linking together the views of staff with the Freedom to Speak Up report recommendations which were implemented in the first 2 quarters of 2016-17. The Speak Up Guardian provides a further channel enabling staff to raise concerns report regularly to the People Committee and Annually to the Board.

During 2017-18 the Safe Working Guardian for Junior Doctors was appointed providing a clear link for Junior Doctors to report concerns and enage in discussions. The Guardian provides a quarterly report to the Trust Board.

Staff and public engagement

Staff are engaged at all levels with quality initiatives with defined targets and regular reviews of progress. The ward assurance tool has encouraged staff empowerment to deliver their own improvements.

Internal communications regularly feature quality issues in taking Pride, Exchange, the Chief Executive's Blog and Celebrating Success

In terms of performance management a number of mechanisms exist to highlight issues. These include the Integrated Performance Report, Clinical Dashboards, Consultant Health Checks, Ward Assurance, and Divisional Performance and Scrutiny. Information is made available through Public Board meetings, the Quality Accounts, and the Annual Report and Review.

Active involvement with stakeholders is undertaken through a number of forums including – Quality Assurance Group with the commissioning CCG, Contracts Management Board, Development of multi-agency care pathways, for example Frail and Elderly, Active Trust Membership, Engagement with Nursing in Residential Homes, Engagement with Healthwatch and other local user groups.

Health Information Talks have been well supported throughout the year and have allowed members to inact with key staff from specialities across the Trust.

Review of economy, efficiency and effectiveness of the use of resources

The Trust operates a highly developed internal control environment, including a stringent form of monitoring in terms of budgetary control and expenditure. This control environment has been tested throughout 2017–18 by monthly reports to the Trust Board and the Board Committees describing the operational and the financial position of the Trust. This has included its progress in achieving the financial targets, forecasts, capital expenditure programmes, transformation and cost improvement programmes that are required of the organisation.

The role of the Trust Board, Audit Committee and Finance and Investment Committee, internal audit function and any other review of assurance are listed in the review of effectiveness section below. Internal and External Audit report to evry Audit committee meeting with counter Fruad reporting to alternate meeting. There are 2 private meeting with Auditors in April and Auguts . Additionally there are quarterly meetings of Committee chairs to allow potential overarchiong issues to be discussed in detail.

The Single Oversight Framework is designed to help NHS providers attain, and maintain, CQC ratings of 'Good' or 'Outstanding'. The Framework doesn't give a performance assessment in its own right. The framework applies from 1 October 2016, replacing the Monitors 'Risk Assessment Framework' and the NHS Trust Development Authority 'Accountability Framework'.

The most recent enforcement undertakings were put in place on 4th September 2014 and required the Trust to develop a financial recovery plan, Referral to Treatment (RTT) improvement plan, a cancer wait improvement plan and to ensure sufficient governance arrangements are in place to enable the board to NHSI progress, understand risks and hold individuals to account for the delivery of the relevant plans.

The Trust continues to work with NHSI towards compliance with the enforcement undertakings.

Annual Quality Report

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

The Trust follows and complies with the national guidance for the preparation of the Quality Report, as determined by the Department of Health and NHSI. Operational responsibility for the development of the quality account and report lies with the Director of Patient Experience and Chief Nurse and Executive Medical Director. The information and data contained in the Quality Report was assured through the committees of the quality governance structure.

The Quality Account and Report is subject to audit by the Trust external auditors. This includes data testing on specific indicators as well as an audit of the content of the report itself – in line with the requirements of the NHSI Annual Reporting Manual. Future priorities are determined by our stakeholder groups who suggest new priorities for the coming year. The list is presented to the Executive Directors who ratify the final list of priorities for the coming year.

The Quality Report for 2017-18 is included at Part 3 of the Annual Report. There is a statement of Directors' Responsibilities in respect of the Quality Report and this has been signed to confirm that the Quality Report represents a balanced view and that there are controls in place to ensure the accuracy of the data.

Those issues identified within the Quality Report have been the subject of consideration and scrutiny through the Trust's committee structure up to and including the Trust Board to ensure that it provides a balanced view of the organisation's progress during the year. The scrutiny process includes the Trust Members and Governors, commissioners, HealthWatch and the relevant Overview and Scrutiny Committees who are all invited to provide comments on the report. These commentaries are included in the final document. Further detail on the data quality processes are outlined in the Quality Report.

Explicit Quality Strategy

The Trust Quality Strategy was jointly developed by the Director of Patient Experience and Chief Nurse and Executive Medical Director in line with local and national quality drivers. The Strategy has subsequently been refreshed to ensure alignment with key priority areas, through consultation with Staff, Governors and Patients and Carers. The Trust has aligned the strategy to the CQC quality domains to ensure focus in key areas safe, caring, effective, responsive, well led and is linked to the Trust's overall PRIDE objectives. These are now aligned with the CQC five key lines of Enquiry (KLOE) as follows;

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive? and
- Are services well led?

The Quality Strategy is supported by annual implementation plans which outline who is doing what, by when and how progress will be measured.The Quality Dashboard enables progress against KPI's to measured and monitored. There are a number of systems and processes from which we obtain data which are detailed in the Quality Account they are subject to rigorous scrutiny prior to reporting both internally and externally.

As an example the recording of Referral to Treatment pathways is via the Trust's Lorenzo system. There are detailed Standard Operating Procedures (SOP) to cover the correct way to record patient and administrative events along the pathway. The Trust's Data Quality Team audit Specialties for adherence to SOPs and feedback any training issues to Manager's as appropriate. The Trust has invested in an electronic training package to educate all appropriate staff in the correct recording of treatment status along a pathway. This training will be a requirement for the role and must be passed.

In order to ensure the accuracy of the submitted monthly data, a small team of validation staff review all patients waiting over 18 weeks to verify the correct waits are being reported. The position regarding numbers of incomplete pathways is reviewed on a weekly basis at the RTT Operational Meeting, chaired by the Divisional Director for Surgery, who also signs off the monthly UNIFY data prior to submission. The Trust has worked with IMAS to develop robust processes and is cited as an area of good practice at Regional events.

Progress against implementation plans is monitored and reviewed by Quality Review Committee and any issues escalated for resolution to Quality Committee. More detailed information about the Quality Strategy and priorties for improvement along with the 2017-18 priorties can be found in the Quality Account section of the overall report.

NHSI's Quality Governance Framework

Quality Governance is the combination of structures and processes at and below Board level to lead on trust-wide quality performance including:

- ensuring required standards are achieved
- investigating and taking action on sub-standard performance
- planning and driving continuous improvement
- identifying, sharing and ensuring delivery of best-practice
- identifying and managing risks to quality of care

The Quality Committee structure includes an executive lead group in the form of a Quality Review Committee, which provides assurance to the Board's Quality Committee on issues relating to quality.

Revenue Spending and Plan

The Trust agreed with NHSI that it was unable to submit a control total compliant plan this year and so was ineligible for Sustainability & Transformation Funding (STF). Receipt of STF is based on the achievement of both financial and non-financial targets. Had the Trust agreed to the Control Total it would have been eligible to receive up to £12.768m, dependent on the achievement of all required targets.

The Trust were informed early in the financial year that we were to receive £0.484m of additional STF bonus allocation from the 2016-17 fund. As a result of this, the 2017-18 planned deficit was reduced by this amount.

The final revenue outturn position, shown in the Statement of Comprehensive Income, has been reconciled to the Trusts plan in the following table. This also adjusts the position to show performance against the control total compliance measure.

	Group 2017-18			
	Control Total Compliance Target £m	Trust Plan £m	Actual £m	Variance from Plan £m
Annual Deficit	**0.000**	**42.043**		
Improved by 2016-17 Bonus STF	0.000	(0.484)		
Deficit on Continuing Operations	**0.000**	**41.559**	**40.807**	**0.752**
Less items not included in compliance calculation				
Consolidated Charitable Funds	0.000	0.000	(0.079)	0.079
Donated & Granted Asset Income	0.000	0.950	0.853	0.097
Donated Asset Depreciation	0.000	(1.392)	(1.187)	(0.205)
Trust Control Total (including STF)	**9.380**	**41.117**	**40.394**	**0.723**
Bonus STF Received in Year	0.000	0.484	0.484	0.000
STF Awarded in Year	12.682	0.000	0.000	0.000
Trust Control Total (excluding STF)	**22.062**	**41.601**	**40.878**	**0.723**

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter

and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and quality committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board seeks assurance from the Trust's internal auditors (360 Assurance), by way of reports that are published in response to reviews initiated following the agreement of an annual audit plan. These reports are undertaken in accordance with the requirements of the Public Sector Internal Audit Standards and provide specific levels of assurance and include suggested actions to improve controls where this is considered necessary.

We have received the Head of Internal Audit Opinion which provides a Significant Assurance in respect of the Trust's internal controls. The Trust operates within its Constitution and has Standing Orders and Standing Financial Instructions along with a Scheme of Delegation, all of which are approved by the Board. Any deviation from Standing Orders requires approval by the Director of Finance and Performance, and is reported to the Trust's Audit Committee. In addition, all Board Committees have approved Terms of Reference with reporting arrangements.

Apart from the Audit Committee, the other Sub-Committees include, Quality Committee, Finance and Investment Committee, People Committee and Charitable Funds Committee, details of which are set out in Part 3 of this Annual Report. The Audit Committee provides the Trust Board with a means of independent and objective review of:
- internal control.
- financial systems;
- the financial information used by the Trust;
- controls assurance systems;
- risk management systems;
- compliance with law, guidance and codes of conduct.

The Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

The Quality Report for 2017-18 contains more detailed information with regards outcomes from clinical audits and key actions being taken forward.

Cyber Risk

The Trust is fully aware of the risks of cyber attacks and has a number of contingency measures to limit the risk on our IT infrastructure as well as having detailed business continuity plans in place. Following the Ransomware attack on the NHS which impacted on the Trust a detailed review of the cyber scecurtiy plan too place and the repalcement of obselete equipment that was targeted in the attack was replaced. New monitoring and management software was also procured. Cybersecuirity is a specified risk on the Trust's Board Assurance Framework and Risk Register.

The Trust contiues to improve the IT infrastructure to make it more resistant to these kinds of attacks as well as utilising advice from NHS Digital and CareCert. Business continuity plans will be revised based around the learning from the specific type of cyber attack.

Other Statements

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

The Foundation Trust has ensured its emergency preparedness by undertaking risk assessments and Carbon Reduction Delivery Plans in accordance with and civil contingency requirements as based on The UK Climate Impacts Program 2009 weather projects. This will allow the organisation to meet its obligations under the Climate Change Act and the Adaptation Reporting requirements. The Trust has recognised receipt of other Loan not from the Department of Health and Social Care (DHSC) in 2018-19 of £1,110k and explained this relates to Salix / Carbon Trust loans. Any non-DHSC loan may need to be underwritten or

guaranteed by DHSC. As the Trust is reliant upon the DHSC to provide on-going cash support, it is highly unlikely that DHSC will do this. Any proposal to access private sector funding or funding from other government departments must be discussed with NHS Improvement in the first instance.

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

Conclusion

Other than the issues noted above in relation to the NHSI licence, there are no significant internal control issues which have been identified.

Gavin Boyle
Chief Executive
24 May 2018

Mr John Rivers

Chairman
24 May 2018

NHS
Derby Teaching Hospitals
NHS Foundation Trust

Quality Report

Taking pride in caring

STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

I am delighted to introduce our Quality Account for 2017-18 which outlines the steps we are making towards our ambition to become the most effective, harm free and caring teaching hospital in England by putting the needs of our patients first.

During the year we launched our Quality Strategy for 2017-2021, in line with the Care Quality Commission's five key lines of enquiry ensuring that our services are safe, caring, responsive, effective and well led. Our focus as we strive to further improve the quality of the care we offer our patients is on reducing our sepsis rates, reducing stillbirth and maternal death rates, learning from patient safety incidents, feedback and staff experience, reducing unwarranted clinical variation and learning from preventable deaths.

During the year we welcomed the Secretary of State for Health, Jeremy Hunt, who praised our quality ambitions and our outstanding record on diagnosis and swift treatment of sepsis. I am particularly pleased to report that data shows Derby Teaching Hospitals has the lowest In-patient mortality for sepsis compared to other hospitals in the region. Patients have a 32.2% lower chance of dying of sepsis in Derby than the national average. This is a significant achievement which demonstrates our Quality Strategy in action.

We also held our first successful Patient Experience Week in April, where we celebrated the hard work of our staff in continuously improving patient experience by holding various competitions, including offering £1,000 prizes for the best improvement ideas. We are planning a second Patient Experience Week in April 2018, with further prizes offered to fund the best ideas and inspiring stories to be shared at the launch event, including how the Enhanced Discharge programme helps improve the lives of complex patients. For the first time ever, we will be awarding a member of staff 'Patient Experience Champion of the Year'.

We also have a comprehensive Maternity Safety Improvement Plan in place to help us provide safe, high quality maternity care at Derby Teaching Hospitals and it is encouraging to report we are making good progress in this vital area. The improvements we have made have already resulted in a marked reduction in the stillbirth rate in our maternity unit, which is now significantly below the national average.

How our staff feel about the quality of care we deliver is an important marker of quality and I am delighted that the National Staff Survey showed that 84% of our staff would be happy to recommend our hospitals to friends or relatives for treatment. This put Derby in the top 20% of trusts in this category for the third year running, while we were also in the top 20% for staff saying they would recommend the Trust as a place to work, and for those who feel enthusiastic about their role.

All of this has been achieved during a particularly challenging year, with record demand for our services. In line with many other large acute trusts, we have experienced an unprecedented period of sustained pressure, with large numbers of acutely unwell patients needing emergency treatment and admission. During January, we saw a 7% increase in emergency admissions, compared to the same time last year, with more than 100 new patients being admitted each day. This trend continued into March.

Despite this, our staff and volunteers really impressed me with the way that they rose to the challenge to continue to provide quality care for our patients. Our staff and volunteers are our most valuable asset and their hard work, tireless commitment and resolve has been outstanding during what has sometimes been a difficult year. An example saw many of our clinical staff coming to work in heavy snow, with overnight bags to hand to enable them to stay on the premises so they could continue to care for our patients. I thank all my colleagues for really going the extra mile to keep our patients safe.

This statement summarises Derby Teaching Hospital NHS Foundation Trust's view of the quality of the NHS services that it provided or subcontracted during 2017-18. To the best of my knowledge the information in this document is accurate and the Trust Board has received and endorsed the details set out in the Quality Account document.

Gavin Boyle **Chief Executive** 24 May 2018

PROGRESS ON 2017-18 QUALITY IMPROVEMENT PRIORITIES
PRIORITIES FOR IMPROVEMENT AND STATEMENT OF ASSURANCE FROM THE BOARD

Performance against priorities for Quality Improvement 2017-18

This Account covers the financial year of 2017-18 across Derby Teaching Hospitals NHS Foundation Trust (DTHFT). The first part of the Quality Account details how we performed against last year's Quality Account, followed by an overview of organisational quality and patient safety, and our performance against national and local metrics in 2017-18.

It is recognised the Trust has been and continues the planning process of the prospective merger with Burton Hospitals NHS Foundation Trust. The following priorities have been chosen as they reflect the quality of care across both organisations, and are key indicators within both DTHFT and BHFT Quality Strategies ensuring that we deliver safe, effective care to all our patients mapped across the Care Quality Commission 5 key lines of enquiry.

Priorities for Improvement during 2018-19

- Recognise patients who are clinically deteriorating and start appropriate treatment
- Continue to Identify and then start treatment for all patients with Sepsis
- Continue to Identify, learn from and reduce preventable deaths
- Continue to Identify unwarranted variations in clinical practice
- Create an environment where we continue to support our staff to protect our patients and feel free to report any patient safety concerns.

These priorties will be measured and monitored by the Trusts Quality Governance Structure as identified on page 136 of this document .

The priorities that are now described below for 2017-18 were developed after consultation with a range of staff, patients, the Council of Governors, carers, and the wider public. In line with the detailed requirements of NHSI these are captured under the headings of Safety, Patient Experience and Effectiveness:

## Performance against priorities for Quality Improvement 2017-18

MAKING US SAFER – SAFE

REDUCTION IN HOSPITAL ACQUIRED INFECTION RATES RELATED TO LAPSES IN CARE

An internal trajectory for Clostridium difficile infection lapses in care was developed, with the aim of reducing the number of lapses in care by 25%. Therefore the trajectory for 2017-18 was no more than 18 lapses in care. 19 lapses in care have been identified; therefore the internal trajectory was not achieved for this year.

Three lapses in care have been identified as potentially being related to the acquisition of the Clostridium difficile infection.

All of the categories of lapse in care identified reduced from previous years with the exception of possible cross contamination; two lapses in care were identified, which had not been identified previously. The number of lapses in care related to cleanliness and missed doses of Clostridium difficile treatment remained the same as the previous year.
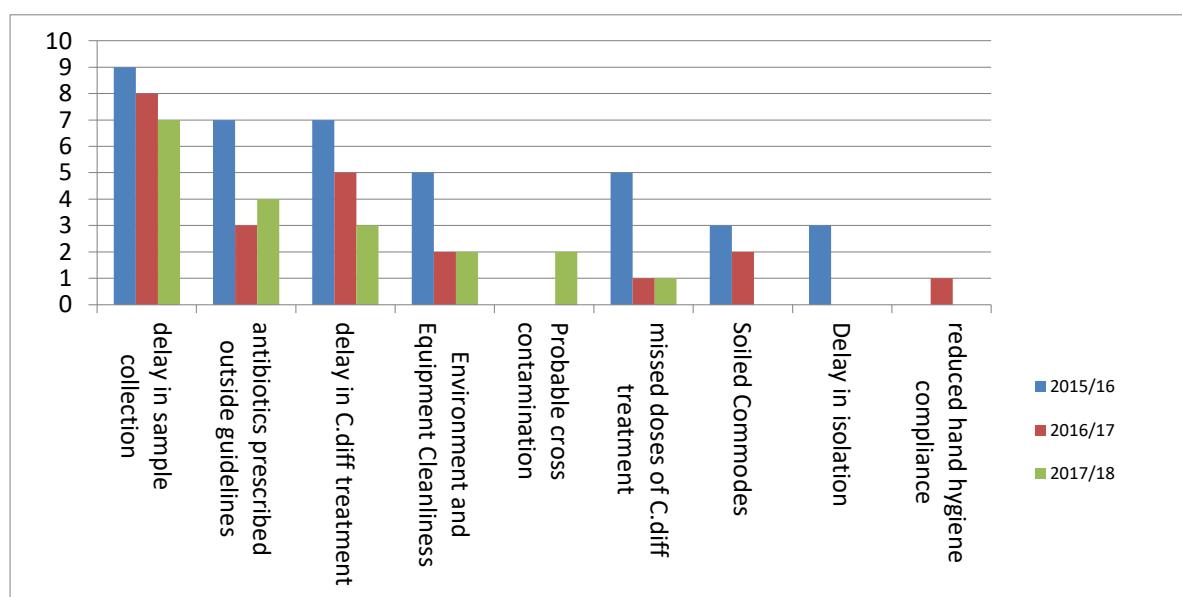
Clostridium difficile

Clostridium difficile (C.diff) is a bacterium that is found in the intestine of approximately 3% of healthy adults. It does not usually cause a problem as it is kept in check by the normal bacteria in the intestine. C.diff causes disease when the normal bacteria in the intestine are disadvantaged, usually by someone taking antibiotics. This allows C.diff to grow to unusually high levels. It also allows the toxin that some strains of C.diff produce to reach levels where it attacks the intestines and causes mild to severe diarrhoea.

For the first time in 2016-17 the national trajectory was calculated as rate per 100,000 bed days, and DTHFT was set a rate of no more than 16.6 cases per 100,000 bed days, equating to no more than 53 cases. The Trust ended the year with a total of 53 cases, 14.98 cases per 100,000 bed days.

The Trust trajectory for 2017-18 remained the same as the previous year, i.e. no more than 16.6 cases per 100,000 bed days. The Trust ended the year on 22.05 cases per 100,000 bed days, or 64 cases.

In May 2017, due to a global shortage of Piperacillin /Tazobactam, the Trust was required to change our antibiotic prescribing guidelines to alternatrive antibiotics that are higher risk for Clostridium difficile infection. The antibiotic of choice has a lower risk for C.diff and features in many of the Trusts prescribing guidelines. The shortage is not fully resolved, targeted prescribing guidelines are being reverted back to

Piperacillin / Tazobactam, this started in November 2017, as it became more readily available. Whilst there is no direct evidence that this change played a significant role in the increase of cases, there has been a noticable reduction in the number of Clostridium difficile cases after the switch.

An external review of infection prevention practices, with a particular focus on Clostridium difficile management in the Trust was undertaken by the regional infection prevention lead for NHS improvement. This review identified that it is evident that infection prevention and control is high on the Trust priority list. The Trust has been rated as 'Green' on the NHSI risk assessment tool.

Continuous assessment and review is crucial to ensure that the Trust is taking all appropriate actions to minimise the risk of patients developing the infection. Root Cause Analysis (RCA) is undertaken by the clinical teams on every Trust acquired C.diff case.

Since April 2014 all Trust acquired cases are discussed at the Healthcare Associated Infection (HCAI) Review Group. This group is chaired jointly by the Director of Patient Experience and Chief Nurse and Executive Medical Director and includes representatives from the clinical teams, infection prevention and control, antimicrobial stewardship, Public Health England (PHE) and Southern Derbyshire Clinical Commissioning Group (CCG), as the Trusts co-ordinating commissioner.

Each case is reviewed to determine whether there has been lapse in the quality of care given to patients, in line with NHS England requirements. The appropriate steps to address the problems identified along with any additional 'lessons to be learnt' are identified and shared across the organisation and discussed and monitored at the Trust Infection Control Operational Group (ICOG) and Infection Prevention and Control Committee (IPCC).

MRSA Bacteraemia

The Department of Health adopted a zero tolerance approach to avoidable MRSA bacteraemia cases in April 2013.

All cases of MRSA bacteraemia are reported and investigated as a serious incident. A detailed investigation involving all healthcare practitioner's involved in the patient's care, is carried out to consider whether all appropriate actions have been taken and to identify any learning points. All MRSA bacteraemia case investigations, learning points and associated action plans are discussed and monitored at the Trust Infection Prevention and Control Committee.

There have been four MRSA bacteraemia identified in 2017-18, none of which have been attributed to Derby Teaching Hospitals.

- Case 1 – identified from the Anaesthetics business unit. The investigation did not identify any lapse in care or learning, therefore the Trust made a request for third party assignment, which was upheld by the Director of Public Health.

- Case 2 - identified on a blood culture taken in the Children's emergency department. The investigation did not identify any lapse in care and the CCG requested third party assignment, which was agreed by the Director of Public Health.

- Case 3 - identified on a blood culture taken on a patient in the Emergency Department. There were no lapses in care or learning identified for Derby Teaching Hospitals. This case has been assigned to Staffordshire and Stoke CCG.

- Case 4 - identified on a blood culture taken on admission to DTHFT; therefore this case was provisionally assigned to Southern Derbyshire CCG. However the patient had only been discharged for Derby Teaching hospitals 12 hours previously. Joint investigation did not identify any lapse in care and the CCG requested third party assignment, which was agreed by the Director of Public Health.

Escherichia.coli (E.coli) Bacteraemia

E.coli is a species of bacteria commonly found in the intestines of humans and animals. There are many different types of E.coli and while some live in the intestine quite harmlessly, others may cause a variety of infections. Urinary tract infection is the most common E.coli infection, the bacteria spreads from the intestine to the urinary tract.

Overspill from the primary infection site into the blood stream can cause a blood stream infection. These are referred to as an E.coli bacteraemia.

Mandatory reporting of E.coli bacteraemia commenced in June 2011.

The Secretary of State for Health has launched an ambition to reduce Gram-negative bacteraemia by 50% by 2021. One of the first priorities is addressing E.coli bacteraemia, which represent 55% of all Gram-negative bacteraemia. Nationally, E. coli bacteraemia have increased by a fifth in the last five years and the trend is continuing upwards. Furthermore, preventing bacteraemia should have a major impact on reducing the need to prescribe antimicrobials, which is a key way of reducing the rise in antibiotic resistance.

The Trust is part of the Derbyshire wide E.coli bacteraemia task and finish group. The remit of this group is to support the ambition to reduce E.coli blood stream infections by 50% by 2021.

Norovirus

Norovirus is a virus which causes diarrhoea and/or vomiting. Although there is an increase in winter months, cases do occur throughout the year. In general the symptoms last 24-48 hours. There are no long term affects from Norovirus and a full recovery is usual within 48 hours. Norovirus is extremely infectious, with around 50% of people exposed developing symptoms. The focus within the Trust is to ensure the spread of the infection is minimised.

There was a slight increase in the number of patients affected by Norovirus in 2017-18.

The use of the Derby Door and the increased communication, awareness, and control within the organisation continues to have a positive impact on reducing the spread of Norovirus within the organisation.

	Number of areas affected	Number of full ward closures	Number of confirmed Norovirus	Number of patients affected	Number of staff affected
2012-13	34	8	18	131	38
2013-14	21	5	16	82	17
2014-15	19	3	14	75	29
2015-16	13	5	8	68	52
2016-17	11	4	6	39	14
2017-18	10	4	5	41	11

2016-17 data has been updated for the latest figures

The Derby Door is used as part of the Trust Norovirus management plan. The Derby Door is an inflatable blow up door that creates a physical barrier between the bay and the ward. Developed by the Trust, the Derby Door is used for infection prevention and control - for example for Norovirus management.

Seasonal Influenza

Influenza (flu) is a viral infection affecting the lungs and airways. The symptoms can appear very quickly and include:

- headache
- fever
- cough
- sore throat
- aching muscles
- joints

Complications include bacterial pneumonia, and can be life threatening especially in older people and those with certain underlying health conditions. Flu occurs most often in winter in the UK.

There are 2 types of influenza affecting people:

- influenza A
- influenza B

In line with the national picture, the Trust saw an increase in the number of patients with suspected and confirmed influenza, predominantly influenza B. 656 confirmed flu cases have been identified in the virology laboratory since 1st December 2017, compared to 71 cases in 2016-17. At the peak there were 45 confirmed flu inpatients in the Trust. The single room provision within the Trust meant that patients with suspected and confirmed flu were isolated in a timely manner.

Hand Hygiene

Hand hygiene is a key measure in controlling the spread of infections in hospital and remains a key focus for the Trust. Monthly 20 minute observational hand hygiene audits are undertaken in all clinical areas, assessing compliance against the Hand Hygiene Policy.

Compliance is monitored on a monthly basis at the Infection Control Operational Group, along with associated action plans. Areas of concern are escalated to the Infection Prevention and Control Committee. In addition all clinical staff are required to undertake a competency assessment of their hand hygiene technique on a two yearly basis.

REDUCTION IN SEPSIS RATES

Implementation of Sepsis 6

Sepsis is a significant cause of mortality and morbidity in the NHS, with around 37,000 deaths attributed to sepsis annually. Of these some estimates suggest 12,500 could have been prevented. Problems in achieving consistent recognition and rapid treatment of sepsis are currently thought to contribute to the number of preventable deaths from sepsis. Sepsis is included as a specific item in the Trust Patient Safety Improvement Plan. Each month 100 sets of patient records are audited to find out how many patients were screened for sepsis and how many had antibiotics within one hour.

Screening Tool

There is a Trust sepsis screening tool which is used in emergency and the majority of inpatient areas. The tool helps staff to recognise patients at high risk of sepsis, so they can be seen by a doctor.

During 2017-18 Q3, 98.6% of patients who required screening were screened for sepsis.

Percentage of Patients screened for Sepsis
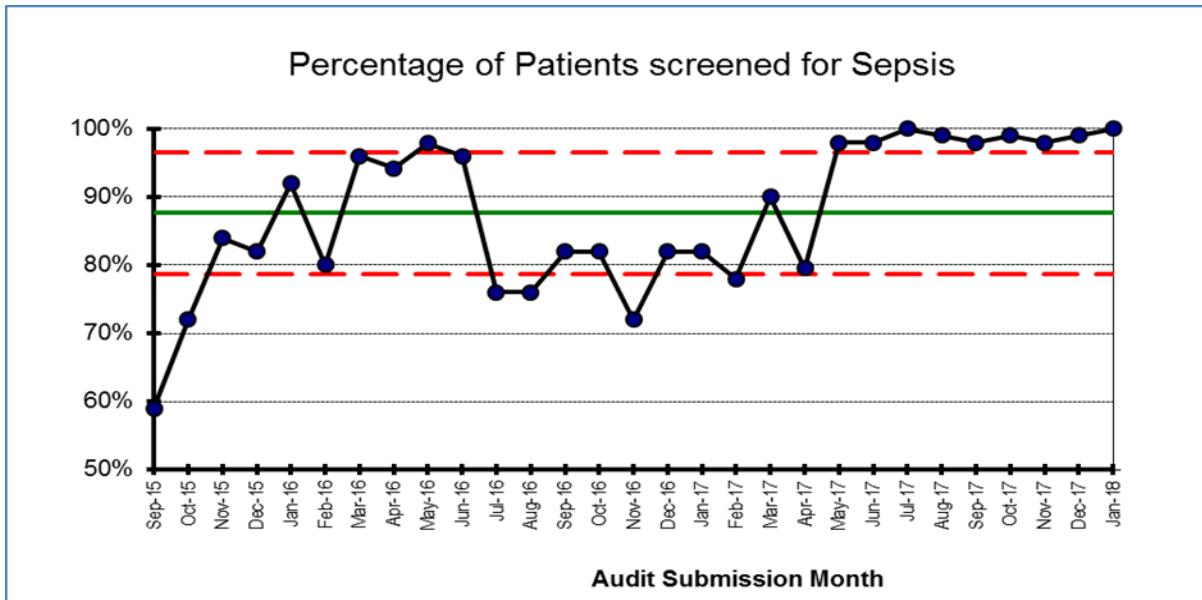
Antibiotic Administration

Patients with sepsis should have intravenous antibiotics within one hour. During 2017-18 Q3, 94.3% of patients who needed antibiotics had them within 1 hour.

Percentage of Patients with Antibiotics administered within 1 hour of Diagnosis
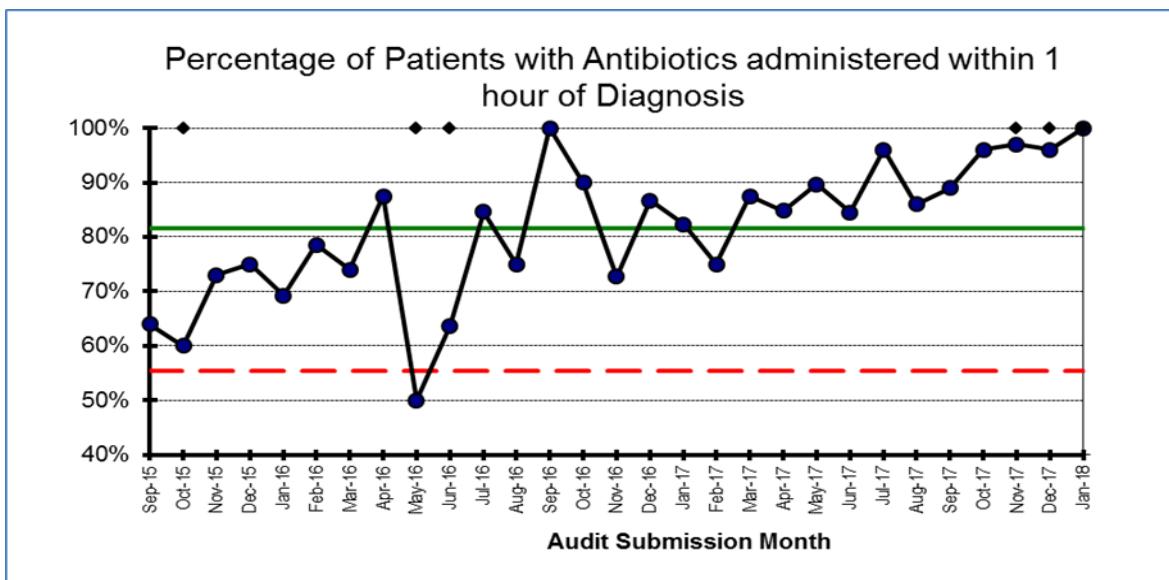
The sepsis screening tool and bundle does appear to be starting to make a difference to the survival rate of our patients. The graph shows an overall downward trend from 21% in March 2015 to 13% in December 2017. As the sepsis screening tool has had such a positive effect, it will be extended to other areas in the Trust including cancer, maternity, and new born during 2018/19.

Sepsis Steering Group

The Trust has established a sepsis steering group, chaired by the clinical lead for sepsis in the Trust. Members include representatives from patient safety, consultants, nurses, microbiologists, pharmacists and professional development staff. The main focus of the group is to improve early recognition and treatment of sepsis in the Trust and therefore improve patient outcomes.

The group meets regularly to looks at areas such as reporting, performance against the CQUIN, training of staff in the use of the care bundle and screening tool and further development of the screening tool, developments in IT. An annual work plan has been developed to track the progress of work of the group.

Education and training

There is an education and training strategy for nursing and midwifery staff at the Trust. This has focussed on emergency, in patient and paediatric ward areas. In February 2018, 94% of registered nurses and health care assistants in these areas had completed training. The strategy is being developed to include nursing and midwifery staff on the cancer wards, maternity and neonatal units.

Reduction in Sepsis Rates

The Sepsis audit has led to the sepsis screening tool and care bundle being rolled out across the organisation to help improve early recognition and treatment of Sepsis. It has also helped in establishing DTHFTs response to Sepsis: The Sepsis 6 Training compliance reports have been set up to monitor training performance by area and used operationally to improve compliance. To date over 1800 members of Staff have been trained (Registered Nurses/Health Care Assistants/Advanced Practitioners) which equates to 94% of the target audience trained to date. The Trust also has a separate Paediatric Sepsis screening tool and care bundle currently being used across all Paediatric wards and Children's emergency. A maternal Sepsis screening tool and care bundle is nearing sign off by the Trust-wide Sepsis Steering Group and will be released soon to all the maternity areas.

Monthly Sepsis audits are carried out by the divisions, results from audits on both screening and treatment are fed back to the divisions and staff on a monthly basis to help improve and monitor compliance. ED non-compliance is fed back on a patient level basis to allow for root cause analysis.

December 2016 – November 2017 Sepsis Mortality national data (HED), shows that the Trust is in the lowest quartile for sepsis mortality (in-patients and death within 30 days of discharge) in our peer group of 20 NHS Trusts. The SHMI for this period was 75.58 and that 140 fewer patients died from sepsis than would be expected.
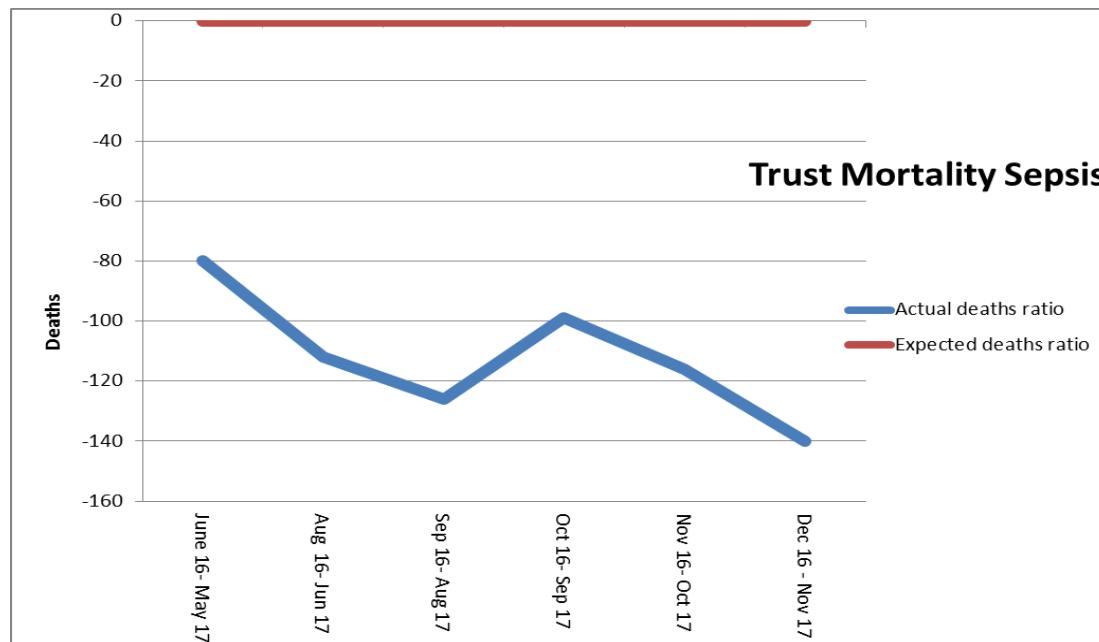
REDUCE STILLBIRTH AND MATERNAL DEATH RATE

Maternity Safety Improvement Plan

The Maternity Safety Improvement Plan is now an established framework being used to continually identify areas of safety and quality improvement in maternity and neonatal care in line with Saving Babies Lives stillbirth care bundle.

Areas that have already demonstrated significant positive results in improving care for mothers and babies include:

Neonatal Thermal care bundle (baby hats) to address avoidable admissions to NICU.   Since implementation of the care bundle in January 2016 no babies have been admitted to NICU solely for low temperatures at birth.

The implementation of the revised Small for Gestation Age (SGA) guideline and embedding of the SGA risk assessment tool used by the community midwives now identifies women who are more at risk of having growth restricted babies which has ensured timely referrals to an obstetrician and a correct pregnancy pathway and care plan being in place.

National Maternity and Neonatal Safety Collaborative Programme

Derby maternity services has completed the first year as a Wave 1 Trust, one of only 2 in the Midlands and East region with the National Maternity and New born Safety Collaborative (NHSI). This national quality improvement programme has enabled our maternity and neonatal service to further develop and focus on key areas for improvement using a consistent QI approach supported by the NHSI team and online resources.

The safety improvement leads have incorporated the collaboration key drivers with the current safety developments and have identified the following areas:

- Safety culture – develop of the safe team concept by establishing 'safe tea' champions
- Early detection of growth restricted babies
- ATAIN (avoiding Term admissions to neonatal intensive care)- hypoglycaemia and hypothermia pathways of care/communication with families and carers
- Work environments and safer care – developing a safety culture with learning from excellence through peer support and sharing forums.

MAKING US MORE CARING – PATIENT EXPERIENCE

ROLLOUT OF 'MAKING YOUR MOMENT MATTER' LOCAL

In April 2014, we launched our Making Your Moment Matter (MYMM) pledges following a large consultation with the people of Derby, our patients, staff and Governors. From their feedback, we produced the following five pledges:

We will treat you as a person, not just a patient, with dignity and respect at all time
We will do everything we can to give you the best possible treatment
We will give you information in a way you can understand, so you can make decisions about your care
We will make the place you are treated in clean, safe and caring
We will understand your needs by listening, empathising with you and keeping you informed

During the subsequent years, we have been training staff on the meaning of the five pledges and how they can help the Trust meet them. We have developed a package called Making Your Moment Matter Local (MYMML) which involves doing in-depth work with specific teams and departments. We give staff a safe place to share their experiences and work through issues to identify what is within their control and what is

outside their control, escalating issues to senior management as necessary. The package has been recognised nationally and was runner-up in NHS England's Patient Experience Network National Awards (PENNA) 2016.

We have also recently launched Customer Care Standards. These are behaviours we expect from staff to help us meet the MYMM pledges. The standards are as follows, and were originally developed by Sheffield Teaching Hospitals, whom have given permission for us to use them:

be welcoming	**be professional**
be respectful	**be proud of our environment**
be helpful	**work with others**
be informative	**keep improving**
be understanding	**be committed**

Our next steps are to develop a Trust-wide training programme that all staff can access, as we have learned that it is difficult to get time booked out for whole teams together. Many of the same messages are also delivered at our Trust Inductions, which means all new starters understand their role in the Trust's commitment to meeting the pledges and delivering the best possible patient experience.

INCREASED EVIDENCE OF LEARNING FROM PATIENT FEEDBACK AND EXPERIENCE

Reduction in reopened complaints and referrals to the Ombudsman

The Trust has continued to focus on the timeliness and quality of responses to complaints and concerns and ensuring we use feedback to improve and learn as an organisation. We have seen a decrease in the number of formal complaints through 2017-18 and a slight increase in reopened complaints.

	2015-16	2016-17	2017-18
Number of formal complaints	720	649	637
Number of reopened complaints	100	67	72
Number of Informal concerns and enquiries	3459	3446	3357

The Trust continues to work to improve the management of the complaints and concerns framework, including greater links being forged with the Patient Experience and Staff Engagement teams to triangulate data, highlighting themes and trends across all feedback received. We feel it is important to celebrate success and the Trust has developed a number of areas of good practice:

- A new process is being trialled to ensure complaints regarding care and treatment leading to a patient's death in hospital are considered for a stage two mortality review.
- The Complaints department now has representation at the Discharge Experience and End of Life groups to report themes and trends from complaints/concerns along with any issues highlighted through incidents.
- The on-site registration service for births and deaths was extended in 2017 to provide a second Registrar at the Royal Derby Hospital. The extended service continues to be well received by relatives and is often the preferred site for registration in the City.
- The systems and processes to ensure that actions and learning from complaints and concerns are recorded on DATIX are embedded and progress on actions recorded are reviewed through regular discussions with divisional complaints leads and via the Patient Experience Committee.
- There is an ongoing focus on the timeliness and quality of responses, with regular review through the Complaints Review Group, Chief Nurse Meeting and divisional meetings.

- It was felt that a clearer identity was needed for the service (previously called Public Patient Partnership Unit), incorporating the Complaints department, Patient Advice & Liaison Service (PALS) and Bereavement Service. A new title of Advice & Support Services was developed by the team, along with a new logo and artwork incorporating the image of a tree with PRIDE objectives as the roots that support everything we do and branches representing the services we provide. The new logo and artwork has been incorporated into updated leaflets, website/Flo pages, email signatures, grasshopper stands and other promotional material which is hoped will help patients, their carers and relatives to more easily identify our services.

- The Advice and Support Service continues to work in partnership with other organisations in receiving and responding to feedback from Healthwatch, Patient Opinion, and NHS Choices. This additional feedback on the experiences of our patients and their families is added to our data and helps to create a bigger picture, together with our internally collected data.

Complaints Received by the Parliamentary and Health Service Ombudsman or Local Government Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) represents the second and final stage of the NHS complaints process. The Trust continues to work directly with PHSO to satisfactorily resolve complaints. In addition, the Local Government Ombudsman (LGO) is the final stage for complaints about councils, adult social care providers and other organisations providing local public services. The Trust liaises with the LGO regarding complaints that have an element of health care.

A person may refer to the PHSO/LGO if they do not feel that the Trust has responded to all of their concerns, or they are unhappy with the way in which we have dealt with their complaint. The Ombudsman will consider the referral alongside copies of relevant health records and the Trust's complaint file and decide whether to investigate. The Trust is given the opportunity to ensure that local resolution has taken place to try to resolve the issues. If the Ombudsman decides to investigate a complaint it will invite the Tust to comment on the points they intend to look into and any findings, both at draft and final report stage. In conclusion, the Ombudsman will give an independent view on the complaint and can make recommendations to take action to put things right, including acknowledgement of mistakes, apologies, review policies/procedures and financial remedy.

- In 2015-16 there were 18 new referrals investigated by the PHSO
- In 2016-17 there were 14 new referrals investigated by the PHSO
- In 2017-18 there were 5 new referrals investigated by the PHSO/LGO

We have seen a significant decrease in the number of cases being investigated by the PHSO/LGO in 2017-18 compared to the previous year. The Trust continues to focus on ensuring that complaints are dealt with thoroughly at local resolution stage, offering complainants the opportunity to contact us if they have any ongoing concerns or questions and doing all we can to address these in writing or by meeting families to discuss concerns face to face. There is a stuctured approach to dealing with cases that are referred to the PHSO/LGO, and Trust responses/comments are co-ordinated by the Complaints Manager/Lead in liaison with the appropriate divisional leads.

In 2017-18, seven investigations were closed by the Ombudsman, four of which were not upheld and three were partly upheld.

Healthwatch feedback

- Healthwatch Derbyshire - 118 contacts (concerns and compliments) received. It was agreed with Healthwatch Derbyshire that from Quarter 3 2017-18 the contacts with named commentators requesting feedback would be investigated and responded to by Patient Advice & Liaison Service (PALS) and other feedback will be received by the Patient Experience department to feed into themes and trends analysis.
- Healthwatch Derby City – Cancer Services report including 11 case studies, 3 other case studies received (Emergency Department, Outpatients and Ward 204, and Children's Hospital). A detailed report was received focussing on Cancer Services at the Royal Derby Hospital. Feedback on the experiences of patients and their relatives was collected via public engagement events in January 2017. The report was published in April 2017 and included a number of observations and comments and 11 case studies. The feedback received was on the whole very positive (74% positive, 13% negative and 13% indifferent). Concerns included issues with community transport, parking and onsite road congestion, delayed discharge, communication and radiotherapy equipment breakdowns. A number of actions and learning were identified as a result.

  The other case studies were well received and were also useful in helping the Trust to learn from feedback.

Priorities for Quality Improvement 2018-19 – Advice & Support Service

Complaints:

- We will improve and continue our focus on the timeliness and quality of responses.
- We will continue to build on the skills and knowledge of our staff to ensure they are equipped to investigate and respond well.
- We will work to improve co-ordination of complex investigations so that families feel supported, listened to and understood and receive a personal response with the right amount of detail.
- We will ensure we continually review how we are doing.

Patient Advice & Liaison Service (PALS):

- We will continue to provide an accessible and responsive service, providing help, advice, information and support to patients, their carers and relatives.
- We will continue to focus on ensuring support and assistance with any concerns or enquiries associated with changes to services.
- We will continue to welcome feedback from and respond to issues raised from partner organisations.

Bereavement Service:

- We will reassess our Bereavement Service to make sure it meets the needs of our community.
- We will continue to work closely with colleagues in other organisations on improving the whole service provided to families when a patient has sadly died.

IMPROVED DELIVERY OF PERSON-CENTRED CARE

- In line with improving the delivery of person-centred care, and as part of the maternity initiative comfortable recliner chairs have been purchased. This enables women to choose a partner to support them by staying overnight. Guidance information is provided for women and their selected partner of choice which includes a charter of agreed behaviours whilst on the ward.

  One of the key national recommendations from the Better Births Maternity Review (2016) relates to establishing a continuity of carer model within maternity services. Evidence has shown that women who received midwife-led continuity of carer before, during and after birth were:

  - Seven times more likely to be attended at birth by a known midwife
  - 16% less likely to lose their baby and 19% less likely to lose their baby before 24 weeks
  - 24% less likely to experience pre-term birth
  - 15% less likely to have regional analgesia, and
  - 16% less likely to have an episiotomy.

The Maternity Transformation Programme has asked Local Maternity Systems across England to make provisions in their local transformation plans with the aim for 20% of women to have been booked onto a continuity of carer pathway by March 2019. The Derbyshire LMS has commenced scoping work to look at how we can develop our model of continuity of carer that will reflect the needs of local women, their babies and their families. This approach will be based on incremental increases that are manageable once the ambition and trajectory has been identified taking into account the local circumstances and opportunities.

- Trial and introduction of sleep packs - we have developed a pack with an external company that is designed to offer inpatients comfort and tackle boredom whilst in hospital. The pack includes ear plugs, eye masks, a notepad, Sudoku and crossword puzzles.

INCREASE RESPONSE RATE OF FRIENDS AND FAMILY TEST (FFT)

For 2017-18 we aimed to increase our FFT scores to 95% having averaged 94% the previous year. In 2017-18, we have continued to average 94% *YTD of patients surveyed recommending the Trust. Although this does not quite meet our internally set target of 95%, we have seen improvements and this is also against a backdrop of the biggest pressures the Trust has ever seen. Maintaining the high score of 94%means we are continuing to deliver high quality care and good patient experience despite unprecedented demands.

Improving our FFT scores is intrinsically linked to response rates. As such, we have also set a range of internal targets in an attempt to make staff more aware of increasing the numbers of patients they survey. We have now set up a more robust way of measuring Trust response rates and monitoring wards and departments accordingly. We are working with teams to design methods of feedback that will help increase response rates, particularly focusing on electronic solutions that will be less labour-intensive and offer greater data quality.

INCREASE OPPORTUNITIES FOR STAFF TO REFLECT ON THE EMOTIONAL AND SOCIAL EXPERIENCES ASSOCIATED WITH THEIR WORK

Supporting our staff to deliver compassionate care: Schwartz Rounds

The first Schwartz Round took place in February 2017, and continues to run on a monthly basis.

Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient's experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

Schwartz Rounds are held once a month for an hour, with refreshments provided. Each Schwartz Round has a topic, during the first 15 minutes a small panel of staff members describe a patient -care experience, how it made them feel and any challenges that arose. During the final 45 minutes audience members are invited to discuss their experiences or to reflect on anything discussed in the session.

As at 13th February 2018 13 Schwartz Rounds have taken place, with 494 staff attendances in total:
- 99% of attendees said that they would recommend attendance to a colleague
- 99% rated the round as Good (11%), Excellent (46%) or Exceptional (42%)

All Rounds are for staff members only and are completely confidential. Attendees are asked to provide feedback at the end of the session which is used to improve future sessions and has also given the team new ideas for future topics. Feedback from participants shows how valuable they find the sessions and participation in the conversations and reflection within the round, the Schwartz team are very proud to be supporting our staff to deliver compassionate care.

MAKING US MORE EFFECTIVE - EFFECTIVE

INCREASE IN USE OF AUDIT FINDINGS TO IMPROVE OUTCOMES FOR OUR PATIENTS

Considerable work has been undertaken over the past two years to develop the Trust's Clinical Audit Forward Plan and its governance structure. Each specialty presents an annual audit summary to Clinical Audit and Effectiveness (now Improvement) Committee on a rolling programme. A standard presentation template was developed to support this which included summary of audit activity by type and status, examples of how audit finding are disseminated and examples of changes implemented as a result of audit and any challenges experienced.

The Clinical Audit team arrange two Clinical Audit Insights Forums per year where audits can be presented to a multi-disciplinary audience. A range of audits are presented by professionals from different backgrounds and grades**.**

In addition National audit outcomes are reported to Quality Review Committee and Divisions are held to account for the delivery of identified actions.

Further work is planned in order to increase the number of multidisciplinary audits and to ensure re-audits are undertake in order to evidence change as the result of actions taken following an initial audit.

CONTINUE TO REDUCE UNWARRANTED CLINICAL VARIATION

'Getting it Right First Time'
The Getting It Right First Time (GIRFT) programme aims to bring about higher-quality care in hospitals, at lower cost, by reducing unwanted variations in services and practices. It uses national data to identify the variations and outcomes, shares that data with all those concerned with a service – not only clinicians, but also clinical and medical directors, managers and chief executives – and monitors the changes that are implemented.

The Trust has engaged with the GIRFT programme across a number of specialties and work is currently being undertaken to ensure action plans are put in place and progress monitored. The intention is that Clinical Audit and Improvement Committee will oversee this work going forward.

PLICs
Patient level cost information is now updated on a quarterly basis in the data warehouse where two reporting modules have been implemented: one designed for clinicians and the other for finance users. A costing development programme is being established with a focus on continued improvement to reference costing. The reference cost process provides the majority of the cost drivers used in patient level costing.

INCREASE EVIDENCE OF LEARNING FROM MORTALITY REVIEWS

The Trust is committed to implementing the National recommendations in relation to review of, and learning from, deaths. In 2017 the Trust's Learning from Deaths policy was published, providing a platform for a number of key developments. Use of the national Structured Judgment Review tool was implemented including access to an electronic version of the tool and prioroty patients groups for reveiw were identified e.g. patients with learning disability or mental health issues, cases where relatives have rasied a concern, deaths from sepsis or follwing an ICU transfer. Currently aproximately 25% of deaths are reviewed each month. Where concerns are identfied a higher level multi-disciplainary review is instigated, which includes consideration of whether the death could be considered avoidabel. So far there has only been one case which was deemed potentially avoidable.

A number of actions have been implemented as a result of the findings from mortality reviews, including revision, or development, of guidelines and training. Further work required to increase the number of deaths reviewed and to develop a culture of learning from reviews rather than seeking to lay blame.

MAKING US MORE RESPONSIVE

Increase Learning From Incidents

The Trust's Incident Learning Group, chaired by the Executive Medical Director, continues to identify learning from individual incidents that can be shared across the organisation, as well as themes and trends from no or low level harm incidents. Trends from Inquests and Claims and going forward, Complaints, are triangulated with Incidents Trends and Themes. The group commissioned further work and learning in the following topic areas:

- Consent
- Handover
- Medical review/delay
- VISA

Other trends are being shared with Groups that are already established e.g:

- Infection Control concers
- Outliers/Patient Flow/Winter pressure
- Discharge related issues
- Surgery related issues

Work is still ongoing with some of the previous groups:

- Positive Patient Identification (PPI) and the group are also working with the Trusts Information Governance Team to generate ideas and solutions.
- Insulin/diabetes management

These groups are asked to report back to the Incident Learning Group to relay the findings and share learning across the group.

Overall reporting of incidents has improved over the last 2 years - this is analysed quarterly via Patient Safety Committee, and any trends on reporting are reviewed.
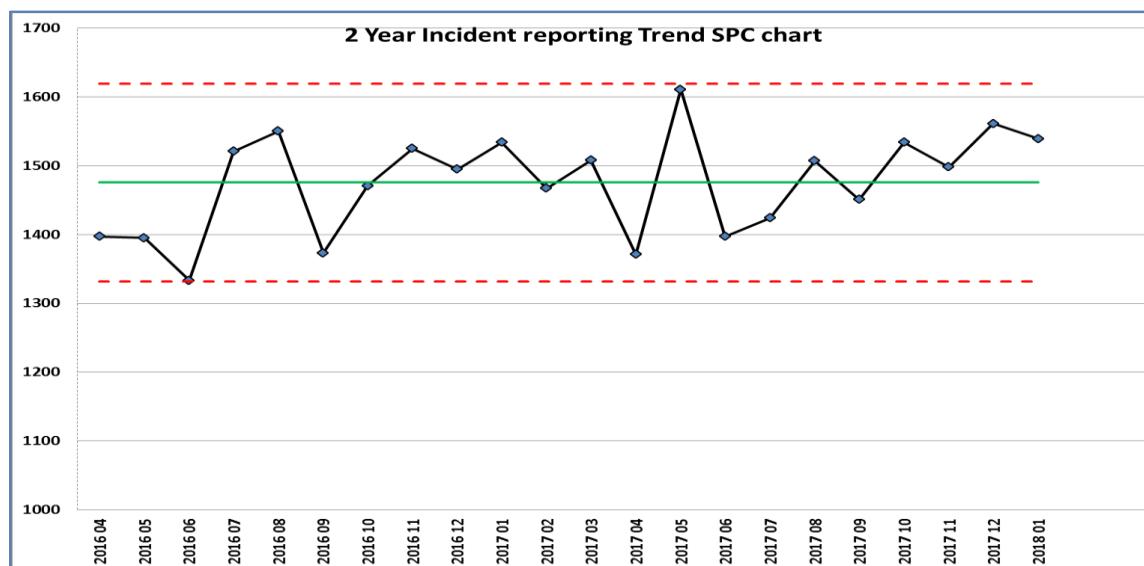
Learning from Never Events

The national Never Events list has been updated (as of 1st February 2018) with two new Never Events:

- Unintentional connection of a patient requiring oxygen to an air flow meter
- Undetected oesophageal intubation

There have been three reported Never Events since 1st April 2017, this is a downward trend from 16/17

Wrong route medication:

A patient, during a caesarean section, was given an epidural top up intravenously instead of via the epidural. No harm resulted to the patient. The root cause of the incident was that there was no barrier in place to prevent the epidural syringes being connected to an intravenous cannula The trust is currently rolling out a new national product, which means that a an intravenous syringe (Luer lock syringe) cannot be attached to an epidural syringe (NRFit).

Wrong site surgery:

A patient attended for a botulinum injection to their left leg to reduce muscle spasm caused by Cerebral Palsy. The patient received the injection into the right leg. The patient was then injected into the (correct) left leg. The patient did not suffer harm as a result of the incident. The root cause of this incident was that there were not clearly defined processes and guidelines in place to ensure continuity of practice within the Botox injection clinic. Learning from this incident has been shared across the Trust.

Unintentional connection of a patient requiring oxygen to an air flow meter:

A patient required a manipulation under sedation for a fractured ankle. It was noted after the procedure that their Oxygen mask was attached to Medical Air rather than Oxygen during the sedation and manipulation. The patient suffered no harm. Learning from this incident has been shared across the Trust

Following a Never Event, the Trust shares the key learning across the Divisions to reduce the risk of reoccurrence – see below for example. Initial learning is captured and shared across all Divisions, whereby all areas review their processes, highlight areas of concern and provide opportunities to put appropriate barriers in place to reduce the risk of recurrence.

Summary	
A lady required a manipulation under sedation for a fractured ankle in ED in February. It was noted after the procedure that their oxygen mask was attached to Medical Air rather than Oxygen during the sedation and manipulation. The lady suffered no harm and has been informed of the error and the investigation. The incident was reviewed and escalated as a Never event.	
Key findings & learning	• Equipment hung on the air flow meter therefore obscuring visibility of the named dial on the front of the flow meter
	• No formal checking system in place regarding checking of air flow meters – to included 'skirts' (see picture below) for air flow meters
	• The air and oxygen flow meters look similar
	• The connector on the air flow meter was grey (Indicating oxygen) when it should have been black (indicating air)
	• There was no black 'skirt' on the air port
	• Gas not checked before administering to the patient
Key Trust wide actions	
	• All areas to ensure that the air and oxygen flow meters are clear of hanging equipment as it obscures the dial and damages the 'skirt'
	• Ensure all airflow meters have a 'black skirt' and black connector on air flow meters.
	• Before administering a Medical Gas to a patient, STOP. Check it is the correct medical gas before turning the valve
	• All airflow meters should be removed from the wall across all areas and stored appropriately when not in use (e.g drug trolley). Please note there are some exceptions to this – e.g HDU/ICU/Respiratory areas – please discuss with your Lead Nurse/Midwife if you are unsure.
	• All areas to ensure that air and oxygen flow meters are checked on a daily basis, ensuring that the correct connector is connected to the appropriate flow meter and that 'skirts' are replaced immediately as necessary.

Act upon National Recommendations

Acute Kidney Injury

Acute Kidney Injury (AKI) is common and associated with extremely poor outcomes. In England, over half a million people sustain an acute kidney injury every year. It is a harmful but often preventable condition.

The renal team at the Trust have been leading a Health Foundation funded project to improve AKI detection and management across five NHS Trusts in England. Over the last seven years, a number of interventions have been introduced at the Trust to address care gaps in patients with AKI. These include an electronic AKI detection and alerting system, an education package and a AKI care bundle. The findings of the study were that there were improvements in the delivery of care, improved AKI detection, shorter duration of AKI and a modest reduction in length of stay, but no change in 30 day AKI mortality.

The Trust's AKI Steering Group is currently looking at the use of the risk assessment and care bundle for emergency patients and working to increase awareness with staff. Usage of the risk assessment is good, however it is not currently possible to demonstrate use of the care bundle. Work is in progress to improve this across the Trust, including a re-launch of the updated care bundle in April 2018.

This AKI Care Bundle contains essential actions for all patients with AKI. Additional investigations and treatment will be required for some patients as per Trust AKI Guidelines.	
Do I need to complete the bundle?	Yes
Assessment:	
Document cause(s) of AKI in notes	
Perform urinalysis	
Management:	
Perform fluid assessment and correct hypovolaemia	
Stop medication that may contribute to AKI	
Inform patient of AKI and treatment plan	
Refer patients to nephrology who have AKI stage 3; worsening AKI; or those who need dialysis	

Human Factors

Human Factors and Ergonomics (HFE) Framework 2015-2020 is a sub work stream of the Derby Teaching Hospitals NHS Foundation Trust Quality Strategy. The framework describes delivery through three work streams:

1. Education - to raise awareness of HFE through education across all healthcare professionals and start to develop a pool of expertise.

   There is a 45 minute session included in the Trust induction for all new starters to the Trust. The aim of this is to introduce an awareness of human factors and ergonomics. The education strategy will be developed further during 2018/19.

2. Investigations - support staff to understand why we make errors and which systems and process factors threaten patient safety. Incidents are currently investigated using root cause analysis techniques which allow root causes of events to be methodically identified and corrected.

3. Culture – create a culture which values safety and learning.
   Safety culture refers to the way patient safety is thought about and implemented and the structures and processes in place to support this. Safety climate is a subset of broader culture and refers to staff attitudes. Staff attitudes influence patient safety outcomes and these measures can be used to

measure climate rather than culture. Pascal metric safety climate surveys are in progress in maternity and the emergency department.

The Safety Attitude Questionnaire was completed previously at the Trust. The findings from this questionnaire have been used to develop a safety climate survey for theatres based on the NHS England and King's College London Culture of Care barometer.

Insulin Safety
The Trust were successful in achieving additional funding for a two year period for the in-patient diabetes specialist nurses. This has enabled service developments and improvements which include:

- EMAS support
- Emergency Department and Ambulatory Care Centre admission avoidance pathways.
- Front line support for medical and surgical assessment units
- Daily point of care report analysis for glucose monitoring across the hospital and pro-active management of problems identified to improve management of diabetic patients
- Telephone support to facilitate safe admission avoidance pathways and early discharges

National Safety Standards for Invasive Procedures (NatSSIPs)
The NatSSIPs document is produced by NHS England. The document sets out the key steps necessary to deliver safe care for patients undergoing invasive procedures and will allow organisations delivering NHS-funded care to standardise the processes that underpin patient safety. The NatSSIPs do not replace the WHO Safer Surgery Checklist., but build on it and extend it to more patients in the hospital There is a requirement to develop Local Safety Standards for Invasive Procedures (LocSSIPs).   At the Trust, LocSSIPs for theatre areas are in their final stages of production. These will be used to inform the development of LocSSIPs across the Trust.

Deliver the Four Priority Clinical Standards for Seven Day Services
The 'NHS Services, Seven Days a Week Forum', chaired by Prof Sir Bruce Keogh, set out ten clinical standards to improve the quality of care and which define what seven day services should achieve for patients admitted to hospital in an emergency.   These clinical standards (CS) are supported by the Academy of Medical Royal Colleges. Four of the standards (2, 5, 6 & 8) have been prioritised as a 'must do' for all hospitals by 2020. The four priority standards are:
- CS2 - Patients wait no longer than 14 hours to initial consultant review;
- CS5 - Patients get access to diagnostic tests with a 24 hour turnaround time. For urgent requests, this drops to 12 hours and for critical patients, one hour;
- CS6 - Patients get access to specialist, consultant-directed interventions; and
- CS8 - Patients with high-dependency care needs receive twice-daily specialist consultant review and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds.

The most recent national survey (November 2017) only assessed Clinical Standard 2. Overall the standard was achieved in 72% of patients at DTHFT – an improvement from the previous audit but still not compliant. 17% of patients were seen by a consultant but not within the 14 hours; 4% did not have a time recorded in notes to confirm that they had been seen in time or not; 7% were seen and discharged by a registrar. There was no variation across the weekend compared to weekday:

Seen and Assessed within 14 hours of admission

	Admission Day						
	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Within 14 hours	17	16	20	32	28	22	23
% Within 14 hours	73	88	64	71	73	66	74
Outside of 14 hours	6	2	11	13	10	11	8
% Outside of 14 hours	26	11	35	28	26	33	25

With regard to the previous national survey (March 2017) findings, DTHFT was better than the national average for three out of the four standards. The main issue with compliance with the standards, related to Standard 2:

	7 Day average	Weekdays	Weekend
Standard 2	66.0%	70.0%	58.0%
Standard 5	100.0%	100.0%	100.0%
Standard 6	100.0%	100.0%	100.0%
Standard 8	89.0%	92.0%	81.0%

The actions that the Trust has put in place to deliver 7 day service compliance are:

- 7 day services steering group, chaired by the Executive Medical Director
- Clinical leads identified for each of the standards across the specialities who are leading projects to address the gaps in service provision
- The main actions to improve compliance with Standard 2 are:
  - Learning from other organisations who are compliant – taking ideas on processes in admission uints as well as cross checking their survey methodology with that used by DTHFT
  - Breach analysis of cases that were non-compliant in the last survey
  - In-reach of consultants from acute medicine into ED
  - Changing MAU processes to identify at the morning handover patients who have not been seen by a Consultant
  - Emergency Surgery rotas being adjusted to 2 Consultants on call
- Gap analysis of the remaining 6 standards

MAKING US WELL LED

Identify Leadership Potential and Delivery appropriate support to empower staff at all levels

Leadership General Update
- Derby LEAD programme continues to be well attended for our aspiring leaders. The programme continues to evolve to include Organisation priorities and current leadership perspectives. A significant part of the programme encourages active/reflective learning by action learning sets/coaching and 'on-the-job ' practice
- The 'introduction to team leading' and 'induction to leadership' programmes are aimed at new staff and newly appointed leaders to prepare them for their new role.
- 'Meet our People' is included in the Trust induction and focuses on our 'collective leadership' philosophy
- Leadership Masterclasses continue to be offered to all staff and include well proven sessions such as 'the art of being brilliant' and current leadership challenges such as 'Resilience'
- The Leadership Community forums (Senior and mid-band) continue on a quarterly basis and is a great opportunity for staff to network, hear about the current Trust priorities, info exchange and a learning development opportunity
- Teams across the organisation are supported in the following ways: 'time-out days', teams going through change, underperforming teams.
- Facilitation of 360° feedback, motivational maps and action learning sets. We have a pool of trained facilitators to support teams and individuals requesting this.
- Staff continue to be signposted to external leadership development opportunities offered by both National Leadership Academy and East Midlands Leadership Academy, including specific programmes for our BME Staff
- A 2- day Senior Leadership programme -for Bands 8+, Medics, Assistant General Managers, General Managers and others has been piloted.

Coaching/Mentoring Update
- Our pool of Trust coaching is on the rise and coaches have recently been offered coaching supervision as part of their Continuous Professional Development (CPD). This has received positive feedback and outcomes have included a monthly breakfast coaching club (well attended) and formation of a coaching buddy system
- Coaching continues to be requested by both manager and self-referral
- We still continue to offer the coaching/mentoring programme. Whilst this programme doesn't offer a qualification our new coaches will be closely monitored with regular supervision and a 'coaching buddy'. If staff should wish to complete a qualification we are looking into options including the East Midlands Leadership Academy Coaching Diploma and ICF (International Coaching Federation) Accreditation
- Medical Mentor Programme is now facilitated by Medical Education

Compassionate & Collective Leadership
Our Collective Leadership project has now been rebranded to reflect current research from the Kings Fund around compassionate leadership in their 'Caring to Change' paper. The research indicates that 'compassionate and collective leadership encourages individuals to respond autonomously to challenges by innovating rather than relying dependently on leaders to find solutions'. This ethos fits with the work already undertaken by the LEAD Ambassadors but also makes to links to patient in that they state that 'collective leadership creates a culture in which high quality compassionate care can be delivered'. The LEAD Ambassadors are currently reviewing objectives to align to the PRIDE - 5 year strategic view and incorporate the 'Caring To Change' philosophy.

Enhanced Leadership Induction Programme (first 100 days)
The ambition is for employees at Derby Teaching Hospitals to have the best 'First 100 days' in a new post of any NHS Trust in England. To achieve this, a Trust on-boarding programme has been developed and will be piloted in stages from the beginning of September 2017. To ensure fit with the Trust local induction and various departmental inductions, this programme is being launched as an 'Enhanced Leadership Induction Programme'. This further adds the flexibility that existing members of staff can also access the programme as part of their aspirational career development.

Scope of the programme:
- Band 6 and above (Core focus 7 and B8+)
- To create an integrated programme of existing and new opportunities with guidance to support employees first 100 days in post

Content covers 4 areas:
- Navigation – *Know your way around and how things work here*
- Trust Orientation Programme (meeting with key departments, meetings and tour of the Trust)
- New Leader starter pack (launch in October)
- Online portal (launch in October)

Connection – *Feel part of our community*
- CEO briefs
- Forums – (Leadership Forums, Clinical leadership forum, A&C forum)
- Trust Buddy Scheme (informal opportunity to socialise and buddy up with existing leaders)

Development – *Know how to do things here*
- New To Senior Leadership Programme (2 day modular programme)
- Leadership Induction module
- Management and leadership masterclasses
- Shadowing opportunities (launch in new year)
- Online self-managed leadership portal

Reflection – *Know how you are doing*
- Coaching and Mentoring in your First 100 days
- Action Learning Set for New Leaders
- Reflective tools (info pack and online resources)
- 360 (end of first year in post B8a+)

In line with the proposed merger a new vision, values and behavioural framework is being developed for the prospective organisation, this will be consulted on during the forthcoming year.

The priorities for the year will also include working toward supporting teams to engage in the cultural priorities for the organisation:

- More Team working as opposed to individual's working in isolation.
- More decentralised than centralised, allowing decisions and plans to be made nearer to the patient, giving permission and autonomy.
- More focus on supporting the people than task, acknowledging that if the staff are supported, the task will be completed.
- More change focused than traditional ways of working, allowing staff to innovate and create and own their own services changes.
- More consensus decision making rather than small group decisions, engaging with the wider workforce to make the decision on the best way to work together and move service forward.
- More co-operation than competition, giving permission and encouraging staff to work across organisational boundaries and professional boundaries.

Increase in staff feeling actively involved in making improvements

Think, Do, Save
Staff engagement has been a foundational theme of the way the Transformation Team goes about its business over the years, hosting and facilitating numerous events. During September a weeklong event was delivered to engage with staff on a very simple message of while recognising the size of the financial challenge the Trust is facing everyone can play a part in recognising improvement opportunities by identifying and eliminating "waste".

The week was based on 3 days with the themes of Think, Do and Save:

Think – asked the question "How can you make a difference?" by taking part in activities and challenges, and discovering how changes in behaviour, practice and process can make a difference to patient care

Do – asked the question "What are we doing?" by giving an opportunity to find out what is currently happening within the Trust and to discuss staff's ideas

Save – asked the question "What have you achieved?" by having staff return challenge cards, enter the prize draw, and find out how their idea can contribute to making the Trust more efficient.

By the end of the week a total of 166 challenges and ideas had been generated.

Deliver Derby Improvement Approach Training

The Derby Improvement Approach (DIA) and its support training has now been used within the Trust for some seven years now and continues to develop and change to meet the current needs of the Trust's improvement approach.

The training is now delivered in three elements:

- A one day overview where delegates are taken through the overall approach and an introduction to the key methodologies.
- Half day Master Classes that focus in depth on a particular aspect of improvement, ranging from Demand and Capacity to Staff Engagement.
- An e-learning package of approximately 35 minutes length that provides a useful introduction to the approach.

This year a new approach was made to the one day course where a session was delivered within a department: the Emergency Department. This was a successful trial of this approach which could be used with other specialty teams.

2.6   Priorities for Improvement during 2018-19

- Recognise patients who are clinically deteriorating and start appropriate treatment
- Continue to Identify and then start treatment for all patients with Sepsis
- Continue to Identify, learn from and reduce preventable deaths
- Continue to Identify unwarranted variations in clinical practice
- Create an environment where we continue to support our staff to protect our patients and feel free to report any patient safety concerns.

These priorities will be measured and monitored by the Trusts Quality Governance Structure as identified on page 136 of this document.

2.7   Review of Services

During 2017-18 Derby Teaching Hospitals NHS Foundation Trust provided and/or sub-contracted 99 relevant health services. The Derby Teaching Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 99 of these relevant health services.

The income generated by the relevant health services reviewed in 2017-18 represents 100% of the total income generated from the provision of relevant health services by the Derby Teaching Hospitals NHS Foundation Trust for 2017-18.

2.8   Participation in National Clinical Audits and National Confidential Enquiries

Clinical Audit is a quality improvement process that is defined in full in "Principles for Best Practice in Clinical Audit" It allows clinicians and organisations to assess practice against evidence and to identify opportunities for improvement. At a national level it provides organisations with information that enables them to measure the effectiveness of their own organisation and practice against national benchmarks.

Derby Teaching Hospitals NHS Foundation Trust endeavours to participate in every relevant national audit, survey, database and register considered to be likely to provide the organisation with the opportunity to improve patient care.

During 2017-18 115 national clinical audits and four national confidential enquiries covered relevant health services that Derby Teaching Hospitals NHS Foundation Trust provides. During that period Derby Teaching Hospitals NHS Foundation Trust participated in 69% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Derby Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2017-18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

Audit Title	Taken Part in 2017-18	Complete	No of Cases Submitted	% of required / eligible cases
National Vascular Registry	✔	✔	760	93%
Procedural Sedation in Adults (care in ED's)	✔	✔	50	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA) - annual since 2012	✔	✔	100	100%
National Audit of Dementia - Spotlight Audit	✔	✔	20	100%
Bronchoscopy	✔	✔	47	100%
UK Parkinson's Audit: (incorporating Physiotherapy)	✔	✔	20	100%
UK Parkinson's Audit: (incorporating Occupational Therapy)	✔	✔	20	100%
UK Parkinson's Audit: (incorporating Neurology)	✔	✔	20	100%
UK Parkinson's Audit: (incorporating Elderly Care)	✔	✔	20	100%
UK Parkinson's Audit: (Speech and Language Therapy)	✔	✔	20	100%
Fractured Neck of Femur (care in Emergency Depts)	✔	✔	100	100%
Moderate & Acute Severe Asthma – adult and paediatric (care in Emergency Depts)	✔	✔	95	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme (SHOT audits operate a continuous data collection model. Collection cycle runs 01 Jan to 31 Dec)	✔	✔	22	100%
Non-invasive ventilation	✔	✔	5	80%
National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)	✔	✔	409	100%
Acute Pancreatitis	✔	✔	5	80%
National Maternity and Perinatal Audit (NMPA)	✔	✔	6161	26%
National Hip Fracture Database	✔	✔	609	100%
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	✔	✔	865	60%
Major Trauma Audit (TARN)	✔	✔	423	79-92
Inpatient Falls	✔	✔	30	100%
Breast and Cosmetic Implant Registry (BCIR)	✔	✔	53	69% (77 total)
Audit of Patient Blood Management in Scheduled Surgery - Re-audit September 2016 (see web link in column L for 2015 report)	✔	✔	46	100%
2017 National Comparative Audit of Transfusion Associated Circulatory Overload (TACO)	✔	✔	40	100%

Audit Title	Taken Part in 2017-18	Complete	No of Cases Submitted	% of required / eligible cases
Pain in Children (care in emergency departments)	✔	✔	50	100%
Case Mix Programme (CMP)	✔	✔	1278	100%
Elective Surgery (National PROMs Programme)	✔	✔	1678	100%
National Diabetes Audit - Adults	✔	✔	6637	100%
National Prostate Cancer Audit	✔	✔	565	100%
Oesophago-gastric Cancer (NAOGC)	✔	✔	168	100%
Medical and Surgical Clinical Outcome Review Programme Physical and mental health care of mental health patients in acute hospitals Physical and mental health care of mental health patients in acute hospitals	✔	✔	5	80%
Child Health Clinical Outcome Review Programme Chronic Neurodisability NCEPOD	✔	✔	10	100%
Child Health Clinical Outcome Review Programme NCEPOD Young People's Mental Health	✔	✔	2	100%
Medical and Surgical Clinical Outcome Review Programme Non-invasive ventilation	✔	✔	3	60%
National Comparative Audit of Blood Transfusion programme (we are doing "Audit of Red Cell & Platelet transfusion in adult haematology patients"	✔	✔	1	100%
Consultant Sign-off (Emergency Departments)	✔	✔	300	100%
Falls and Fragility Fractures Audit Programme (FFFAP)	✔	✔	30	100%
National Joint Registry (NJR) Knee	✔	✔	1019	100%
National Joint Registry (NJR) Hip	✔	✔	829	100%
National Ophthalmology Audit (National Cataract Audit)	✔	✔	1469	49%
Severe Sepsis and Septic Shock - care in emergency departments	✔	✔	63	100%
Sentinel Stroke National Audit programme (SSNAP)	✔	✔	930	>90%
National Lung Cancer Audit (NLCA)	✔	✔	390	100%
Adult Asthma	✔	✔	50	100%
BAUS Cystectomy Audit	✔	✔	32	73%
BAUS Nephrectomy Audit	✔	✔	189	100%
BAUS Percutaneous Nephrolithotomy (PCNL)	✔	✔	45	96%
BAUS Radical Prostatectomy Audit	✔	✔	142	100%
BAUS Female Stress Urinary Incontinence Audit	✔	✔	13	72%
National Heart Failure	✔	✔	500	100%
Bowel Cancer (NBOCAP)	✔	✔	356	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)	✔	✔	48	100%
Renal Replacement Therapy (Renal Registry)	✔	✔	2432	100%
Vital Signs in Children (care in emergency departments)	✔	✔	100	100%
Learning Disability Mortality Review Programme (LeDeR)	✔	✔	8	100%

National Confidential Enquiries

Study title	Did the Trust participate	No. of cases submitted as a percentage of the number of cases required for 2017-18
Acute Heart Failure Study	✔	100%
Peri-operative management of surgical patients with diabetes study	✔	100%
Cancer in Children, Teens & Young Adults Study	x	Not eligible
Chronic Neurodisability	✔	100%

The reports of 11 national clinical audits were reviewed by the provider in 2017-18 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- National Cardiac Arrest Audit (NCAA)
  The Trust closely monitors cardiac arrest with an overall aim to further reduce the number of cardiac arrests per 1000 hospital admissions. In previous years it has been identified that a number of resuscitation attempts have been of minimal time duration and that a DNACPR decision should have been made prior to the cardiac arrest. If this has been identified following a retrospective review of the cardiac arrest a Datix is generated for the patient's own medical team to review the case at their own divisional mortality review group. Work is continuing to raise the profile of advanced care planning and decision making with the implementation of the national Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), which will be Derbyshire wide from the 4th June 2018. The ReSPECT process will replace the current DNACPR Policy and form. Unexpected outcomes are identified and discussed at the Trust's Resuscitation Committee.

- Trust Wide Sepsis
  The Sepsis audit has led to the sepsis screening tool and care bundle being rolled out across the organisation to help improve early recognition and treatment of Sepsis. It has also helped in establishing DTHFTs response to Sepsis: The Sepsis 6. Training compliance reports have been set-up to monitor training performance by area and used operationally to improve compliance. To date over 1800 members of Staff have been trained (RN's/HCA's/AP's) which equates to 93% of the target audience trained to date. The Trust also has a separate Paediatric Sepsis screening tool and care bundle currently being used across all Paediatric wards and Children's emergency. A maternal Sepsis screening tool and care bundle is nearing sign off by the Trust-wide sepsis steering group and will be released soon to all the maternity areas.

  Monthly Sepsis audits are carried out by the divisions, results from audits on both Screening and treatment are fed back to the divisions and staff on a monthly basis to help improve and monitor compliance, ED non-compliance is fed back on a patient level basis to allow for root cause analysis.

  The latest run of the Sepsis Mortality national data (HED) September 2016 – August 2017, DTHFT figures show that we have the lowest in-patient mortality for sepsis than peers at 67.8 i.e. patients have a 32.2% lower chance of dying of sepsis in the Trust than the national average and that the Trust has the lowest combination of in-patient and 30 day mortality than peers with an overall SHMI of 70.43. An even more relevant statistics is the absolute number of lives saved which takes into account the case-mix and numbers of cases, and DTHFT's latest data shows that it saved 126 more lives than would have been expected compared to hospitals in the region.

Each specialty presents an annual audit summary to Clinical Audit and Effectiveness (now Improvement) Committee on a rolling programme. A standard presentation template was developed to support this which included summary of audit activity by type and status, examples of how audit finding are disseminated, examples of changes implemented as a result of audit and any challenges.

The Clinical Audit team arrange two Clinical Audit Insights Forums per year where audits can be presented to a multi-disciplinary audience. A range of audits are presented by professionals from different backgrounds and grades.

Clinical Audit Insight Forum – February 2017
- Fracture clinic referral audit/re-audit
- Patient Reported Outcome measures (PROMs)
- A pain in the neck'- an audit of C-spine trauma imaging
- Oxygen use in COPD
- National Cardiac Arrest Audit (NCAA)
- Point of Care Ultrasound

Clinical Insight Forum – July 2017
- Day of surgery cancellation
- DME: "blunt chest wall trauma in the elderly"
- Hyponatraemia in Medical Inpatients
- 8 day readmission and 30 day mortality audit for Endoscopy
- Derby ANCA Vasculitis audit
- Fast track discharges

The reports of 13 national clinical audits were reviewed by the provider in 2017-18 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Annual Controlled Drug Audit and Annual Report - April 2017
  The fitting of 'mini-safes' in ward areas has facilitated the secure storage of 'valuables' without needing to use the CD cupboard. As a result compliance with the standard that "CDs are the only items stored in the inner CD cupboard" has jumped from 54% to 80%. The majority of the remaining non-compliant locations are theatre areas.

  A period of 'enhanced monitoring' was introduced last year for the eight areas that were consistently failing to undertake daily checks of their CDs. It is encouraging to note that compliance with the standard that a "minimum of once daily CD checks are completed" has risen to 90% (from 87%). Of the 8 areas that undertook 'enhanced monitoring' last year, the majority (6) were deemed compliant in this years' audit.

- National Dementia Audit - November 2017
  Introduction of delirium screening tool on Extramed to ensure initial screen and recording of outcomes takes place.

  Review of the 'All About Me' personalisation document to ensure the following are included: Food and drink preferences, factors which may cause distress and actions which can calm the patient, need for help with ADL.

  Deliver dementia awareness and tier 2 as part of Nursing & Midwifery Advisory Board.

  Strengthen Mental Capacity Act training to ensure staff are fully aware of the needs of the person with dementia in relation to capacity and review of the current documentation to ensure National Dementia Audit recommendations are reflected.

- Royal College of Emergency Medicine - VTE assessment in lower limb immobilisation
  Training of Emergency nurse practitioners to assess and prescribe prophylactic treatment / development of a Patient Group Directive.
  VTE prophylaxis to be available as TTO.
  Patient advice sheet to be developed.

National Maternity and Perinatal Audit

The National Maternity and Perinatal Audit (NMPA) is a national audit of the NHS maternity services across England, Scotland and Wales. NMPA published its first clinical report on 9th November 2017 with 100% audit compliance from maternity units across Britain. It is part of the National Clinical Audit and Patient Outcomes programme with the overarching aim of the NMPA to produce high-quality information about NHS maternity and neonatal services.

NB: Limitations of the report for Derby Teaching Hospitals NHS FT
A number of data quality checks were carried out to ensure a minimum data standard for the audit and these must have been passed in order to be included in the analysis. Derby Teaching Hospitals submitted data to the NMPA as requested for 2015/16 but were excluded from the analysis in this report due to low case ascertainment. The criteria to be met were <70% of births that took place during the period were submitted. The percentage of births that were submitted by Derby was 26%.
Immediate action has been taken by the maternity data analysts to ensure that further requests by NMPA for data are compliant

Issues highlighted from the report included:

- Antenatal - raised BMIs, increasing maternal age, access to midwife-led birth settings, smoking cessation in pregnancy
- Birth - Third/Fourth degree tears, postpartum haemorrage, elective delivery at 37 or 38 weeks. (Elective Caesarean Section/Induction of labour), low apgar scores, small for gestational age babies, skin to skin contact within the first hour after birth

The key messages of the report are very useful and we are currently addressing all of the issues included in the report.

Despite the Derby audit data not being included and therefore it will not be possible for us to use the NMPA data to benchmark the care provided by our maternity serivce against other similar services this is a valuable report.

As a multidisciplinary team the report will be used to stimulate discussion and thoughts about the service we offer and to identify with our commissioners those priority areas for improving outcomes.

The reports of 110 local clinical audits were reviewed by the provider in 2017-18 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Blunt Chest Wall Trauma in over 70 year olds
- Raising awareness of the pathway
- Presented at medical grand round
- Targeted presentations of data and learning to ED, surgical teams and anaesthetic divisional days – or shared audit forum

Postural Blood Pressure Measurement – reducing falls in the elderly
- Raising ward staff awareness of need to perform postural blood pressure measurements on every patient admitted with a fall
- Tutorial and 1:1 support on postural blood pressure measurement to acute DME ward nursing and HCA teams
- Rapid intervention in preparation for National Inpatient Falls Audit in May
- Highlighting protocol and pathway to bed bureau receiving referrals
- Amendment to guideline wording rapid intervention, rapid re-audit

Sexual Health / GU Med
- Late diagnosis of HIV: working with microbiologist / Virologist – removing barriers to testing – ICM, education, auditing HIV test requests in relevant departments and presenting findings.
- Gonorrhoea: working within sexual health contract to improve management, resolve staffing shortages to improve diagnosis and partner notification rates.
- Improving risk assessment and HIV rates within the sexual health service

Neonatal thermoregulation
- Training and implementation of Newborn Thermal Care Safety Bundle

Gynaecology - Laparoscopic Sterilisation
- implement checklist,
- create specific consent form,
- training re Filshie clips

Microbiology - Re-audit of the suitability of urine Metanephrine testing as first line screen for Phaeochromocytoma.
- Phoning of abnormal results agreed at Clinical Scientist business meeting to ensure consistency of practice in reporting
- SOP (CHIAUTH25) amended to include the following comment. 'Unexpected high results, requiring the comment 'MET5' to be added, should be considered for telephoning'.

The reports of 104 local clinical audits were reviewed by the provider in 2017-18 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Ophthalmology: To evaluate the 4 to 5 year outcome of patients receiving Lucentis treatment for wet AMD RDH diabetic patients have significant improvements in vision with reduced levels of blindness and visual impairment. The results were presented at the National Audit in Ophthalmology and published in last month's 'Eye Nature' journal. Outcomes for treating diabetic macular oedema with Ranibizumab injections at Derby have been able to match trial results, an outcome not seen in other units in England.

The results have depended on the whole department engaging in the treatment pathway, including retinal and non-retinal consultants and medical staff, but also nurses, optometrists and AHP's with extended roles including nurse-injectors. Central to the success has been maintaining timely appointments in line with NICE guidance, due to the booking team and outpatient Sister co-ordinating staff and patients for the 1-stop injection clinic.

2.9 Research
The NHS aspires to the highest standards of excellence and professionalism – in the provision of high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported. (Principle 3 of the NHS Constitution, 26 March 2013).

Patient Participation in Research

DTHFT is a research-active teaching hospital with research taking place in most disease areas and specialties across the organisation. Activity in clinical research is a hallmark of high quality service and it places our Trust at the leading edge of patient care and treatment.

In 2017-18, for studies listed on the UKCRN Portfolio:
- 68 new studies were approved and opened in the Trust,
- making a total of 244 actively recruiting studies in this year.
- The number of patients who received relevant health services provided by, or sub-contracted by, Derby Teaching Hospitals NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee is 2,733.

(All data as at 19th February 2018)

In addition to this, patients were recruited to non-portfolio studies, including commercially-sponsored clinical trials not adopted onto the UKCRN portfolio, local Investigator-led pilot studies and student studies (e.g. Doctor of Medicine (MD),Doctor of Philosophy (PhD), Master of Science (MSc) etc.) all of which support the growth and development of research capacity and capability within Derby Teaching Hospitals and the wider NHS. In 2016-17, for studies not listed on the UKCRN Portfolio:

- 19 new studies were approved and opened in the Trust,
- making a total of 58 actively recruiting studies in this year.

(All data as at 19th February 2018)

Derby Teaching Hospitals NHS Foundation Trust - Partner Dashboard 2017/18 CRN East Midlands
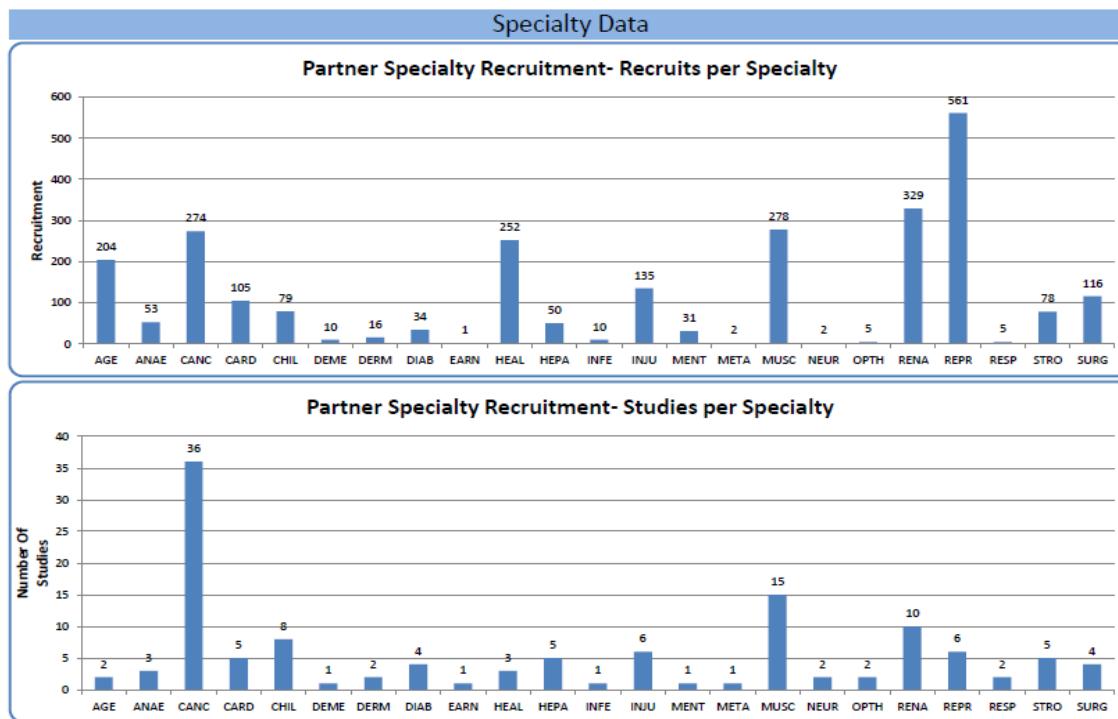
2018-02-12 Derby Teaching Hospitals Partner Report

Sources: EDGE and NIHR Open Data Platform
Data cut 12-02-2018

Chart showing patient recruitment to clinical trials and studies across the range of specialties in DTHFT as at 12 February 2018.

HLO 6 Increase Participation in NIHR Local Clinical Research Network Portfolio Studies

Hospital Trusts	17/18 Recruitment	Actively Recruiting Studies 17/18	Recruitment this time last year	% Difference to last year's recruitment		Portfolio Balance : (> 10k Sample Size, Observational, Interventional)
Chesterfield Royal Hospital NHS Foundation Trust	258	36	220	▲	17%	
Derby Teaching Hospitals NHS Foundation Trust	2,289	120	1,581	▲	45%	
Kettering General Hospital NHS Foundation Trust	1,119	36	252	▲	344%	
Northampton General Hospital NHS Trust	673	45	436	▲	54%	
Nottingham University Hospitals NHS Trust	7,169	362	7,105	▲	1%	
Sherwood Forest Hospitals NHS Foundation Trust	1,157	73	653	▲	77%	
United Lincolnshire Hospitals NHS Trust	1,095	70	888	▲	23%	
University Hospitals Of Leicester NHS Trust	7,327	271	7,809	▼	-6%	
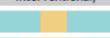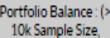
Mental Health, Community & Ambulance Trusts	17/18 Recruitment	Actively Recruiting Studies 17/18	Recruitment this time last year	% Difference to last year's recruitment		Portfolio Balance : (> 10k Sample Size, Observational, Interventional)
Derbyshire Community Health Services NHS Foundation Trust	151	2	40	▲	278%	
Derbyshire Healthcare NHS Foundation Trust	448	19	976	▼	-54%	
East Midlands Ambulance Service NHS Trust	346	6	788	▼	-56%	
Leicestershire Partnership NHS Trust	537	22	470	▲	14%	
Lincolnshire Community Health Services NHS Trust	61	5	35	▲	74%	
Lincolnshire Partnership NHS Foundation Trust	318	18	262	▲	21%	
Northamptonshire Healthcare NHS Foundation Trust	204	16	330	▼	-38%	
Nottinghamshire Healthcare NHS Foundation Trust	5,108	40	625	▲	717%	
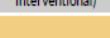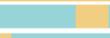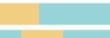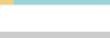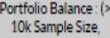
Primary Care (CCG Region)	17/18 Recruitment	Actively Recruiting Studies 17/18	Recruitment this time last year	% Difference to last year's recruitment		Portfolio Balance : (> 10k Sample Size, Observational, Interventional)
Derbyshire CCG Region	364	23	409	▼	-11%	
Leicestershire CCG Region	5,108	23	4,538	▲	13%	
Lincolnshire CCG Region	531	14	118	▲	350%	
Northamptonshire CCG Region	1,383	27	537	▲	158%	
Nottinghamshire CCG Region	1,122	26	885	▲	27%	
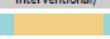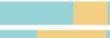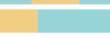
Data as at 16th January 2017 provided by East Midlands Clinical Research Network

Table showing differences in patient participation in research studies 2016-17 and 2017-18 at Trusts and other Partner Organisations within the East Midlands Clinical Research Network

The table above shows the significant improvement in patient recruitment to NIHR Portfolio studies in 2017-18 compared to 2016-17, with DTHFT demonstrating a 45% difference in recruitment to the previous financial year.

This level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinicians stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes. Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

Derby Clinical Trials Support Unit

The Derby Clinical Trials Support Unit (DCTSU) has been successful in obtaining provisional UK Clinical Research Collaboration Clinical Trials Unit registration.

The UKCRC CTU is a network of academic clinical trials units (CTUs) who have been assessed by an international panel of experts in clinical trials research.

Clinical Trials Units (CTUs) are specialist units which have been set up with a specific remit to design, conduct, analyse and publish clinical trials and other well-designed studies. They have the capability to provide specialist expert statistical, epidemiological and other methodological advice and coordination to undertake successful clinical trials. In addition, most CTUs will have expertise in the coordination of trials involving investigational medicinal products which must be conducted in compliance with the UK Regulations governing the conduct of clinical trials resulting from the EU Directive for Clinical Trials. CTUs which have been awarded UKCRC Registration were required to provide evidence to an international panel of experts of their capability to centrally coordinate multi-centre clinical trials (i.e. having overall responsibility for the design, development, recruitment, data management, publicity and analysis of a portfolio of trials), and that they had established robust systems to ensure conduct and delivery of clinical trials to the highest quality standards.

Achieving UKCRC CTU provisional registration marks an important milestone in the development of clinical trials and the research culture at Derby Teaching Hospitals NHS Foundation Trust. It provides our Investigators with on-site access to a registered CTU which can support them in developing, designing, conducting and publishing their clinical trials and studies.

The DCTSU will attract new, research-active clinicians who wish to work at the leading-edge of their profession to join the Trust as well as supporting the development of existing clinicians to assume the role and responsibilities of Chief Investigator. This will lead to increased research funding, more patients having the opportunity to participate in research and further improvement in the quality of care and treatment for our patients.

Engineering Better Health

The R&D Department hosted the first "Engineering Better Health" event on 19th October 2017. The purpose of the event was to find solutions to clinical problems by bringing together the knowledge and expertise of NHS Clinicians and leading academic engineers from universities across the East Midlands.

Professor Fran Game, Clinical Director R&D, welcoming colleagues to the event

Over 60 delegates attended the event which included engineering colleagues (including experts in tissue engineering, software development, 3D printing, specialist materials etc) FROM Loughborough University, University of Nottingham, University of Derby, Nottingham Trent University and De Montfort University. They were joined by clinicians from across the Trust, several of whom had identified specific clinical "problems" and wished to work with engineering colleagues to find solutions.

Engineering Better Health event drew lots of interest from within the Trust and among the universities in the East Midlands and was very well attended

Mr Chris Bainbridge, Consultant Hand Surgeon from the Trust's Pulvertaft Hand Centre wrote, "This was probably the most interesting and rewarding event that I have been to in the last 5 years". Mr Bainbridge went on to say that he was delighted to have the opportunity to discuss real clinical problems with such an audience and to have four Professors, all Heads of Academic Departments, wanting to work with him to address the clinical issues that had been raised. Mr Bainbridge concluded "I have very real expectations that things will progress".

The event was a great success with a number of discussions taking place and new collaborations and partnerships being forged during the "Speed Networking" session.

One to one "speed networking" sessions between clinicians and engineers with one common goal—to solve a problem for the benefit of patients

Non-Medical Clinical Research

One of the seven Principles in the Trust's Research, Development & Innovation Strategy 2015-2020 is:
To build on the Trust's strategy to develop its expertise in teaching and training, as embodied by the name change to Derby Teaching Hospitals NHS Foundation Trust, we will support staff development (including AHPs and non-clinical staff), postgraduate studies, student projects or pilot work by supporting smaller (non-portfolio) research projects to be conducted. Thus, this strategy supports the organisation's commitment to develop Clinical Academic Careers in Nursing, Midwifery and Allied Health Professions, recognising their unique contribution to research. This may require the Trust to be the sponsor of the research in many cases, but some non-portfolio studies are still industry funded and sponsored.

To this end, we encourage and support non-medical, clinician colleagues to apply for HEEM (Health Education England East Midlands) Clinical Scholar Awards, NIHR Fellowships and other Fellowship awards and higher degrees. The HEEM Clinical Scholar Awards are prestigious awards that are offered to a limited number of non-medical health care professionals each year following a competitive application process. Table showing HEEM Clinical Scholar Awards made to DTHFT applicants shows a significant increase in the number of both Bronze and Silver Awards to Trust staff in 2017-18.

Award	2015-16	2016-17	2017-18
Silver Clinical Scholar Award	No applicants from DTHFT	Cathy Johnson (Renal Nurse Consultant)	Katie Fielding (Professional Development Advisor – Haemodialysis / Nurse) Victoria Jansen (Senior Hand & Research Physiotherapist) Katie Gray* (Podiatrist)
Bronze Clinical Scholar Awards	Katie Gray* (Podiatrist)	Jo Hamilton (Renal OT)	Leticia Heyes (Clinical Trials Specialist Radiographer) Ellen Bramall (Senior Physiotherpist and Research Physiotherpist

*Katie Gray (Podiatrist) is employed by DCHS, but works with Professor Fran Game on research studies and trials under a Service Level Agreement. Professor Game has supported Katie's development as an independent researcher and Katie completed the Bronze Scholar Award before undertaking the MA in Research Methods (Masters level) course at the University of Nottingham, from which she graduated in December 2017. Katie received a HEEM Silver Scholar Award in 2017 and, having started the course in November 2017, she plans to complete by October 2018.

Jo Hamilton completed the HEEM Bronze Scholar course in 2017 and is working towards a MA in Research Methods at University of Nottingham.

Non-Medical Clinical Research Community of Practice/Derby AHP Research Network (DARN)

A Community of Practice for non-medical clinical researchers has been established to further grow and develop non-medical, clinical research activity and expertise within the Trust. Communities of Practice are formed by people who engage in a process of collective learning in a shared domain of human endeavour.

A number of research-interested/research-active non-medical clinicians (Physiotherapists, Occupational Therapists, Podiatrists, Dieticians, Nurses, Pharmacists, Radiographers etc) have been invited to form this group including those who hold/have held HEEM Scholar Awards, those undertaking higher degrees and those who engage in research studies. The purpose of the group is to further support each other and to act as non-medical, clinical Research Champions, disseminating information and encouraging research engagement amongst their colleagues.

Now known as DARN (Derby AHP Research Network) and Chaired by Mr Ben Smith, NIHR ICA Research Fellow and Senior Physiotherapist, the group will work to raise the profile of research within the AHP communities in the Trust and to encourage and support AHPs to engage in research. Events will include a showcase of AHP research within the Trust and the "personal" research stories of the research-active AHPs as well as an evening event to meet experienced researchers from across the Trust (medical and non-medical).

Research Funding
In 2017-18, by 20th February 2018, twenty applications had been made by Chief Investigators within the Trust for National Institute for Health Research (NIHR) and other high quality research funding. Applications have been made to, inter alia, NIHR RfPB; NIHR i4i; NIHR HTA; NIHR Doctorate Fellowships; HEE/NIHR Integrated Clinical Academic Programme; MRC; United States Department of Health and Human Services (HHS);The Dunhill Medical Trust; British Association of Hand Therapists; Kidney Research UK.

As of 20th February 2018, two of these research funding applications had been successful, one for £100,025 (Professor Fran Game from ERDF) and one for £888,832 (Professor Fran Game in collaboration with Professor Steve Morgan (University of Nottingham from MRC) bringing a total of £988,857 of new research funding in this year to date.The outcome of six grant applications was yet to be confirmed at the time of writing. The winning of external research grant funding is a further indication of the high quality research environment within the Trust which supports the delivery of high quality patient care.

Raising the profile of Research
Each year, we celebrate International Clinical Trials Day by placing a number of posters and stands, manned by Research & Department staff, in key locations around the Trust where they can be seen and visited by patients, staff and visitors to the Trust.

Th photo (right) shows the randomisation game created by the statisticians for children to play in order to understand an important process of Clinical Trials.

The photo (left) is of Mr Apostolos Fakis, Head of Medical Statistics and Data Management, discussing clinical trials with a member of the public

The aim of International Clinical Trials Day is to raise awareness of health research and to highlight how important it is that partnerships develop between patients and health care providers. Throughout 2017-18, the Trust, in partnership with the National Institute for Health Research (NIHR), promoted the fact that "It's OK to ask" about clinical research.

Induction Welcome Packs

The R&D Department has created a Research, Development & Innovation Welcome Pack which, since January 2018, has been given to all new Consultants at Trust Induction.

The pack contains a letter of welcome from the Clinical Director R&D as well as leaflets describing the services provided by the R&D Department and the Derby Clinical Trials Support Unit together with contact details of the staff. In addition, the pack includes recent copies of the R&D Newsletter "Taking Part", which give the new Consultants an overview of research activity within the organisation.

Research Pump-Priming Awards

It is well-established that NHS Trusts and organisations that are research active have better patient outcomes. Those Trusts and NHS organisations that have a greater number of Chief Investigators i.e. individuals who are able to initiate, win funding for and lead a research study or clinical trial, recruit a greater number of patients to research studies.

One of the Trust's aims is to be able to offer the opportunity to participate in research studies and clinical trials to as many patients as possible. One of the ways in which the Trust seeks to achieve this aim is by increasing the number of Chief Investigators within the organisation. The Research Pump-Priming Awards are one approach to enabling the Trust to encourage and develop Chief Investigators who are capable of leading high-quality studies and trials.

In 2017-18, the R&D Department designed and facilitated a Research Grant Pump-Priming Scheme that was funded by the Derby Hospitals Charity. The aim of the scheme is to increase the level of research activity within the Trust by supporting enthusiastic and committed staff to participate in research.

The goals were:
- to enable researchers to carry out feasibility studies that will inform applications for funding from research funding bodies e.g. NIHR, Wellcome Trust etc;
- to secure solid publications in well-recognised, peer-reviewed journals;
- to provide evidence to improve clinical effectiveness and
- to enable clinical researchers to pursue their research interests and enhance their research skills, thereby developing the research skills base within the Trust.

The scheme was open to all staff i.e. therapists, pharmacists, nurses, doctors, midwives, biomedical scientists, managers etc. and it provided funding to successful applicants to enable the researcher to undertake a well-described piece of work.

Applications from enthusiastic researchers with more limited research experience or those individuals who have not been engaged in research for some time were welcomed, especially where the individual has forged strong, collaborative links with an established and successful research group which is able to provide support and guidance to the applicant.

Following a robust peer-review process, supported by colleagues from the East Midlands Research Design Service, funding was awarded to seven of the twelve applicants. Details of the successful applications are given below.

Study Title	Chief Investigator	Business Unit
A feasibility study of the SNUBY®, a skin-to-skin garment, in the preterm infant.	Dr Shalini Ojha (Associate Professor & Hon. Consultant)	Obstetrics & Gynaecology
Tools to Enhance the patient journey	Mr Antony Bateman (Consultant)	Spinal Surgery
The use of umbilical cord blood glucose value, to predict neonatal hypoglycaemia in diabetic women	Dr Gitika Joshi (Consultant)	Obstetrics & Gynaecology
Benefit of identifying anxiety and depression in hand therapy patients and referring to currently available mental health services – a feasibility study	Ms Ellen Bramall (Senior Physiotherapist)	Physiotherapy
What is the shortest safe period of observation for Emergency Department patients who have received adrenaline for the treatment of anaphylaxis and whose symptoms have resolved	Dr Graham Johnson (Consultant)	Emergency Medicine
Multiparametric MRI in patients undergoing nephrectomy for cancer – A pilot study	Mr Simon Williams (Consultant)	Urology
Can an ECG performed during emergency department triage and interpreted as normal by automated computer analysis safely wait for clinician review until the time of patient assessment?	Dr Graham Johnson	Emergency Medicine

Collaborating with the Healthcare Industry to bring Innovation to the Bedside

The staff of the Research & Development Department work closely with our clinicians and with healthcare companies to bring innovative products to the bedside for the benefit of patients and for improved patient care. This enhances further our drive towards 'Ensuring Value from Partnerships' and puts DHFT in a strong position with respect to the UK Life Sciences Industrial Strategy (2017) objective of enhanced collaboration between the NHS and industry for the benefit of UK patients.

We work collaboratively with a number of Small/Medium-sized enterprises (SMEs) in the healthcare and social care arenas, to design and deliver high quality studies and trials that provide the evidence for the efficacy and cost-effectiveness of a number of innovative products. This evidence is published in peer-reviewed journals, which informs other clinicians of the efficacy of the products and facilitates the dissemination and wider uptake of innovations.

The annual Medilink Innovation Day is the foremost East Midlands life science event which regularly attracts 250+ delegates and over 30 exhibitors. The aim of Medilink EM is to help small and medium sized companies to establish contact with over 700 organisations, in the hope of gaining assistance with the development and growth, from concept through to commercialisation, and to nurture the collaborations between academics, clinicians and industry. Medilink EM is also a founding member of Medilink UK which is a national network supporting over 3,000 companies across the entire UK.

Last year's Medilink Innovation day in June was attended by our Derby Clinical Trials Support Unit (DCTSU) represented by the Director of DCTSU, Dr Teresa Grieve, Mr Apostolos Fakis, Medical

Statistician and Dr Ramila Patel, Research Governance and Clinical Trials Manager. The DCTSU have attended this event for the past 5 years and have utilised their display stand to promote the services they offer to Small and Medium-sized Enterprises (SMEs) which comprises literature search, governance, statistics, developing funding applications, trial management, research pharmacy and finance along with links to specialist clinicians.

In attending this event, and networking at various points throughout the day, the DCTSU acquired some new contacts and collaborations as well as partnership working with a number of SMEs that wish to set up clinical trials within Trust DTHFT.

This was a particularly successful event for Derby CTSU and DTHFT with a number of new collaborations under discussion and new trials being taken forward and developed.

2.10 Goals Agreed with Commissioners - Clinical Quality & Innovations Measures (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of national and local quality improvement goals.

A proportion of Derby Teaching Hospitals NHS Foundation Trust income in 2017-18 was conditional on achieving quality improvement and innovation goals agreed between the Derby Teaching Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed national goals and guidance for 2017-18 are available electronically at:
https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

The monetary total for income in 2017-18 conditional upon achieving quality improvement and innovation goals was £9.8m (£0.93m from NHS England and £8.9m from Clinical Commissioning Groups). For the associated payment in 2016-17 the value was £9.08M and we achieved £7.8m.

A summary of developments and achievements and specific performance achieved against each CQUIN scheme in 2017-18 is detailed in the tables below.

NHS England CQUINS

Topic	Development and Achievements
Dose banding of chemotherapy	The Trust has adopted national dose banding principles and standardised the doses of particular chemotherapy treatments which has improved patient safety and increased efficiency, and also helps to ensure parity of care across all NHS providers.
Activation system for long term condition patients	The Trust has adopted a "patient activation measurement" (PAM) survey instrument for use with asthma patients to measure the skills, knowledge and confidence needed for patients to self-manage their condition. This will then lead to "activation interventions" being offered to help patients self-manage their condition and improve adherence to medication and treatment, helping to improve patient outcomes and experience.
Hospital pharmacy transformation and medicines optimisation	The Trust has supported the movement of patients onto biosimilar drugs and pursued the most cost-effective delivery of medicines to enable investment in drugs to go further. This CQUIN has also supported improvements in Data Quality for data submitted relating to drugs.
Spinal surgery network	The Trust has been an integral part of the Trent Spinal Network, helping to develop service specifications and reviewing performance across the Region.

Clinical Commissioning Group CQUINS

Topic	Development and Achievements
NHS Staff Health and Wellbeing	The Trust has introduced several health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues and had hoped this would be translated into positive results in the staff survey. Despite this intervention, the Trust was not successful in meeting the targets set in relation to the staff survey results. Further analysis has highlighted that DTHFT was in the top 20% of responses for the wellbeing questions. Analysis is currently being undertaken to consider the national picture, which we anticipate will highlight that very few Trusts were able to meet these targets. The CQUIN has also led to a step change in the health of the food offered on Trust premises with price promotions and advertments for sugary drinks and foods high in fat, sugar and salt banned, and also these foods have been removed from checkout areas and more healthy options are available for staff instead. In addition the majority of drinks sold must be sugar free, and chocolate and high calorie sandwiches have been replaced ith lower calorie alternatives. The Trust has also had a very successful flu campgain with 73% of frontline clinical staff taking up the flu vaccination.
Reducing the impact of serious infections (Antimicrobial resistance and Sepsis)	The Trust has continued to use the sepsis care bundle in the Emergency Department and has now also rolled this out across inpatient wards, and has seen an improvement in the number of patients screened for sepsis and with antibiotics administered within one hour, which has demonstarted a reduction in mortality linked to sepsis. The Trust has also taken positive action to reduce antibiotic consumption levels across specific groups of antibiotics, and reviews nearly all anitbiotic prescriptions for appropriate use.
Improving services for people with mental health needs who present to A&E	The Trust has worked with Mental Health and other local agancies to support a cohort of frequent attenders through the use of care plans with the aim of reducing the number of re-attendances. A data quality improvement plan has been developed to improve the coding of mental health disorders.
Offering Advice and Guidance	The Trust has developed a plan to achieve 75% of services offering an advice and guidance service by the end of 2018/19 with responses received within 2 working days. Departments such as Trauma and Orthopaedics have implemented a rota to ensure that response times are achieved. The CCG plan to survey GPs to gain feedback on the quality and responsiveness of the service.
e-Referrals	The Trust has reviewed clinic booking rules across a range of specaities to maximise the number of appointment slots avaialble via the e-Referral system and has ensured that all services are available for GPs to access.
Supporting proactive and safe discharge	The Trust has not been able to submit the required level of coding to support ECDS with the existing system used in the adult Emergency Department, but work is underway to initiate submission of data from the children's ED.
STP and risk reserve linked CQUIN	This proportion of the CQUIN value is achieved through attaining the 16/17 financial control total and activley participating in the Derbyshire Sustainability Transformation Plan.

Performance achieved against 2017-18 CQUIN schemes – with milestones set throughout the year

Topic	Target date	Target	Achievement	Status
NHS Staff Health & Wellbeing Staff Wellbeing	Q4	Staff survey results	Not Achieved	✗
Healthy Food	Q4	Report	Expecting achievement	✓
Flu vaccinations	Q4	70%	Achieved	✓
Sepsis Emergency Department and Inpatient Screening	Quarterly	90%	Achieved all targets to date	✓
Antibiotics administration	Quarterly	60%	Partially achieved Q1, achieved Q2 & Q3 and expected to achieve Q4.	✓
3 day review	Quarterly	80%	Achieved all targets to date	✓
Antimicrobial resistance Reduction in antiobiotic consumption	Q4	1%	Expecting achievement	✓
Improving services for people with mental health needs who present to A&E	Quarterly			✓
Advice & Guidance	Quarterly		Achieved Q1 &Q2 partially achieved Q3 and expected to achieve Q4.	✓
E-referrals	Quarterly		Expecting achievement	✓
Proportion of services on eRS	Q1 Q2		Achieved Q1 ,Q2 & Q3 expect not to achieve Q4.	✓
% of Appointment Slot Issues	Q3 Q4			✓ ✗
Supporting proactive and safe discharge	Quarterly	2.5% increase across Q3 & Q4	Achieved Q1 partially achieved Q2 expect not to achieve Q4.	✓
Discharge home				✗
ECDS compliance	Q3 & Q4	95%	Not expecting to achieve	✗
Dose Banding of Chemotherapy	Quarterly	80%	Achieved all targets to date	✓
Activation system for long term condition patients	Quarterly	Reports	Achieved all targets to date	✓
Hospital pharmacy transformation and medicines optimisation	Quarterly	Various targets	Achieved all targets to date	✓
Spinal surgery network	Quarterly	Reports	Achieved all targets to date	✓

2.11   Registration with the Care Quality Commission (CQC)

Derby Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without any conditions. Derby Teaching Hospitals NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Derby Teaching Hospitals NHS Foundation Trust during 2017-18. Derby Teaching Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Royal Derby Hospital Ratings — Good

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Services	Good	Good	Good	Good	Good	Good
Medical Care	Requires Improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Maternity and Gynaecology	Requires Improvement	Good	Good	Good	Good	Good
Services for Children and Young People	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients and Diagnostic Imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

2.12   Data Quality

Derby Teaching Hospitals NHS Foundation Trust submitted records during 2017-18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data: which included the patient's valid NHS number was:

Patient's valid NHS number	Trust %	National %
For admitted patient care	99.9	99.4
For outpatient care	99.9	99.5
For accident and emergency care	99.3	97.1

which included the patient's valid General Medical Practice Code was:

Patient's valid General Medical Practice Code	Trust %	National %
For admitted patient care:	99.6	99.9
For outpatient care: and	99.4	99.8
For accident and emergency care	98.8	99.3

* All of the above data is at month 09

Information Governance (IG) Toolkit Attainment Levels

Derby Teaching Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2017-18 was 86% , and was graded green – satisfactory.

Derby Teaching Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Clinical Coding Audit

Derby Teaching Hospitals NHS Foundation Trust has a regular programme of internal clinical coding audit. These are performed by the Trusts Clinical Coding Manager and her deputy. The Coding Manager is a Health and Social Care Information Centre (HSCIC) approved Clinical Coding Auditor and both are accredited Clinical Coders. These audits aim to cover a random sample of the coding in all specialties. Auditors must conform to the Auditor's Code of Practice and the Clinical Coding Audit Methodology version 11.0 must be adhered to for any audits during 2018/19.

All reports and action plans from audits are submitted by the Clinical Coding Manager to the relevant Information Governance groups for approval. Where audits have focused on the coding of deceased patients these reports are discussed at the Trust's monthly Mortality Committee meeting; clinical involvement in these audits is secured wherever relevant.

In addition to the programme of internal audit, Trusts are required to complete an audit of a random sample of 200 Finished Consultant Episodes each year to support Information Governance requirement 505. The 2016-17 Information Governance audit were carried out during December 2016, and the most recent Information Governance Audit for 2017-18 was completed in February 2018. The results of these are as follows:

200 FCEs	Primary diagnosis (200 audited, 193 correct)	Secondary diagnosis (929 audited, 904 correct)	Primary procedure (107 audited, 106 correct)	Secondary procedure (233 audited, 229 correct)	Episodes where HRG changed as a result of incorrect coding
January – February 2018	95% correct	95% correct	94.7% correct	93.8% correct	31

The above table demonstrates that the Trust's coding accuracy has met the required standards for Information Governance Level 2. Although there is a slight reduction from the overall figure in this audit compared to last year it is still a good result for the Trust, just missing attainment of IG level 3 by 0.3 per cent in primary procedure errors only. The overall coding inaccuracy of 5.4% is lower than the national 7.0 per cent average error rate as identified in the Payment by Results Data Assurance Framework 2011/12 (the last year at which accuracy of inpatient coding was tested at all NHS Acute Trusts).

These levels are as follows:
To achieve Level 3 – Primary diagnosis 95%, Secondary diagnosis 90%, Primary procedure 95%, Secondary procedure 90%

Depth of Coding
Derby Teaching Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

Awareness of the need for accurate and comprehensive documentation has been raised either through attendance of coding representatives at junior doctor induction days or through attendance at divisional governance meetings. New doctors to the trust are invited to the coding department for a session to help understand the coding process.

The Medicode encoder allows the diagnosis codes for chronic comorbidities to be recorded for allocation on subsequent hospital spells, and continues to support accurate and consistent data. A document "steve" is contained in the casenotes for clinicians to record a patient's co-morbidities which aids coders to identify and code these. An electronic version of the document called "e-steve" has been introduced and the coding department are continually promoting the use of this to retain a patient's comorbidities electronically.

Monthly reports regarding Depth of Coding continue to be circulated to each Business Unit, thus further highlighting their importance. High quality clinical coding ensures that service performance, commissioning, and payment data is accurate. A monthly report detailing where chronic comorbidities which have previously been recorded have been omitted on subsequent admissions allows the coding department to insert the omitted comorbidities.

A Data Quality Improvement Programme report which focuses on breaches of ICD10 diagnostic, and OPCS 4.8 procedural coding rules is produced each month to identify any coding and data quality errors which can be amended before coding freeze date and attract the appropriate tariff.

In mid-November 2017 an internal systems constraint was identified that limited the reporting of co-morbidities through SUS to a maximum of 9 per episode of care. It was noted that this constraint will have had a significant impact on the reported depth of coding for the Trust since Lorenzo went live over 3 years ago. Urgent action was taken to amend the system to enable the submission of up to 20 codes.

The Trust is exploring the option of purchasing the 3M MHA (Medical History Assurance) and DQA (Data Quality Assurance) tools to support identification of areas for improvement.

As a result of this raised awareness and investment in the Clinical Coding team, improvements in Depth of Coding have been evidenced. Much work has been done within the Coding department to ensure that coders fully understand the need to record documented comorbidities. As a result the average secondary diagnoses per spell is now 6.32 for non-elective activity, and 2.83 for elective activity.

2.13 LEARNING FROM DEATHS
2.13.1 During April 2017 to March 2018, 2533 of DTHFT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
580 in the first quarter;
527 in the second quarter;
693 in the third quarter;
733 in the fourth quarter.

2.13.2 By 31 March 2018, in relation to the 2533 deaths occurring during the time period April 2017 to March 2018, 580 case record reviews or investigations[1] have been carried out. This figure does not include deaths not yet reviewed at point of reporting, eg. some of the deaths in quarter 4 are pending review outcome.

In one case a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

100 in the first quarter, of which 5 were subject to a higher level review;
158 in the second quarter, of which 7 were subject to a higher level review;
179 in the third quarter, of which 2 were subject to a higher level review;
143 in the fourth quarter, of which 3 were subject to a higher level review.

2.13.3 One, representing 0.04% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

One, representing 0.04% were judged to have a 'Score 5 Slight evidence of avoidability'.
In relation to each quarter, this consisted of:
1 representing 0.04% for the first quarter;
0 representing 0% for the second quarter;
0 representing 0% for the third quarter;
0 representing 0% for the fourth quarter.

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[1] Serious Incident Review

These numbers have been estimated using the Royal College of Physicians Structured Judgement Review Tool and methodology.

2.13.4 Examples of learning:
- Mortality Review of ED patient in June: GTN is a variable rate drug and it was prescribed previously with no documentation of the adjustments to dose over the hours; there was no guideline regarding prescription rates and BP guided dosage.

- The mortality review highlighted this omission and although the GTN infusion had nothing to do with this patient's death the fact that she was on a GTN infusion for two hours unsupervised and not monitored helped us identify this gap and make a significant change in practice.

- Mortality review of a death from critical aortic stenosis. The patient had had an echo organised by another department a few years prior that showed moderate aortic stenosis but no follow up had been arranged.

- The care pathway for patients with pneumothorax requiring drains was identified as requiring review.

2.13.5 Examples of action taken:
- There is now a new "GTN infusion prescription chart" that has been approved by the Clinical Guidelines Committee and is in use in ED with an aim to implement Trust wide.

- Cardiology is now providing a specific recommendation for follow up on the reports from echo cardiograms and other significant findings. There is also a Trust wide Patient Safety project taking place in relation to ensuring acknowledgement of, and accountability for, results.

- In Respiratory Medicine actions taken during the year have included an improved weekend handover procedure, and development a new guideline and pathway for management of pneumothoraces requiring chest drains, focusing on involvement of radiology in interpretation of chest X-rays.

2.13.6 Assessment of the impact
The impact of the above changes has yet to be assessed. However the improvement in SHMI and HSMR rates for the Trust provides an indication of work undertaken to identifying learning from deaths. The Trust Mortality Committee will continue to monitor learning from deaths outcomes and the impact of any changes to practice resulting from actions taken following reviews.

*The above data relates <u>only</u> to deaths that have occurred during the reporting period.

2.13.7 55 case record reviews or investigations completed after April 2017 which related to deaths which took place before the start of the reporting period. These figures are not included in figures stated at 2.13.1.

2.13.8 Two, representing 3.63% of patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Royal College of Physicians Structured Judgement Review Tool and methodology.

One, representing 1.8% was judged to have a 'Score 5 slight evidence of avoidability'.

One, representing 0.08%, was judged to have a 'Score 4 possibly avoidable, but not very likely (less than 50:50)'.

2.13.9 0 representing 0% of the patient deaths during 2016-17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the Royal College of Physicians Structured Judgement Review Tool and methodology.

* Please note all of these numbers include ED deaths and ED reviews.

2.14 Delivery of National Targets

The following table reflects the national targets the organisation is required to report as part of its Board reporting:

Indicator	2015-16	2016-17	2017-18	Target	Achieved
Referral To Treatment : Admitted	84.01%	72.05%	77.72%	N/A	
Referral To Treatment: Non Admitted	95.2%	92.28%	91.00%	N/A	
Referral To Treatment: Incompletes – 18 weeks	92.52%	91.92%	91.78%	92%	
Total time in A&E (95% seen within 4 Hours)	93.07%	88.00%	86.54%	95%	
Cancer 2 Week Wait	95.72%	96.27%	96.82%	93%	
Cancers: 2 Week Wait: Breast Symptoms	97.55%	97.06%	96.49%	93%	
Cancers: 31 Day Standard	96.01%	95.70%	96.55%	96%	
Cancer: 31 Day – Subsequent Treatment – Surgery	89.60%	88.40%	95.55%	94%	
Cancer: 31 Day – Subsequent Treatment – Drugs	99.16%	98.46%	97.76%	98%	
Cancer: 31 Day – Subsequent Treatment – Radiotherapy	95.77%	95.28%	95.03%	94%	
Cancer: 62 Day Standard – Urgent Referral to Treatment	79.08%	78.28%	78.70%	85%	
Cancer: 62 Day Screening	93.87%	90.36%	94.61%	90%	
Diagnostic 6 Week Waits	99.74%	99.67%	99.10%	99%	

Reporting against Core Indicators

The data made available to the National Health Service Trust or NHS Foundation Trust by the Health & Social Care Information Centre with regard to:

Note: data extracted is as up-to-date as is currently available on the portal. N/A = not available

Quality Performance Information 2017-18			
Core Clinical Indicators	Derby Hospitals		
	2015-16	2016-17	2017-18
Mortality			
Data Source: NHS Digital > Summary Hospital-level Mortality Indicator (SHMI)			
The value and banding of the Summary Hospital-level Mortality Indicator (SHMI) for the Trust for the reporting period.	1.011 (Band "as expected")	1.0181 (Band "as expected")	1.0011 (Band "as expected")
National Average (Average of Provider SHMIs):	1.003	1.0047	1.0050
Highest performing Trust Score:	1.178 (Band 'higher than expected')	1.2123 (Band 'higher than expected')	1.2277 (Band 'higher than expected')
Lowest performing Trust score:	0.678 (Band 'lower than expected')	0.7075 (Band 'lower than expected')	0.7261 (Band 'lower than expected')

The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period:			
Data Source: NHS Digital > Summary Hospital-level Mortality Indicator (SHMI)			
Combined rate reported			
Derby Hospitals Score:	21.82%	20.37%	21.17%
National average:	28.54%	30.70%	31.06%
Highest Trust Score:	54.60%	56.88%	58.59%
Lowest Trust Score:	0.58%	11.10%	11.20%
Patient Report Outcome Measures (PROMS) The Trust's patient reported outcome measures score for:			
Data Source: NHS Digital Patient > Reported Outcome Measures Statistics			
Health gain score reported			
Groin Hernia Surgery			
Derby Hospitals Score:	0.097	0.098	N/A
National Average:	0.088	0.086	0.089
Highest Score:	0.157	0.140	0.145
Lowest Score:	0.021	0.006	0.042
Varicose Vein Surgery			
Derby Hospitals Score:	NA	NA	NA
National Average:	0.096	0.092	0.096
Highest Score:	0.150	0.155	0.134
Lowest Score:	0.001	0.008	0.068
Hip Replacement Surgery (Primary)			
Derby Hospitals Score:	0.427	0.429	N/A
National Average:	0.438	0.445	0.465
Highest Score:	0.524	0.537	0.472
Lowest Score:	0.320	0.310	0.458
Knee Replacement Surgery (Primary)			
Derby Hospitals Score:	0.337	0.322	0.328
National Average:	0.320	0.324	0.328
Highest Score:	0.398	0.404	0.368
Lowest Score:	0.191	0.215	0.289
Readmissions			
Data Source: Local Readmission Dataset			
The percentage of patients aged:			
Readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period.			
0 to 15	8%	7%	8%
National Average:	N/A	N/A	N/A
Highest Score:	N/A	N/A	N/A
Lowest Score:	N/A	N/A	N/A
16 or over	13%	13%	13%
National Average:	N/A	N/A	N/A
Highest Score:	N/A	N/A	N/A

Quality Report

Quality Performance Information 2017-18			
Core Clinical Indicators	**Derby Hospitals**		
	2015-16	**2016-17**	**2017-18**
Lowest Score:	N/A	N/A	N/A
Responsiveness to the personal needs of patients			
Data Source: NHS Outcomes Framework > Domain 4 - Ensuring People Have a Positive Experience of Care (Indicator P01779)			
The Trust's responsiveness to the personal needs of its patients during the reporting period.	71.2	68.1	N/A
National Average:	69.6	70.8	N/A
Highest Score:	86.2	85.2	N/A
Lowest Score:	58.9	60.0	N/A
Friends and Family Test - Staff who would recommend the Trust	**2015**	**2016**	**2017**
Data Source: NHS Staff Surveys			
The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	81%	84%	N/A
National Average (Acute Trusts):	69%	70%	N/A
Highest Score (Acute Trusts):	85%	85%	N/A
Lowest Score (Acute Trusts):	46%	49%	N/A
Friends and Family Test - Staff who would recommend the Trust – Accident & Emergency	**Dec 15**	**Dec 16**	**Dec 17**
Data Source: NHS England > Statistical work areas > Friends and Family			
The trusts score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.	80%	86%	80%
National Average (England):	87%	86%	85%
Highest Score:	100%	100%	100%
Lowest Score:	58%	58%	57%

Patients admitted to hospital who were risk assessed for venous thromboembolism			
Data Source: NHS England > Statistical work areas Venous Thromboembolism (VTE) Risk Assessment			
Quarter 4 figures shown for years 2015-16 & 2016-17, Quarter 3 Figures shown for 2017-18			
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	96.80%	96.03%	96.54%
National Average:	95.53%	95.53%	95.25%
Highest Score:	100%	100%	100%
Lowest Score:	78.06%	63.02%	71.88%
Rate of Clostridium Difficile			
Data Source: Public Health England > Clostridium difficile infection: Annual Data			
The rate per 100,000 bed days of trust apportioned cases of C. difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period.	18.2	15.2	N/A
National Average:	14.9	13.2	N/A
Highest Score:	67.2	82.7	N/A
Lowest Score:	0.0	0.0	N/A

Quality Performance Information 2017-18			
Core Clinical Indicators	**Derby Hospitals**		
Rate of Patient Safety Incidents	**2015-16**	**2016-17**	**2017-18**

Data Source: National Reporting and Learning System (NRLS)

Figures for 6 months reporting period October - March for each year. 2017-18 for 6 months reporting period April to September.

The number and where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Number of patient safety incidents reported	5337	6193	N/A
National Average (Acute Non Specialist Provider):	4818	5122	N/A
Highest Score (Acute Non Specialist Provider):	11998	14506	N/A
Lowest Score (Acute Non Specialist Provider):	1499	1301	N/A
Rate of patient safety incidents reported	29.9	36.3	N/A
National Average (Acute Non Specialist Provider):	39.6	41.1	N/A
Highest Score (Acute Non Specialist Provider):	75.9	69	N/A
Lowest Score (Acute Non Specialist Provider):	14.8	23.1	N/A
Percentage of patient safety incidents that resulted in severe harm or death	0.11%	0.21%	N/A
National Average (Acute Non Specialist Provider):	0.55%	0.52%	N/A

Mortality Indicator

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

There are two established benchmarking measurements for mortality across the country: The Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Mortality Indicator (SHMI). The HSMR looks at only deaths which occur within hospital, and only at the diagnostic groups which account for around 80% of those deaths. SHMI examines all deaths from all diagnostic groups and also includes analysis for those patients who died within 30 days of having been discharged. For both measures, the national index score is 100, with higher scores in each representing a greater proportion of unexpected deaths.

Overall, DTHFT monthly HSMR score has not been significantly different from the national average, as shown by figure 1. The HSMR for the 12 months to February 2018 was 96.91 and not significantly different from the previous 12 months of 96.83. The monthly figure for February 2018 was 95.8, a decrease from January (101.05). This is within expected range.
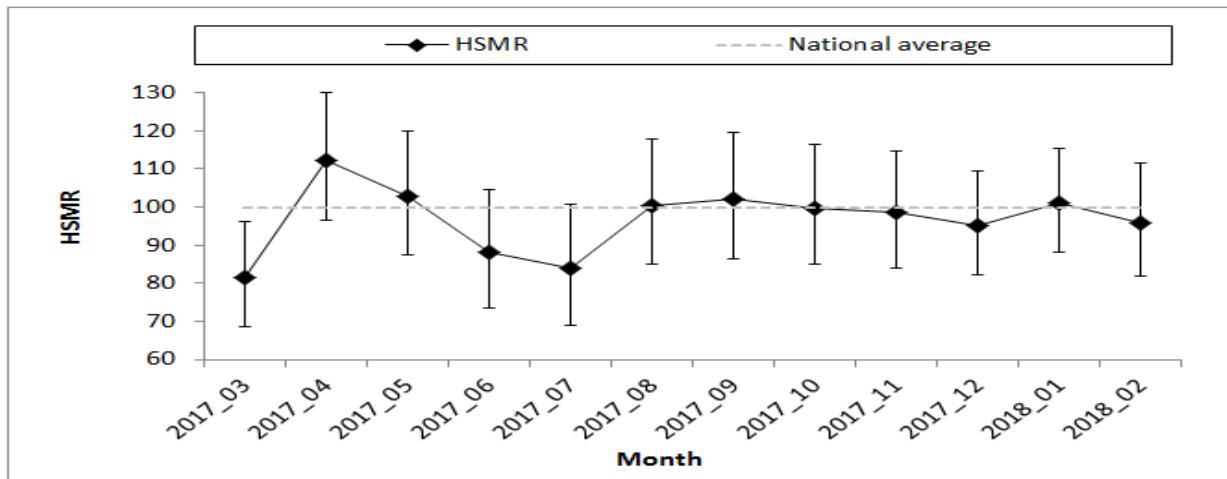
Figure: HSMR Trend from March 2017 – February 2018 (Source: HED)

The SHMI for the 12 month period, January 2017 to December 2017 was 92.9, and not significantly different from the previous 12 months (92.54). The monthly SHMI for the month of December was 95.33. For the 12 month period, January 2017 to December 2017 the In-hospital SHMI rate was 93.45 and out-of-hospital rate was 91.38.
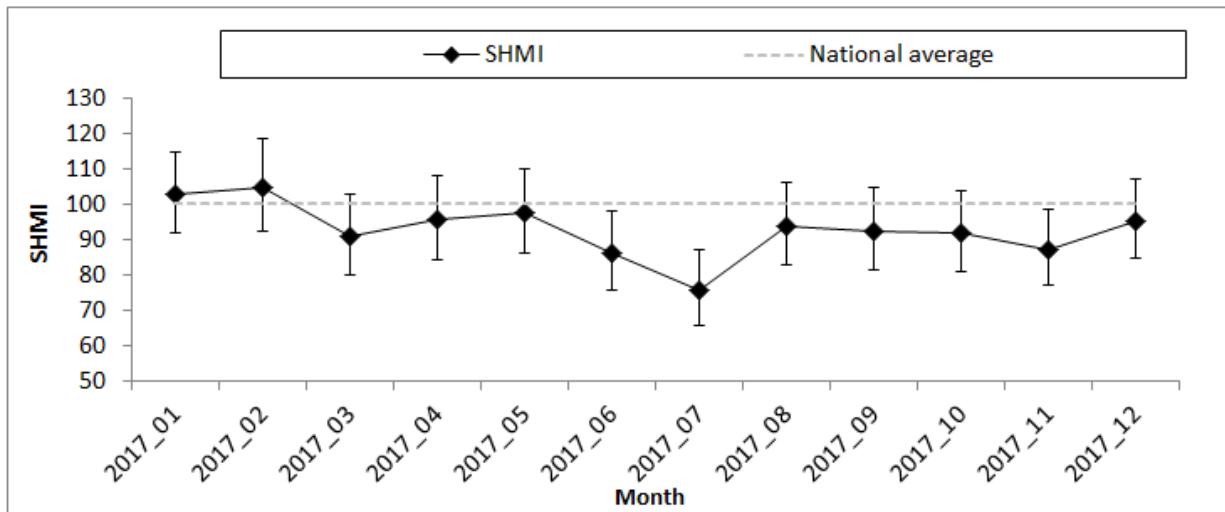
Figure: SHMI Monthly trend for DTHFT, January 2017 to December 2017 (source: HED)

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

The Trust scrutinises all issues relating to mortality with great care. The Mortality Committee is chaired by the Divisional Medical Director for Medicine and Cancer, and receives a monthly analysis of hospital deaths. The Committee commissions investigations and reviews of patterns in mortality data in order to improve practice and organisational knowledge where appropriate. Learning from these reviews is escalated up to the Quality Review Committee and the Board, and is disseminated throughout the Trust by nominated representatives from Business Units.

Patient Reported Outcome Measures (PROMS)

Patient reported outcome measures (PROMs) are typically short, self-completed questionnaires, which measure a patient's health status, or their health related quality of life at set points in time - such as before and after an operation. By comparing the answers given, we can assess the 'success' of treatment from a patient's perspective. The national PROMs programme was launched in April 2009 and includes patients having the following operations:

- Groin hernia surgery;
- Hip replacements;
- Knee replacement; and,
- Varicose vein surgery.

We are responsible for asking patients to complete a questionnaire before their operation, and providing they give consent, this is followed-up at a set time post-operatively by an independent company who have been commissioned to run PROMs by the Department of Health. For patients where both the pre and post-operative questionnaires are returned, these are analysed to calculate the change in scores as a result of surgery.

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The EQ-5D Index is a combination of five key criteria concerning general health. The EQ-5D INDEX CHANGE is a calculated average for these five criteria (Mobility, Self-Care, Usual Activities, Pain/Discomfort and Anxiety/Depression)

- The EQ VAS is the current state of the patients general health marked on a visual analogue scale 0 - 100. The EQ-VAS INDEX CHANGE is calculated as Q2 result minus Q1 result.

In addition to the EQ indexes, there are additional Hip/Knee Replacement specific questions that were asked of the patients and the score is a calculated average of these 12 questions.
Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services:

The data set for has been analysed for those hip and knee replacement patients who appeared to have deteriorated at the 6 month post-operative questionnaire. There were no themes or issues highlighted following the review. At the 6-8 week routine post -operative outpatient follow up consultation many of these patients were not exhibiting issues with pain or mobility and it is documented that most of the patients reported a positive health gain at this time. One of the Arthroplasty practitioners spoke with some of these follow up patients and one issue that is currently being explored is about those patients feeling more involved with the care and rehabilitation process being generally happier with the outcome.

The Trauma & Orthopaedic Business Unit is currently trialling capturing patient data when the patient is listed for their operation to determine if this makes an impact on the health gain difference. This may result in a change of process.

Readmission Rates

The data made available to Derby Teaching Hospitals NHS Foundation Trust by the Health and Social Care Information Centre with regard to:

Readmission rates during 2017-18 for the percentage of patients aged:
- 0-15 was **8.50%**
- 16 or over was **13.25%**
- readmitted to hospital within 28 days of being discharged from a hospital that forms part of the Trust during the reporting period.

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

We continuously monitor readmission rates to detect any areas where they are higher than expected and take action to address any concerns identified.

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services:

Discharge Steering group remains very active along with this the data warehouse reports enables business units, specialities and wards to monitor their own readmissions and also identify any trends which need to be looked at in more depth.

We also have staff in the ward and department areas who are reviewing the discharge process to ensure that patients are discharged with the right package of care in place to support them.

Staff Experience / Engagement 2017-18

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust has continued to use the Staff Impressions survey system and has, in the main, simplified the questions asked to ask how staff feel about working at the Trust and the two 'Friends and Family' measures, to avoid 'survey fatigue'. The Quarter 2 survey, however, was used to ask staff more deeply about their main priorities, and these have remained similar to those emerging from the quarter 2 feedback from the previous year. They include how poor behaviours and performance are managed, feeling valued

and listened to, recognition, and satisfaction with resources/facilities/equipment and with career development.

Approximately 12% of our staff complete this survey each quarter, falling slightly from previous years, but in line with peer trusts using the same system.

"If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"

The data made available to Derby Teaching Hospitals NHS Foundation Trust by NHS Digital with regard to percentage of staff employed by, or under contract to the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

We have seen a year on year improvement since 2013 when the score was 69%; this rose to 77% in 2014, was 82% in 2015, 84% in 2016, remaining at 84% for 2017.

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services:

We have continued to highlight ways in which staff can report any concerns, as well as highlighting the role of the Freedom to Speak Up Guardian.

We have continued to see a positive improvement in staff opinion about working for Derby Teaching Hospitals. For the fourth year running the Trust is in the top 20% of acute trusts nationally for staff recommending the organisation as a place to work and receive treatment. The latest national staff survey results show that the Trust is in the top 20% for staff engagement, which measures staff motivation, involvement and advocacy.

Staff Engagement Forums
Throughout 2017 the Trust has undertaken a variety of staff forums, which have included:
- Staff survey forums
- Range of Professional Time outs
- Leadership Community Forums
- Non-Executive Director - Drop in Surgeries
- Rapid Improvement Events
- Continuation of management visibility programmes, back to floor, board to ward
- Staff Engagement Group
- 'Connect forum' for LRCH staff

Lead Ambassador colleagues from various backgrounds and roles continue to work together to introduce and promote a culture of compassionate and collective leadership in the organisation, both generally and by working with specific teams across the Trust, supporting the Organisational Development (OD) agenda.

In addition to this, we have worked very closely with our staff-side partnership colleagues on a variety of issues and discussing ideas within engagement forums including the staff engagement group.

Venous Thromboembolism 2017-18
The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

This data demonstrates the percentage of all adult inpatients that have had a VTE risk assessment on admission to hospital using the clinical criteria of the national audit tool.

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

Increasing and sustaining the percentage of recorded risk assessments to 95% in line with National Guidance by:

- Ensuring doctors carry out the risk assessment prior to prescribing – and reviewing compliance at Business Unit level monthly
- Working with our electronic prescribing system to force a risk assessment being completed electronically before the prophylaxis is prescribed
- Reviewing current local policies on prescribing of thromboprophylaxis.

Clostridium difficile (C.diff) 2017-18

Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reason:

This data demonstrates the rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.

The target set for 2017-18 was no more than 16.6 cases per 100,000 bed days, equating to no more than 53 cases. The Trust ended the year with a total of 67 cases, 19.59 cases per 100,000 bed days. The Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services by:

- Inviting the NHS Improvement (NHSi) Infection Prevention Lead and the Regional Epidemiologist for Public Health England to review the Trust policies and procedures for Clostridium difficile. The Trust was rated green by NHSi following this review.
- Formation of a C.diff escalation group, chaired by the chief nurse, with multi disciplinary attendees, to identify and monitor relevant action
- All Trust apportioned cases continue to be discussed at the Healthcare Associated Infection (HCAI) Review Group. This group is chaired jointly by the Director of Patient Experience and Chief Nurse and Medical Director and includes representatives from the clinical teams, infection prevention and control, antimicrobial stewardship, Public Health England (PHE) and Southern Derbyshire Clinical Commissioning Group (CCG), as the Trusts co-ordinating commissioner.
- Each case is reviewed to determine whether there has been lapse in the quality of care given to patients, in line with NHS England requirements. The appropriate steps to address the problems identified along with any additional 'lessons to be learnt' are identified and shared across the organisation and discussed and monitored at the Trust Infection Control Operational Group (ICOG) and Infection Control Committee (ICC). This has led to meaningful improvements in patient management.
- The enhanced deep cleaning programme continues to ensure the enviroment n where C.difficile patients have been cared for is effectively decontaminated. This inlcudes the Hydrgoen peroxide decontamination of enteric isolation rooms.
- Focus continues on effective cleaning of the environment and equipment. New commodes have been purchased across the Trust, the design of which facilitates easy cleaning.

Safety Incidents

The data made available to the Trust by National Reporting & Learning System (NRLS)   with regard to the number, and where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. Data is available from NHS improvement at https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-data/. NHS Improvement now manages the NRLS and the data that is produced has now changed and the 2017/2018 comparative data is not yet available.

NHS Improvements NRLS data shows from February 2017 to January 2018, Derby Teaching Hospitals reported 12468 patient safety incidents (April 2016-March 2017, this was 11767

Incidents reported by DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST, Feb 17 to Jan 18
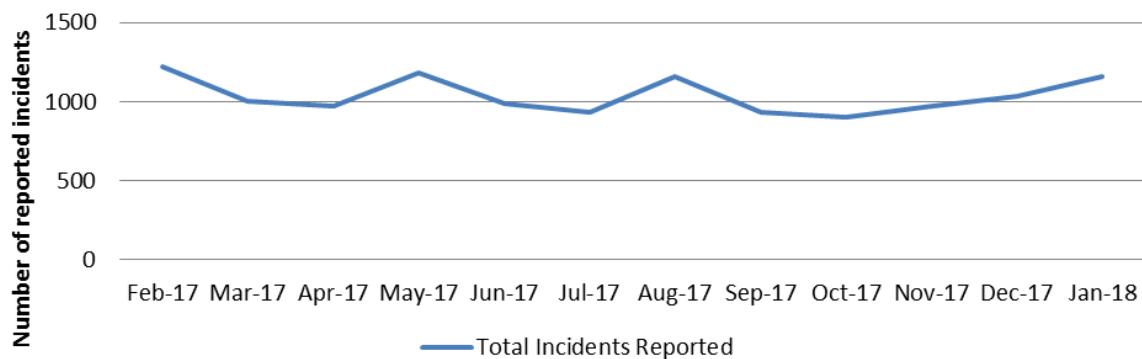
Breakdown of all Degrees of Harm reported by DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST, Feb-17 to Jan-18

	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18
No harm	940	712	698	866	681	646	855	691	654	733	778	831
Low harm	243	264	255	296	285	258	279	224	239	210	240	300
Moderate	31	27	16	21	18	25	22	15	12	26	16	21
Severe	0	2	1	0	3	5	2	0	0	0	2	2
Death	4	1	3	0	1	0	1	1	1	5	2	4
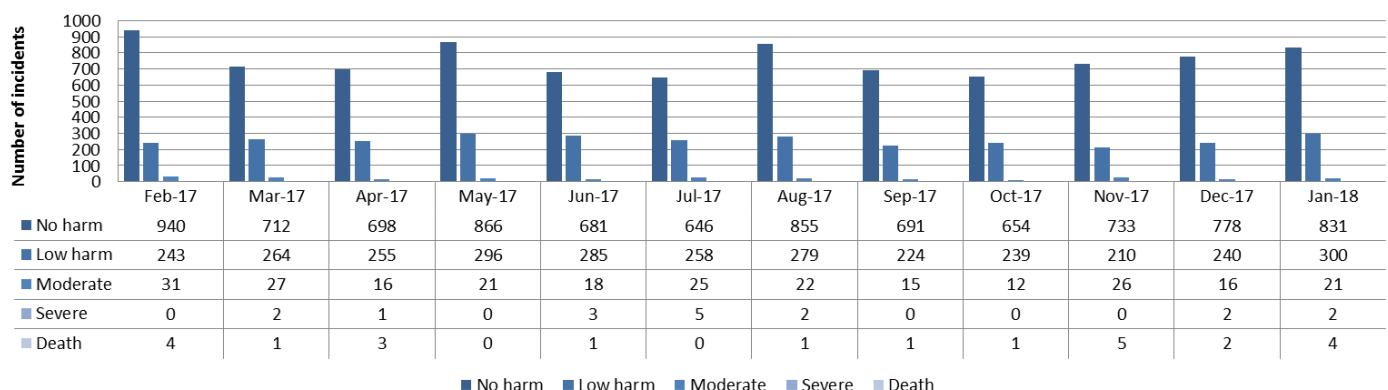
23 Incidents were reported with an outcome of Death (0.18% of all incidents).
17 Incidents were reported with an outcome of Severe Harm (0.13% of all incidents).

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust supports an effective safety culture via the increased reporting of incidents.

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services:

The corporate risk team have produced a short leaflet on Incident Reporting, which has been shared electronically trustwide. The Risk & Patient Safety Flo page is undergoing a makeover, to include information and guidance on incident mamagement.

Friends & Family Test 2017-18
The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- Monthly FFT data submissions continue in line with national reporting requirements (published by NHS England) and this data is monitored closely. Since 2015-16, the collection of FFT data continues to include all types of patients; Children, Day case and Outpatients as well as Inpatients, Emergency Department and Maternity Service users.
- For 2017-18, we aimed to increase our FFT scores to 95% having averaged 94% the previous year. In 2017-18, we have continued to average 94% of patients surveyed recommending the Trust. Although this does not quite meet our internally set target of 95%, we have seen improvements and this is also against a backdrop of the biggest pressures the Trust has ever seen. Maintaining the high score of 94% means we are continuing to deliver high quality care and good patient experience despite

unprecedented demands. The below graph shows our scores for the financial year – you will note that in September we did increase to 95%, but unfortunately dropped back to 94% in October and have maintained that score. The below graph also shows a comparison with the previous financial year.
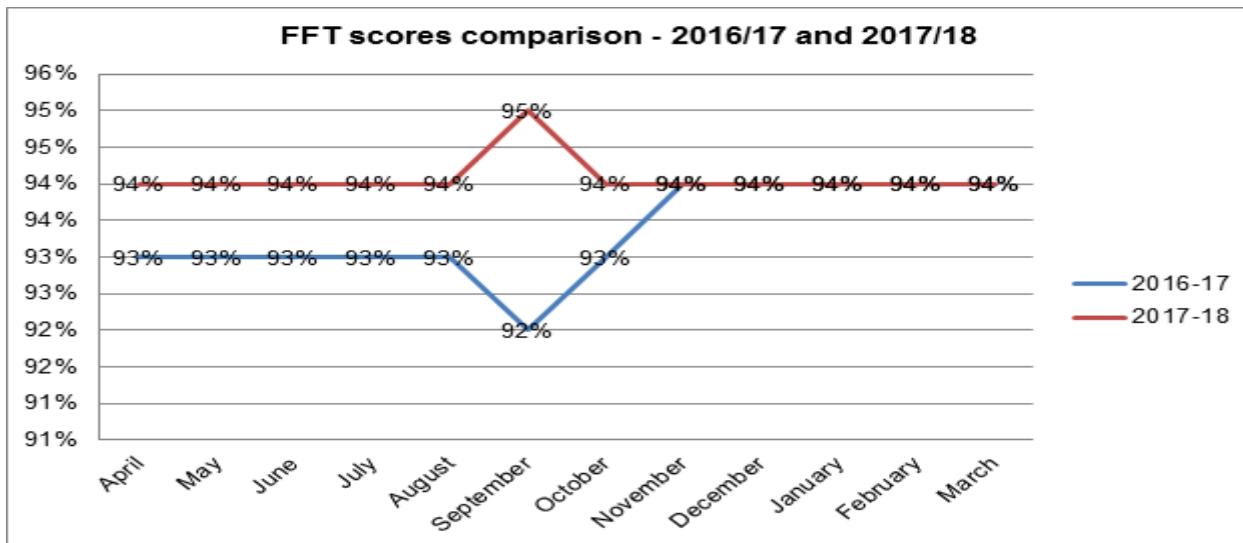
Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Consistently reviewing data quality and methods of collection to ensure we continue to receive meaningful feedback that we are able to act on.
- Improving our FFT scores is intrinsically linked to response rates. As such, we have also set a range of internal targets in an attempt to make staff more aware of increasing the numbers of patients they survey. We have now set up a more robust way of measuring Trust response rates and monitoring wards and departments accordingly.
- We are working with teams to design methods of feedback that will help increase response rates, particularly focusing on electronic solutions that will be less labour-intensive and offer greater data quality.

Assurance over Mandated Indicators

Percentage of Incomplete Pathways within 18 Weeks for Patients on Incomplete Pathways at the End of the Reporting Period

Detailed Descriptor: The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

National Definition - Numerator: The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks. Denominator: The total number of patients on an incomplete pathway at the end of the reporting period.

Criteria for Indicators:
- The indicator is expressed as a percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period;
- The indicator is calculated as the arithmetic average for the monthly reported performance indicators for April 2017 to March 2018;
- The clock start date is defined as the date that the referral is received by the Foundation Trust, meeting the criteria set out by the Department of Health guidance; and
- The indicator includes only referrals for consultant-led service, and meeting the definition of the service whereby a consultant retains overall clinical responsibility for the service, team or treatment.

The total population is based on all patients referred to the Trust for consultant led services and patients who have not been identified as such have not been considered within the calculation.

National target: 92%

RTT Incomplete Performance	Derby Teaching Hospitals NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
*2017-18 Ⓐ	91.78%	88.57%	96.19%	72.74%
2016-17	91.92%	90.13%	96.40%	78.00%
2015-16	92.52%	92.30%	96.42%	92.06%

Source: Lorenzo

Percentage of Patients with a Total Time in A&E of Four Hours of Less from Arrival to Admission, Transfer or Discharge

Detailed Descriptor – Numerator: The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge. Calculated as:

(total number of unplanned A&E attendances) - (total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge). Denominator: The total number of unplanned A&E attendances:

Criteria for indicator:

- The indicator is defined within the technical definitions that accompany 'Everyone counts: planning for patients 2014-15 – 2018-19' and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf.
- Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf.

The total population is based on all patients recorded as attending A&E and patients who have not been identified as such have not been considered within the calculation.

For walk-in patients arrival time is recorded as the time the patient is booked in on EDIS (Emergency Department Information System) at reception.

For Ambulance arrivals the Trust records arrival time as the earlier of triage time (recorded on EDIS) or 15 minutes after paramedics arrive in the hospital reception with the patient (recorded on EDIS).

National target: 95%

4 hours or less in A&E (Type 1&3 combined)	Derby Teaching Hospitals NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
2017-18 Ⓐ	86.54%	86.93%	97.43%	70.90%
2016-17	87.99%	87.15%	98.81%	72.28%
2015-16	93.06%	91.16%	98.63%	78.50%

Source: NHS England Quarterly A&E Activity and Emergency Admissions statistics

EMERGENCY READMISSIONS WITHIN 28 DAYS OF DISCHARGE FROM HOSPITAL

This is an indicator chosen by the Governors and subsequently looked at by the external auditors as part of their quality inspection audit.

Indicator description: emergency readmissions within 28 days of discharge from hospital.

Indicator construction: percentage of emergency admissions to a hospital that forms part of the Trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the Trust.

Numerator: the number of finished and unfinished continuous inpatient spells that are emergency admissions within 0 to 27 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main speciality upon readmission coded under obstetric; and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell.

Denominator: the number of finished continuous inpatient spells within selected medical and surgical specialities, with a discharge date up to 31 March within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on speciality, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days before admission are excluded.
Indicator format: Standard percentage

National target: 5.75%

Emergency Readmissions within 28 days of discharge	Derby Teaching Hospitals NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
2017-18	12.90%	Not Available	Not Available	Not Available
2016-17	12.19%	Not Available	Not Available	Not Available
2015-16	12.40%	Not Available	Not Available	Not Available

Source: Open Exeter

QUALITY PERFORMANCE GOVERNANCE ARRANGEMENTS
Quality Performance Governance Arrangements
The Trust has a robust structure of groups and committees (see quality governance structure below) which feed into the Board Quality Committee (QC), along with quality reports from the Divisions.

The Quality Committee is a committee of the Trust Board and it meets monthly. Each month the Committee hears a patient story and the subsequent actions taken by staff. Each Division presents to the Quality Committee in turn, enabling the Committee to triangulate data and intelligence from a rich number of sources.

This is further enriched by the ability to develop recommendations and action for any issues. Quality Review Committee (QRC) reports through performance and scrutiny management meetings and also to the Quality Committee. This is being further enhanced through our Divisional Performance Management Meetings which will include a quality focus on the meeting agenda, a quality dashboard used by the Business Units, our Management Executive, and Trust Board to actively monitor quality metrics in line with the five CQC domains of safe, caring, effective, responsive and well led services.

Internal and external auditors routinely incorporate quality assurance into their annual audit plans. All internal audit reports are reported to Board committees and to the Board by Audit committee minutes. The Trust's annual quality report is audited by PricewaterhouseCoopers (PwC).

Quality Governance Structure

Quality Structure

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                              ┌──────────────────────────────────────────┐
                              │              TRUST BOARD                   │
                              └──────────────────────────────────────────┘

  ┌──────────────────┐                                          ┌──────────────────────────┐
  │ QUALITY COMMITTEE │                                          │ TRUST DEVELOPMENT GROUP  │
  │   For assurance   │                                          └──────────────────────────┘
  └──────────────────┘
                       ┌──────────────────────────────┐          ┌──────────────────────────┐
                       │   QUALITY REVIEW COMMITTEE     │          │ RISK AND COMPLIANCE GROUP│
                       └──────────────────────────────┘          └──────────────────────────┘
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MAKING US WELL LED				
MAKING US SAFER			**MAKING US MORE RESPONSIVE**	**MAKING US MORE CARING**	**MAKING US MORE EFFECTIVE**

Trust Strategic Health and Safety Committee	Infection Control Committee	Patient Safety Committee	Safeguarding Committee	Patient Experience Committee	Clinical Audit Committee	Clinical Research & Effectiveness Committee	Mortality Committee	Donation Committee
Trust Operational Health & Safety Steering	Infection Control Operational Group	Incident Learning Group		Patient Experience and Engagement Group	Clinical Guidelines Group	Research, Development & Innovation Committee		
Radiation Protection Group	Decontamination Operational Group	Resuscitation Committee		Nutrition & Hydration Steering Group	NICE Sub - Committee	Drugs & Therapeutics Group		
	Antimicrobial Stewardship Committee	Radiation Protection Group		Complaints Review Group	Screening Programme Group	Documentation Final Approval Group		
		Transfusion & Thrombosis Committee		Accessible Patient Information Standard				
		Clinical Change Management Group		Patient Panel				
		Falls Group		End of Life Programme Board				
		Pressure Ulcer Group		Dementia Steering Group				
		Trauma Review Group		Mental Health Steering Group				
		Medicine Safety Group						

Review of Quality Performance

This section includes a range of information relating to our quality performance in 2017-18. Whilst this is not an exhaustive list it gives an overview of our performance in both hospital-wide and service specific indicators.

3.1   Medicines Safety

The Trust promotes a positive safety culture and encourages incident reporting. There is widely published evidence of reduced harm in industries and organisations which have a positive reporting and learning culture. Analysis of medication incidents and learning from errors is managed by the Medicines Safety Group, Patient Safety Committee and the Incident Learning group. Derby Teaching Hospitals are able to influence the medicines safety agenda at a regional and national level via the Medication Safety Officer network.

Medication Errors

The number of medication incidents reported by the trust has risen to an average of 124 per month. This is an increase in reporting of more than 20% over the last two years. Increased reporting enhances the opportunity we have to identify themes for organisational or personal development.

Medication Incidents by Stage (2017)
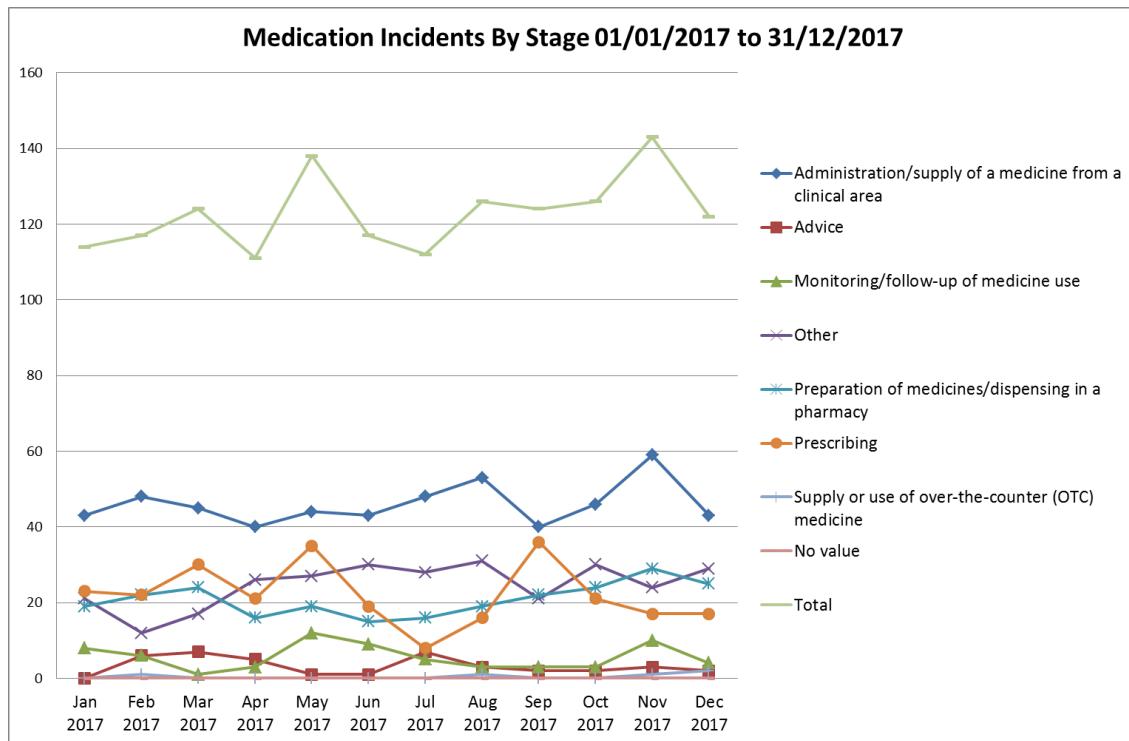
In September 2017, the National Reporting and Learning System (NRLS) produced the latest **Organisation Patient Safety incident report.** This compares Derby Teaching Hospitals with a group of 136 'acute non-specialist' hospitals over the six months between October 2016 and March 2017. Reporting of all categories of patient safety incidents rose from 30 to 36 incidents per 1000 occupied bed days, compared with the same period the previous year. The majority (97.5%) of reported incidents (all category types) caused 'no' or 'low' harm which is identical to the comparator group average. Medication errors made up 11.1% (previous year 9.3%) of incidents reported by Derby Teaching Hospitals (comparator average 10.7%).

Reports of dispensing errors from the pharmacy department remain below the national average with dispensing errors reported for 0.01% of all dispensed items (national rate = 0.023%)

Number of dispensing errors per 100,000 dispensed items
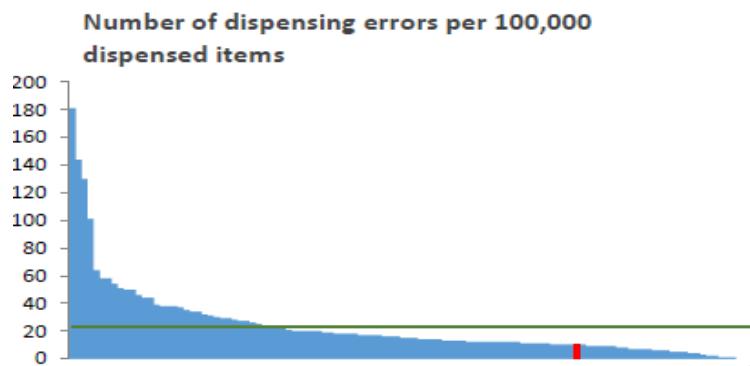
For 2017-18 the Trust reported one medication category *Never Event* involving the unintentional administration of local anaesthetic via the intravenous route. This is compared with zero medication related *Never Events* in 2016-17 and one in 2015-16.

There has been a 'wrong site surgery' *Never Event* which involved the injection of botulinum toxin in to the wrong leg. The Medicines Safety Group contributed to the review of this incident to ensure that medication processes were considered alongside procedural processes.

A number of medication-related NHSI Patient Safety Alerts have been issued in 2017-18:

Patient Safety Alert	Status
Resources to support girls and women who are being treated with valproate	Action complete
Risk of severe harm from infusing total parenteral nutrition too rapidly in babies	Action plan complete
Resources to support safe transition from the Luer connector to NRFit™ for intrathecal, regional & epidural procedures	In Process - Regional and intrathecal actions are complete. Timeline for epidural actions is subject to manufacturing/materials development from suppliers (i.e. beyond the control of Derby Teaching Hospitals)
Confirming removal or flushing of lines and cannulae after procedures	In process – NHSI deadline August 2018
Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders	Submission due 20/02/18

Junior doctor representatives have now been assigned to the Medicines Safety Group and the Patient Safety Committee. The Medicines Safety Officer has access to consult doctors via their monthly Junior Doctor Forum. A senior education pharmacist provides regular 'newsletter' e-mails for all prescribers on safe medicines practice. These focus on sharing learning from real prescribing incidents or near misses. Topics covered this year include: prescribing & communication of urgent medications; safe steroid prescribing; prescribing modified release medicines; other priority prescribing issues for insulin, oxygen and antibiotics.

Electronic Prescribing and Medicines Administration (ePMA)

All inpatient areas of RDH and LRCH have continued to use ePMA throughout 2017 with the exception of maternity and Intensive Care (ICU). The regular development of our existing ePMA system has become a mainstay of our aim to continually improve the quality of medication use in our hospitals. Configuration changes in 2017-18 included additional prompts for look-alike and sound-alike medications e.g. valaciclovir/valganciclovir & azathioprine/azithromycin. Updates are also regularly made to manage the safe introduction of new formulary agents or to manage medicines shortages e.g. the system was used to help manage brand-specific prescrbing of biosimilar enoxaparin (Inhixa) which was introduced due to a national supply failure with the existing brand (Clexane). Order sets continue to be developed to promote standardised practice where evidence supports this within a treatment pathway. A variety of reports from the ePMA system are continuously utilised to improve the quality of medicines use for antimicrobial therapy, anticoagulation and inpatient cytotoxic medication. Utilising the information within ePMA to help identify and reduce the omission of critical medicines remains a key aim.

A major focus in 2017-18 has been to prepare for the implementation of a new trust-wide prescribing system. Lorenzo ePMA is being implemented in partnership with the software manufacturer and NHS digital and provides opportunity to share experiences with fifteen other acute trusts. This level of NHS integration generates valuable intelligence on the safety and functionality of the new system in advance of local adoption. The ePMA team liaise with key clinicans, the Patient Safety Lead and the Medicines Safety Officer to review this information and agree action or developments to introduce Lorenzo ePMA safely in to the organisation. As one of our last areas using paper inpatient charts, the maternity service was selected as the first area to adopt this new system. The ePMA board will oversee the success of this implementation as we enter 2018/19, with a view to making a transition to Lorenzo for all other areas later in 2018/19.

The final inpatient area for introduction of an electronic prescribing system is the Intensive Care Unit. The ICU team are implementing a specific critical care medication module in 2018 as a planned extension following the successful instalment of ORBIS (which already accommodates electronic observations, clinical results, radiological images and provides integration with other devices and apparatus e.g. ventilators). ORBIS Medication is an ePMA module that is fully integrated with the existing ORBIS infrastructure and will also interface with'smart' infusion pumps.

A new electronic prescribing platform, Chemocare, has been successfully implemented within cancer and haematology specialties to facilitate safe outpatient/daycase prescribing and monitoring of chemotherapy, in accordance with requirements from NHS England.

Pharmacy Automation

Derby Teaching Hospitals commitment to make optimal use of technological advances is not only restricted to prescribing and administration. The pharmacy department have installed two automated solutions in 2017-18 to support the safe and efficient supply of medication for our patients. In September 2017, an **Omnicell** controlled drug cabinet was installed within pharmacy, utilising finger-print technology and allowing CD records to be generated electronically. In December 2017, a replacement dispensary robot was installed which will retrieve ('pick') the majority of all dispensed inpatient items via an interface with our existing stock/label management system. This supports the inpatient pharmacy's 24/7 provision, which is delivered 365 days a year, and helps to maintain our accurate dispensing standards compared with comparator organisations.

3.2   Reduction of Avoidable Pressure Ulcers with Harm

It is nationally recognised that the incidence of pressure ulcers is a key quality indicator and that 80-95% of these are deemed preventable or avoidable. Pressure ulcers are painful and distressing for the patient, and require increased support and input to the patient from a health care perspective. The Trust continues to participate in national and local initiatives to reduce the number of pressure ulcers aquired in the hospital. The numbers of patients with pressure ulcers are monitored through the prevalence and incident reporting systems within theTrust.

The Trust takes a zero tolerance stance to acquired avoidable pressure ulcers, and continues to strive to achieve this. The Trust continues to review and change practice in light of learning from investigations and in relation to key local and national pressure ulcer prevention standards. The culture and positive attitudes towards prevention has become the norm in the majority of areas and this is evidenced by increased vigilance and reporting of pressure ulcers to sites of the body not previously reported, i.e. over the ears, the bridge of the nose, due to oxgen tubing and under plaster casts.

The Patient Safety Thermometer measures prevalence rates in pressure ulcers nationally. The total pressure ulcers prevalence for DTHFT (including all grades of admitted and acquired pressure ulcers in the acute trust) compares favourably against the performance range regionally and nationally.

The graph below represents the prevalence of all pressure ulcers and demonstrates a slow but steady fall in the rate of pressure ulcers overall with a static rate for newly acquired pressure ulcers.
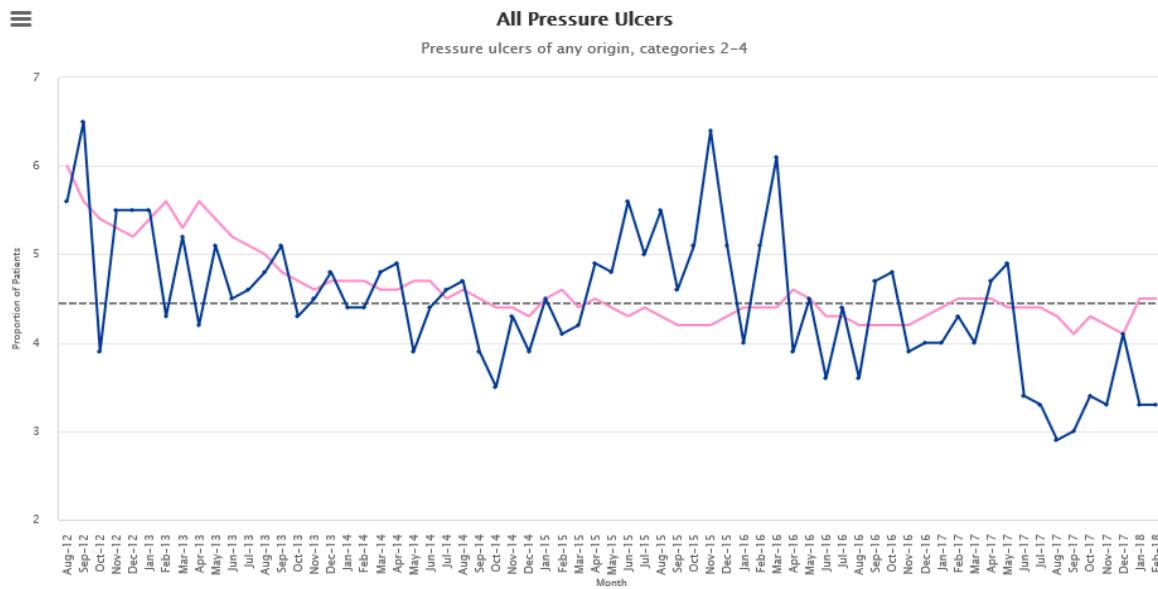
All Pressure Ulcers
Pressure ulcers of any origin, categories 2–4

Source: National Patient Safety Thermometer Data
The red line indicate the national average prevelance and the blue line indicates DTHFT prevelance.
This is the most up to date information at the time of this report

New Pressure Ulcers
Pressure ulcers of new origin, categories 2–4
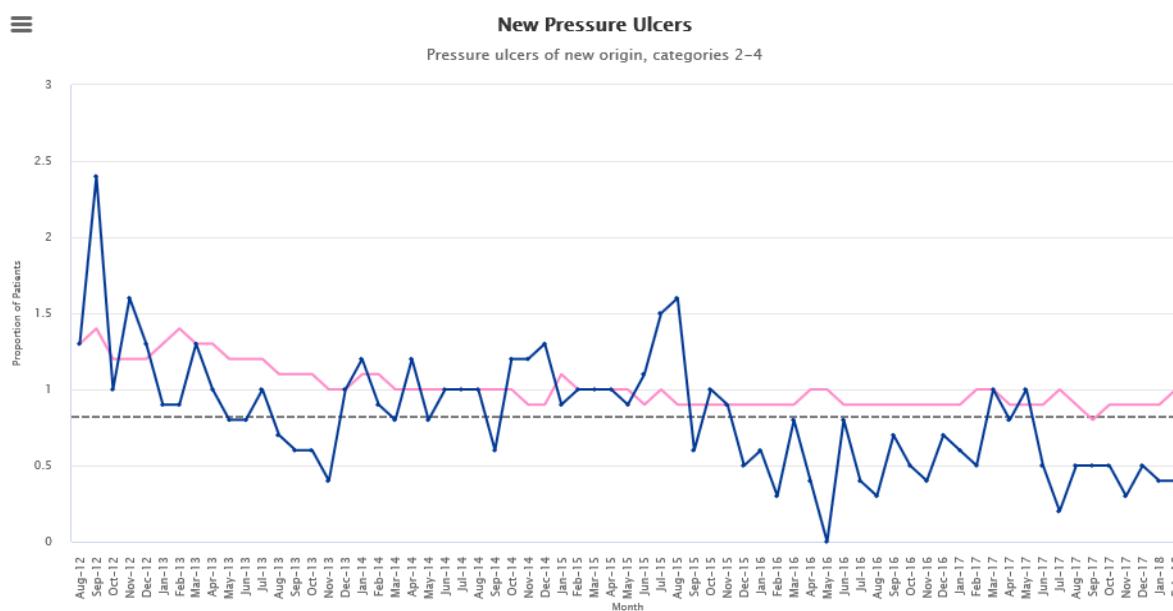
Source: National Patient Safety Thermometer Data
The red line indicate the national average prevelance and the blue line indicates DTHFT prevelance.
This is the most up to date information at the time of this report

DTHFT actual incident data per 1000 bed days, of all reported hospital acquired grade 3 and 4 pressure ulcers also continues to fall.

All grade 3 and 4 Pressure Ulcers per 1000 bed days
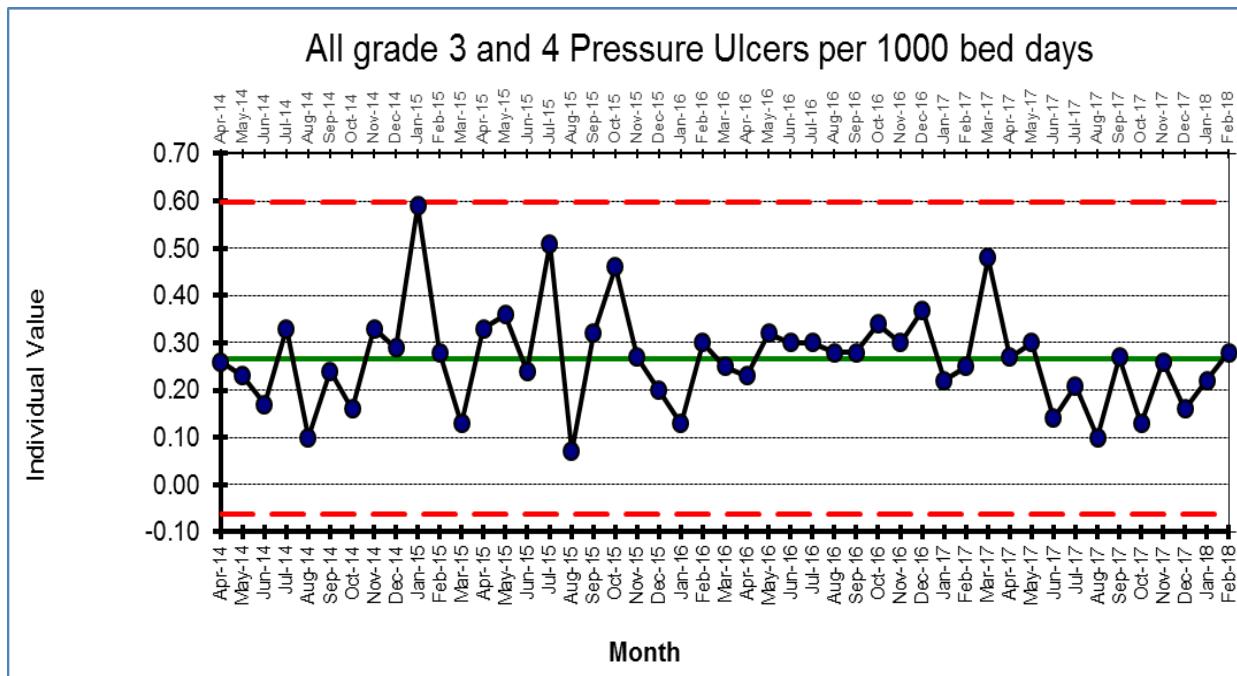
Source: Trust's own data

The confirmed avoidable grade 3 pressure ulcers by 1000 bed days, is now a mean average of 0.08 per month:

Avoidable grade 3 and 4 Pressure Ulcers per 1000 bed days
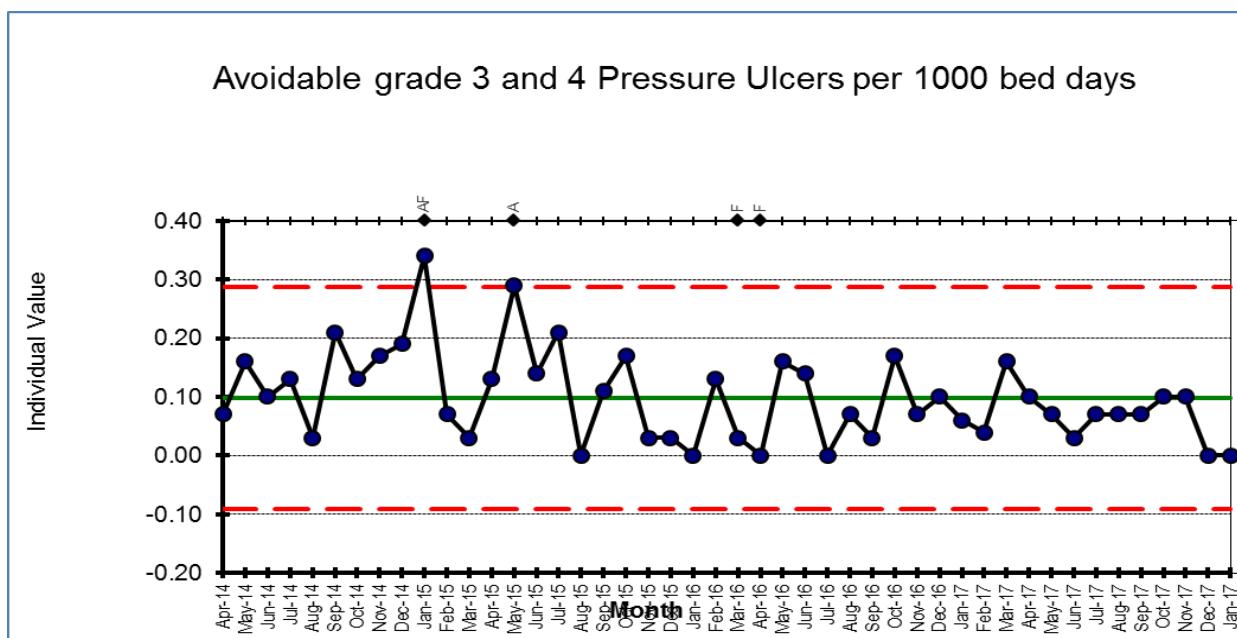
Over the last 12 months there have been changes to the Trust Pressure Ulcer Prevention care pathway which incorporates red, amber and green (RAG) care plan categories this was introduced to assist the decision making process whilst still allowing clinical judgement. These changes have been well received and are now well embedded.

Educationally the Pressure Ulcer Prevention training is now an ELearning package (from Jan 2018) this allowed face to face training time for wound management. The need for wound management training came out of root cause analysis thematic review which identified this as an area which was lacking.

Analysis of the thematic review 2016-2017 identified medical device related injuries as a contributory factor in the rise of reported pressure ulcer incidents. A task and finish group was brought together in March 2017 in order to scope out what the issues were. It was determined that communication; particularly with splints and plaster related harms, was an issue between the wards and the outpatient departments, this has been addressed by a daily outpatient appointment check by the wards to ensure no appointments are being missed. Other measures have been to increase training and awareness particularly among the medical and nursing staff in areas where casts are applied. As a result of this there has been significant fall in the numbers medical device related harms associated with casts and splints.

NHS improvement began a national pressure ulcer collaborative in October 2017, following the re-launch of Stop the Pressure nationwide. DTHFT were part of the initial collaborative work in 2012 and introduced significant measures to reduce our incident rate, which are now well embedded. As part of this collaborative work a project to establish what interventions have the most effect at reducing hospital acquired grade 2 pressure ulcers was begun in January 2018. A pilot project began to compare Moisture V Pressure training (empowering staff to determine the actual cause of damage) with Turn Clocks (to act as a visual aid for repositioning times). Early indications are that a significant number of moisture lesions (skin erosion caused by moisture and friction) are miss-reported as pressure damage. This can lead to inappropriate interventions for the patient.

3.3   The Deteriorating Patient

Patientrack 2016-17
During 2017 work has continued embedding e-observations in Patientrack across the Trust and taking e-observations to ACW, Surgical DCU and Ward 101. Work has also been carried out to improve compliance which is reported bi-monthly to the Patient Safety Committee, from the graph below it is evident that missed observations have decreased steadily over the two years particularly when scoring NEWS 5 and above. Work is on-going to improve further still.
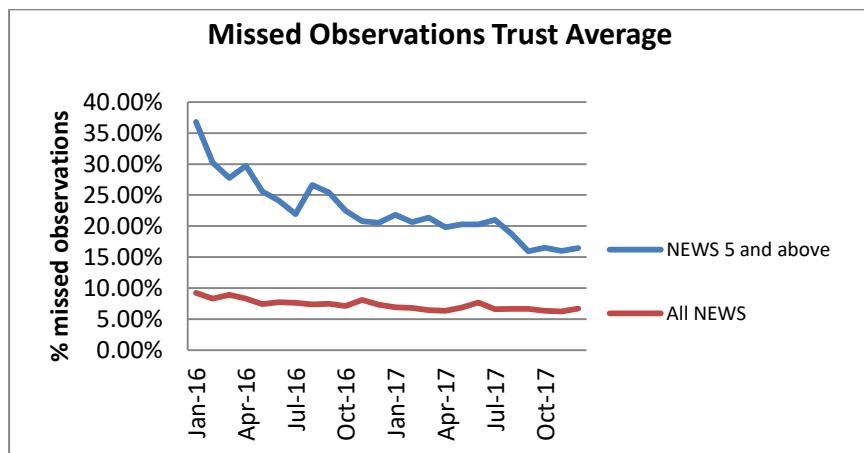
Further development has been concentrated in various bedside assessments this year including the Sepsis screening tool and Sepsis 6 care bundle documentation. The tool will be ready to pilot in the coming year.

One main issue has been around the availability of hardware so the IT hardware team have been working to improve security and charging of mobile devices. At present there are wall mounted brackets being trialled which have improved the situation on the 2 wards, staff now have readily available and reliable equipment. This is essential as we move more assessments into Patientrack.

There is also on-going work to improve the visibility of the deteriorating patient by using dedicated screens to display "My Views". From this the ward teams can see at a glance where the sick patients are and if observations are due. From the pilot areas there is evidence that these have improved compliance in monitoring.

% Missed Observations for NEWS 5 and above - Dedicated screens pilot wards
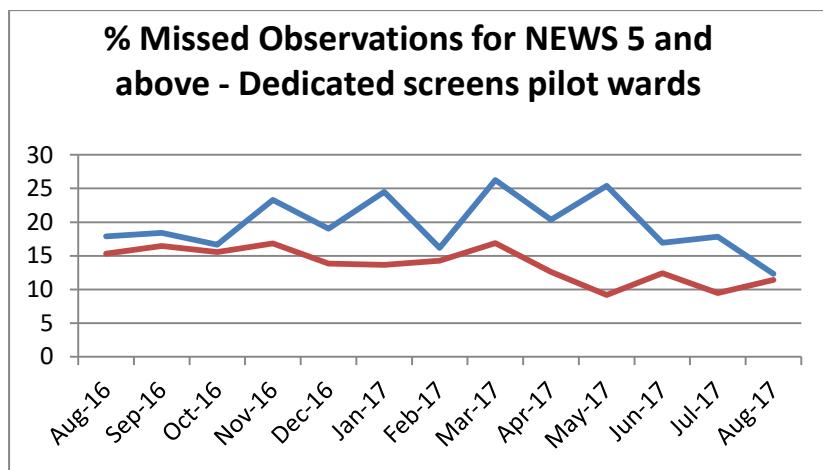
Cardiac arrests

The benchmarked graph below from the National Cardiac Arrest Audit (NCAA) shows the number cardiac arrests per 1000 admissions (April 2012-Sept 2017). There has been a noticeable decrease of cardiac arrest per 1000 admissions during 2017.

Rate of cardiac arrests attended by the team per 1000 hospital admissions - trended

See section 5 'Activity' and heading 'Cardiac arrests attended by the team'.
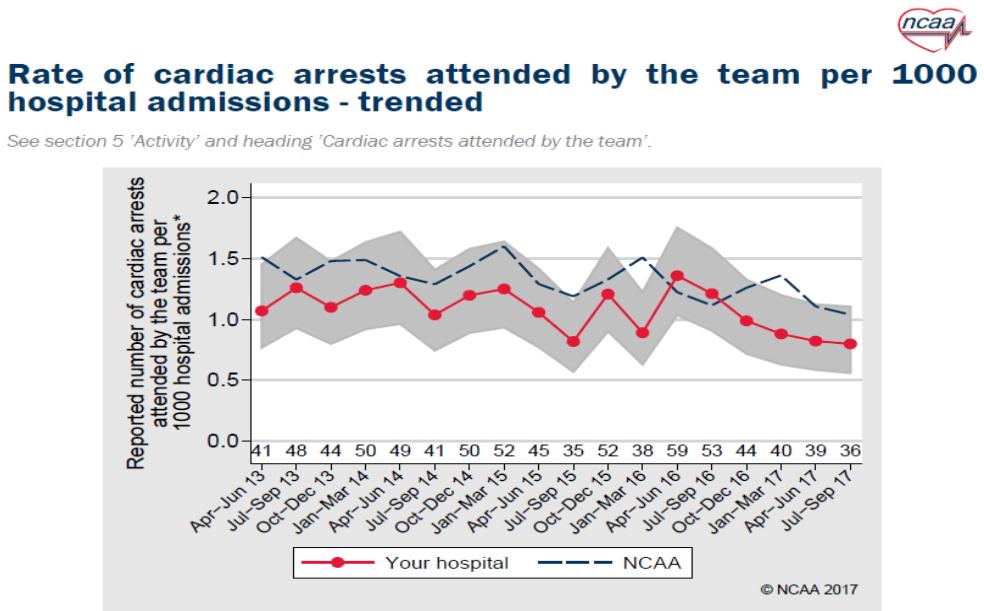
*Total includes elective, non-elective, and day cases (excludes babies born in your hospital and neonates)

The graph below, also from the most recent NCAA report, quarter 2, 2017-18 shows overall benchmarking of the Royal Derby Hospital. The number of cardiac arreest per 1000 for this period places RDH in a positive position, our survival to patient discharge percentage is also high at 32.4%, which is significantly higher compared to the same period last year, 18.1%. Retrospective reviews of cardiac arrests continue to be undertaken to identify issues in escalation of care and approprietness of Cardio-pulmary Resuscitation (CPR) as a treatment.

Rate of in-hospital cardiac arrests

The following graph presents the reported number of in-hospital cardiac arrests attended by the team (i.e. pre-hospital arrests are excluded) per 1,000 hospital admissions for adult, acute hospitals in NCAA.
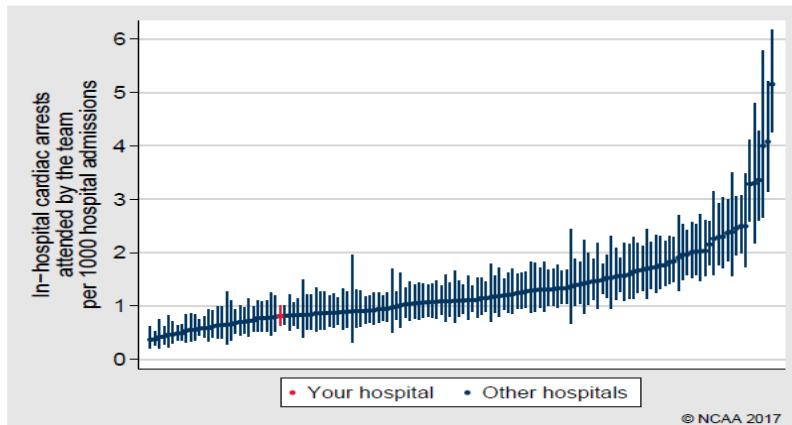
3.4 Allied Health Professionals

Radiography
Radiography have developed a pathway which ensures all necessary information regarding an individual patients care is provided at their first attendance to Radiology. This ensures the patient knows exactly what is going to be happening to them and when. Radiology are also providing a same day test service e.g. patient able to undergo DEXA scan on the same day it has been requested during their outpatient consultation.

Dietetics
The Dietetic Department are getting involved in using new technologies to help support patient care. In Diabetes they are working with the Flash Glucose monitors in the management of blood sugar levels. This allows the recording of blood sugar levels on a very regular basis, even during the night. This should lead to much better control.

Weekly dietary goal setting, text messaging is also being used with the Bariatric patients. This provides the patient with information on tips and strategies they can use to lose weight, in between their hospital appointments. This should increase motivation and ultimately improve weight loss.

Nutrition & Hydration
The group have continued to work on their action plan over the last 12 months. The Nutrition Nurses successfully introduced a new enteral tubing connection system, which has been specifically designed to prevent mis-connections and ensure that only enteral nutrition can be delivered through enteral nutrition delivery systems. The ENFit™ system is incompatible with non enteral delivery systems such as IV, hereby enhancing safety and reducing complexity.

The group has worked with IT to have the nutrition icon on FLO (apple). Work is continuing to develop information behind this icon specifically related to nutrition & hydration. Work continues on protected mealtimes. This has been given a new name "Perfect Dining" and is due to be re-launched during Nutrition & Hydration week in March 18.

Education and training on basic nutrition and hydration for all staff has been a topic of conversation for a long while. The group are now looking at having a Trust e-learning package on MUST training for all registered nursing staff to complete as part of their induction. They will also be developing some training that will be Essential to Role and form part of the "One-stop-shop" sessions.

The Trust has funded the printing of a leaflet "British Dietetic Association Food Fact Sheet on Malnutrition" for use across the organisation. It is designed to inform the general public (patients and carers) on how to identify malnutrition and what first line steps can be taken to help treat it.

The Trust will be adopting the International Dysphagia Descriptors for fluids in April 2018.

3.5   Dementia Framework.

We continue to work towards the key milestones outlined in the five year framework, we are currently in year three of the framework.

The framework focuses on four areas:
- Excellence in assessment, treatment and care through safe, co-ordinated pathways leading to timely diagnosis, assessment and referral underpinned by a person-centred philosophy of care.
- An appropriately skilled workforce who are competent and confident to provide up to date, knowledgeable care to patients with dementia and support for their relatives or carers.
- Positive patient and carer experience that listens to comments and feedback about our care, level of support and service.
- Dementia friendly environments of care designed to enhance the patient experience.

Excellence in assessment, treatment and care

The Trust's clinical lead for dementia is currently developing an inpatient and outpatient pathway for people with dementia coming into the hospital, some elements of this pathway is currently being piloted on some wards in the trust and some elements of the pathway are still being developed which include developing a dedicated care plan for patients with dementia.

The "All About Me" personalisation document is currently being reviewed after the results from the 2017 dementia audit highlighted some areas that needed to be included, the new document is currently being piloted in many wards across both sites of the trust. The new document will continue to be used in conjunction with the Sharing Care document that has been recently introduced to encourage improved partnerships between ward staff and relatives and carers when planning care and treatment.

The work carried out to improve the way in which we identify patients with dementia once they are in the hospital is now embedded in the trust, pateints with dementia wear a wrist band with the national forget me not logo on to identify to staff that the patient has dementia, also a dementia icon is automatically uploaded onto the whiteboard system for all patients who are over the age of 75 to ensure stafff complete the dementia screening assessment on these patients, for those who have dementia the icon stays on the whiteboard for recognition of their diagnosis. There are also stickers which can be placed in the medical notes to identify the patient has dementia.

As a trust we are taking part in a national project around enhanced supervision. The project will look at us making changes and improvements to the supervision bundle which will ensure our confused patients are keep safe. A team of staff will work on this project to make adjustments to improve the patient experience.

Appropriately Skilled Workforce

Dementia awareness is now mandatory for all new staff as part of their induction, trust staff who haven't completed it will be able to access the training as part of the one stop shops, compliance currently sits at 87%. A higher level of dementia education 'Feelings matter in hospital' is being introduced for staff in key areas and is being rolled out by our inhouse trainers in April. The Trust pledged to the Alzheimer's Society Dementia Friends initiative and our target was to create 500 new friends last year which we achieved and beyond. Our next challenge is to make every new member of staff starting in the trust a dementia friend.

Dementia key workers

Within the DME Wards we have established the Dementia Key Workers on both sites where they remain central to being able to understand from carers and family members small, but significant, pieces of information about our patients, that will help support their recovery.

An example of this from one of the wards where the DKW was able to inform the medical team that the patients behaviour had changed significantly from the previous day, as a result, the medical team diagnosed a urinary tract infection and treatment was started immediately and the patient recovered and was able to go home.

They are also able to meet the needs of patients with dementia on some key wards. Their role is to enhance the care of our patients with cognitive impairment focusing on providing person-centred care through therapeutic activity. The Dementia Key Workers continue to act as role models for other staff on the ward through providing best practice dementia care. They continue to work closely with relatives and carers and our voluntary sector partners such as Making Space and Derbyshire Carers.

We have recently recruited further DKWs using a different style of recruiting, to ensure we were recruiting the right people into the role, this challenged them to devise a weekly activity diary for our patients which we were able to observe to see how creative they were to help us keep our patients stimulated and distract them when they become agitated. We then observed them interacting with patients on the wards so we could ensure they had a good rapport with our patients, this was then followed with a series of questions around why they were suitable for the role and what they could bring to the role to enhance our patients care.

The new DKWs will be provided with an induction programme to support them in their new role to ensure they are able to provide high quality care to our patients. Those staff currently in post are supported by clinical supervision each month, which gives them an opportunity for them to discuss any issues, problem solve the issues themselves so they feel empowered to make changes to improve the patient experience and ensure that the care they deliver is of high quality. It is also an opportunity for the DKW's to share their ideas with each other to improve the patient experience.

We encourage our DKW's to work closely with our patient's carers, the DKW's can sign post the carers to facilities in the trust for them and also to various support groups that are available to them upon discharge. The keyworkers are able to prevent escalation of behaviour in patients with dementia; there has been a reduction in the numbers of patients falls where they have injured themselves.

Positive Patient and Carer Experience

We are working in partnership with some of the local carers group to redesign the carers survey as completion and submission of the current survey is poor which would suggest improvements need to be made to the survey. The aim of the survey is for us to gain feedback on the care we deliver to make sure patients are receiving a high standard of care and there experience as a patient is a good one.

In collaboration with one of our voluntary sector partners the Dementia Lead nurse supported the creative carers based at Haven House in making a film around effective relationships between carers and health care professionals which was supported by the Trust's patient experience team. The film has been very well received and will be shared in various forums across Derbyshire.

John's Campaign was launched across the trust in November 2016 which enables relatives and carers of people with dementia to remain with their loved during their hospital stay. The room is avaialable for all inpatient ward areas. There is a dedicated carer's space, John's Room, which is there for carer's to stay in overnight or use during the day if they need a break from the ward environment. There are facilities for carers to use for bathing as well as kitchen facilities. We are going to be relaunching John's campaign during dementia action week in May 2018 as the facility has not been as well utilised in recent months,We also have 8 new recliner chairs available for wards to borrow to enable relatives or carers to sleep at the patient's bedside if they prefer.

The information hub across both sites continues to support our voluntary sector partners to hold weekly drop-in sessions for carers of patients with dementia as well as weekly information stands on the main corridor for patients, carers and staff to access.

Dementia Friendly Environments

Environmental changes have been made to some of the care of the elderly wards which have included toilet door signage, replacement of toilet seats and dementia friendly clocks. It has been agreed that any new works or developments will incorporate dementia friendly design principles.

We have started looking at our outpatient's departments to make all areas dementia friendly; this is a piece of work that will be ongoing over the next several months. There is already some evidence of good practice taking place in the trust, a visit to medical outpatients with the Senior Sister proved successful. The Senior Sister already has lots of ideas and things they do as a department make the patient experience a good one. They look at using different entrances for patients who would be distressed with the hustle and bustle of the main entrances, so they become less distressed, they use a quieter area for the patients to sit and the Doctor comes to them instead of them sitting in a main busy waiting room, they also try to ensure there is continuity by making sure they are greeted with the same staff including nurses and Doctors so there is some familiarity.

In the X-ray department there is work currently underway to make improvements for patients with dementia. We will be working with a patient with dementia and their carer to look at our various outpatients departments and look at what improvements can be made as well as looking at some of the good work that is being done in medical out patients and applying this to all outpatient areas across the trust.

National Dementia Audit

We have signed up for the national dementia audit which will be taking place from April 2018 onwards, we will be auditing a minimum of 50 patients notes and looking at various elements of care that we deliver to our patients which will help us make improvements in any areas that are highlighted as needing it.

3.6 Ensuring that Patients who are at the End of Life Receive the Most Appropriate Care

The Trust remains committed to providing high quality individualised care to patients and those who are important to them when a person is at the end of their life. Several innovative measures have been introduced over the last year with which to enhance the experience of patients and those important to them.

End of Life Care Toolkit – derbyshire.eolcare.uk

In response to the withdrawal of the Liverpool Care Pathway and the subsequent government report 'One Chance to Get it Right', the Trust worked collaboratively with partners across Derbyshire to develop a county-wide 'toolkit'. This was an on-line repository of information for professionals and patients formally launched in 2015-16. All health and social care professionals across Derbyshire are directed to this toolkit for their learning and information needs regarding end of life care. As well as an education resource, the toolkit has now become a hub for training and education where professionals of all grades and backgrounds can source e-learning, training workshops and create their own individual learning portfolio that can be used for continued professional development and revalidation.

Personalised care plan for care in the last days of life

The Personalised Care Plan for Patients in the Last Days of life is aligned with the Priorities for Care, One Chance to get it Right (LACDP 2014) and divided into 5 sections each headed with one of the Priorities for Care. For each of the priorities there are prompts to consider when planning care for a patient in the last days of life.The care plan is introduced on completion and endorsement of the Recognising Dying form by the named Consultant. In conjunction with this document, the patients family are provided with a Carers Comfort pack, to support relatives/carers whose loved one is in the last days/hours of life. The EoLC Team developed and delivered a training programme for registered nurses who then became responsible for training the other members of the ward team. The Care Plan is now used on all wards when caring for adult patients who are in the last days and hours of life. This innovative piece of work was published in the Nursing Times in 2016: Bussooa, K. and North, E. (2016) Personalised care plans in the last days of life. Nursing Times. London. September 2016.

Pop up Bedrooms for Patients in the Last Days /Hours of Life

Derby Teaching Hospitals are part of the Transforming End of Life Care in Acute Hospitals programme (NHS England 2015). One element of the programme is Achieving Quality Environment's for Care at the End of Life. The programme recognises that the physical environment can have a direct impact on the experience of care for people at the End of Life and on the memories of their carer's and families.

With this in mind The "Pop Up Bedroom" project was developed, an initiative to enhance the environment for patients who are in the last days or hours of life within the Trust through the use of pictorial images on a screen which can be used on a blank wall, mood lighting and a recliner chair for relatives who wish to stay overnight with their "loved one". These resources will also be shared with "Johns Campaign".

End of Life Care Volunteer Sitting Service

The End of Life Care Volunteer Sitting service was launched in October 2017. The service has a group of 8 Trust volunteers who have attended End of Life Care training and are on a weekly rota giving their availability to sit with a dying patient to enable their relatives to take a break from the bedside.

AMBER Care Bundle (ACB)

The AMBER Care Bundle encourages clinical teams to identify critically ill hospital patients whose recovery is uncertain and who are at risk of dying in the next one to two months and to set shared plans to address this uncertainty. This leads to better involvement of patients and their families in discussions about treatment and future care. The AMBER care bundle is now implemented within all appropriate inpatient wards across Derby Teaching Hospitals and activity suggests an average return of 100 patients each month who are supported successfully. Use of the tool is increasingly sustained in ward areas and continues to demonstrate a positive impact on patient care and decision making. Derby Teaching Hospitals remains a national beacon of excellence for use of this tool.

Rapid Discharge Home to Die

Most patients say they would prefer to die at home, yet many die in hospitals. Since its introduction in April 2015 the Trust rapid discharge process allows patients in the last hours of life to be discharged to their own home/care home within four hours. This is a coordinated apporach between the ward team, GP, district nurse and Coroner as required. The process is quality monitored by the End of Life Team has been used succesfully for 20 patients to date.

Trust-wide Education

With direction from the End of Life Team the department of palliative medicine are delivering training to key staff within the trust and across the Southern Derbyshire community. This training programme began in April 2016 and is based upon an East Midlands wide training curriculum.

There are 5 key elements to this training:
- Trust Approach to End of Life Care
- Recognising Dying
- Symptom Management
- Care planning
- Communication skills Level 1 (using the SAGE & THYME model of training)

Training in both the Trust and the community is specifically aimed at those staff that have frequent contact with patients at the end of life. The current training figures for the Trust are:

Trust Approach to care at the end of life: 1373 (73%)
Recognising dying: 508 (57%)
Symptom Management: 492 (55%)
Care planning in the last days of life: 624 (70%)
Communication skills: 364 (41%)

The figure in brackets indicates the % of current target staff that have been trained in each subject. Target staff are defined as those staff who are regularly involved in care of the patient in the last year of life and those important to them.

Training in the community focuses on the same core topics with 923 professionals trained in the last year. Additional training opportunities delivered in the community include syringe driver management and the Macmillan Foundations in Palliative Care Course.

Training in all settings supports the improvement of the quality of end of life care and this is measured through demonstrable standards. Where areas are able to demonstrate attendance at training and the meeting of these standards they are able to apply for an End of Life Quality award. This is achieved through an accreditation process led by the End of Life facilitators. In the community 19 care homes have achieved this award. In the Trust, 4 ward areas have now achieved this – the Nightingale Macmillan Unit, wd 301, 302, 409 and CCU. Medical staff are being assessed and notes audited through mortality reviews and assessments carried out by Palliative Medicine Consultants. Wards continue to be encouraged to apply for accreditation and work towards these standards of best practice.

Enhanced Nursing Home Beds for Palliative Care (Enhanced Beds)
The Enhanced Beds were originally a project to support patients approaching the end of life who face a crisis or deterioration at home and would prefer not to be admitted to the acute hospital. It offers a short term stay in a dedicated nursing home bed as an alternative to this admission. During the stay the patient and those important to them are reassessed and provided with nursing care and symptom management whilst working to understand the cause of the crisis. This service has evolved to now offer 'roaming' beds that can be provided in a nursing home of a persons choice, vastly improving patient choice and access to the service. The team provides 9 fixed beds across Southern Derbyshire in addition to these newer beds. The service has supported over 500 patients to date and has avoided hospitalisation for 96% of referrals.

Introduction of Development posts for Nurse Specialists in Palliative Care
Maintaining a sustainable, specialised workforce is a considerable challenge within Palliative Medicine. Within the department we have recognised the potential to lose considerable experience and knowledge in our clinical nurse specialist teams through retirement and changes in role over the next few years. In order to combat this we were able to recruit three development nurses in April 2016. These nurses rotated through all areas of our Palliative medicine department over 18 months spending 6 months in each area. During this time they undertook clinical practice and were expected to build a portfolio of competencies and knowledge. The main aim being that at the end of this training and development programme we will have developed clinical experts for the future. Recognising the changing face of our local population we have purposefully recruited staff with interest in non-malignant disease and experience of caring for minority groups. This will ensure we have the skills in future to support all patient needs. To date all three of these nurses have successfully obtained clinical nurse specialist posts. A further nurse is in post until March 2019.

Electronic alerts for patient admission
The department aims to support the quality of patient care through management of their symptoms but also supporting their preferences for care. The majority of people would choose to receive more of their care, and eventually die in a home environment. Repeat hospital admissions and prolonged length of hospital stay threaten this aim. Through a review of patient experience the hospital palliative care team identified a number of patients known to their service who are not re-referred following repeat admission, and this patients were increasingly likely to die within the Trust. These patients also experienced an average length of hospital stay of 17 days. Through the introduction of an electronic alert system the team are tackling this. The alert is triggered at the point of emergency admission sending an email to the team. The team can then contact the admissions area, give a history of the patient, their preferences and goals and offer support where needed. The introduction of this system has reduced the average length of stay for this group from 17 days to 7 days.

The development of electronic alerts, the end of life toolkit and the Enhanced Beds service have all been recognised nationally as examples of best practice and will be presented at the national Association of Palliative Medicine conference in Spring 2018.

3.7   Duty of Candour

Duty of Candour (Regulation 20) is a statutory duty introduced following the Francis Inquiry. The regulation requires that providers are open and transparent with patients and their families. Specific requirements must be followed when things go wrong with care and treatment including informing people about the incident, providing reasonable support, providing truthful information and an apology. Work to improve the level of openness and transparency with patients has been underway in the Trust for some time. Whilst there has been good progress and evidence that staff apply the principles in the context of their relationships with patients, it is acknowledged that there is more still to do. A risk assessment has been undertaken in October 2017 and is registered as High on the Trust Risk Register.

The Corporate Risk team undertook a retrospective baseline review of Serious Incidents and Higher Level Internal Incidents to establish the level of progress being made with DOC. 92% of patients/families were informed of the incident and had initial duty of candour undertaken and approximately 50% had a final written letter and apology of which a number of those were not written within the time frame required.

The findings demonstrate that the Trust has greatly improved at informing patients and their families at the time of the incident. Practice improved over the course of the year, signalling that the additional awareness raising and staff training are beginning to make a difference.

There is a commitment to continue the improvements already made in applying DOC across the Trust and there is a business case underway to consider an additional resource to continue develop and implement a robust system for embedding the Duty of Candour and Being Open Framework across the Trust. work closely with Divisional teams through the pro-active management of incidents, mortality reviews, complaints Inquests and claims to which the statutory Duty of Candour applies. The post would have a significant training element to make the application of DOC more consistent throughout investigations, as well as being involved in discussions with patients and families to role model and improve the quality of conversations.

3.8 National Surveys 2017
Improving scores in National Surveys

In 2017-18, we have received reports for the following national surveys: A&E, Inpatients, Children's Inpatients & Day Cases, Cancer, and Maternity. Having reviewed all results, we have conducted analysis of trends of various themes to understand how we score against national scores and what themes we are improving on, and likewise what we could do better. The highlights are as follows:

- In the past three to four years, there have been steady improvements across the board in Communication and Information.
- The Trust scores consistently high on Privacy and Dignity, and Cleanliness and Hygiene.
- The number of questions overall in the bottom 20% of Trusts has remained low and has been dropping over recent years – specifically many questions on communication and information have gone from bottom 20% to either mid-range or top 20% of Trusts.
- Children's features the highest number of questions in the top 20% of Trusts.
- There have been considerable improvements on the Cancer survey across the last 3 years, particularly around communication and information; though when comparing various measures against other surveys, Cancer services ratings are considerably below other services (e.g. for quality of care).
- There have also been very big improvements in ratings of Facilities, and Food and Drink improved considerably between 2014 and 2015. While scores have improved and the Trust has sustained 2015 performance, the survey has suggested further focus in this area
- Unfortunately, we have been consistently in the bottom 20% on single-sex accommodation on the Inpatient survey (though most recent score was still high at 98%).
- Pain Management has historically scored low in the A&E survey, but made considerable improvements for 2016, rising up into the top 20% of Trusts, whilst Pain Management on other surveys reduced in the same period.
- We have also been consistently in the bottom 20% for Information provided by community midwives post-birth (specifically on contraception, emotional changes and the need to self-book for a GP post-natal check).

- Discharge Planning overall has been performing on average with other Trusts and improved between 2014 and 2015, but has unfortunately reduced in performance for 2016.
- The surveys present a mixed picture on Staff Behaviours, with ratings being highest in A&E and lowest in Cancer – further analysis of this will be conducted in conjunction with FFT surveys and Complaints and Concerns.
- For Timeliness, our performance has been on par with national averages, with the exception of waiting times in A&E, which has recently improved to be in the top 20%.

Through our surveys, we collect some demographic information to help us understand if we are delivering a good quality service to all, regardless of their gender, ethnicity, age or disability. Our data shows we have very similar ratings of patient experience from people of all backgrounds

However, in order to ensure we continue to be inclusive and provide good quality services to all, we recently developed an Inclusion Framework. Key actions from that to focus on inclusion and equality for patients and their carers are as follows:

- Develop an embedded approach to service developments that takes into consideration the needs of all patients from different backgrounds.
- Increase collection of demographic information on patient surveys to further understand how we can improve services for specific groups.
- Align services to any identified unmet needs of specific communities.
- Review and improve complaints and concerns reporting processes to ensure patients and carers of all backgrounds can raise their concerns fairly when they need to.

Priorities for 2018-19

- Continue to improve scores in FFT and national surveys
- Continuously review and improve reporting of patient feedback to improve data quality
- Focus on improvements to mealtimes and nutrition
- Continue to improve patient flow, reducing delayed discharges, and improving waiting times for beds
- Increase engagement of seldom-heard groups and new communities
- Ensure that the integration of services with Burton Hospitals does not negatively impact on patient experience

National Staff Survey 2017

A total of 3424 staff (42%) returned the 2017 national staff survey. This percentage figure puts us below the average for acute trusts in England (44%) but compares favourably with a response rate of 31% for the Trust in the 2016 survey.

The NHS Staff Survey is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input into local and national assessments of quality, safety, and delivery of the NHS Constitution.

The survey results are structured into 32 key findings which highlight how we compare nationally against our peer acute trusts. For 2017 the number of key findings for which the Trust is above average has increased from 13 in 2016 to 18 and the Trust's below average scores decreased from five in 2016 to two in 2017.

The Trust is in the best 20% nationally, compared to other acute trusts in England for:

- The staff engagement score
- Staff recommendation of the organisation as a place to work or receive treatment
- Agreeing their role makes a difference to patients/service users
- Staff believing the organisation provides equal opportunities for career progression/promotion
- Staff confidence and security in reporting unsafe clinical practice
- Staff satisfaction with resourcing and support

It is worth noting that staff recommendation of the Trust as a place to work or receive treatment scored 4.02 compared to an average acute score of 3.76 (out of 5).

Derby Teaching Hospitals is better than average compared to other acute trusts for 18 measures:
- Quality of appraisals
- Experiencing discrimination at work in the last 12 months
- Witnessing potentially harmful errors, near misses or incidents in the last month
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Feeling unwell due to work related stress in last 12 months
- Organisation and management interest in and action on health and wellbeing
- Satisfaction with the opportunities for flexible working patterns
- Percentage working extra hours
- Staff motivation at work
- Staff being able to contribute towards improvements at work
- Satisfaction with level of responsibility and involvement
- Recognition and value of staff by managers and the organisation
- Reporting good communication between senior management and staff
- Support from immediate managers
- Staff satisfaction with the quality of work and care they are able to deliver
- Experiencing harassment, bullying or abuse from patients, relatives or public in the last 12 months
- Experiencing harassment, bullying or abuse from staff in last 12 months
- Reporting most recent experience of harassment, bullying or abuse.

Opportunities and Challenges

From this 2017 survey the Trust has one measure in the bottom 20% nationally which is 'reporting errors, near misses or incidents in the last month', for which the Trust's 2017 score is 86% against an average of 90%. This is a key area which is being explored along with other measures, with focus groups and within various forums, and will be included in the Trust's action plan.

The Trust is worse than average for:
- Experiencing physical violence from patients, relatives or the public in the last 12 months
- Reporting the most recent experience of violence.

The following two measures have deteriorated from 2016:
- Able to contribute to improvements at work 71% (73% in 2016) but above national average of 70%
- Experiencing physical violence from staff in last 12 months 2% (1% in 2016) national average is 2%

Workforce Race Equality Standard

This year's report contains data required for the Workforce Race Equality Standard (WRES).The table below shows that the Trust's scores for colleagues experiencing harassment are better than the average experienced in acute trusts nationally. However, for white colleagues these figures have slightly increased (worsened) from the 2016 figures.

The figures are also higher than average and better than 2016 for belief in equal opportunities/career progression, although attention should be paid to the figure of 78% for BME staff believing in equal opportunities/career progression. Although this is higher (better) than average and the previous year, it is a cause for concern when compared to the figure for white colleagues.

The main area of concern is the figure of 14% for BME staff responders feeling that they have experienced discrimination at work, when compared to 6% for white colleagues

Question			DTHFT 2017	Average (median) for acute trusts	DTHFT 2016
KF25	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	26%	27%	24%
		BME	26%	28%	28%
KF26	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	23%	25%	22%
		BME	24%	27%	24%
KF21	% of staff believing that the organisation provides equal opportunities for career progression or promotion	White	91%	87%	90%
		BME	78%	75%	76%
Q17B	In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	7%	6%
		BME	14%	15%	12%

Analysis of the national staff survey results shows some positive strengths, including the Trust having five results in the top 20% of acute trusts in England. Importantly, these include recommending the Trust as a workplace and as a place of treatment, as well as staff engagement. Both of these key measures were also in the top 20% in 2015 and 2016.

Areas for action planning include further exploration of involving staff in contributing towards improvements, which forms part of the engagement score as a whole. Effective team working is another area to explore, as this is the Trust's five lowest scores. Other areas for further work include staff experiencing physical violence from staff and from patients/public, and staff reporting violence and errors/near misses/incidents witnessed. Staff feeling pressure to attend when unwell is a further area to explore.

These areas will be looked at through focus groups and within various forums, including the Patient Experience Committee and the Inclusion group, as well as by the Trust's Lead Ambassadors and the Staff Engagement Group.

This is a key area which is being explored along with other measures, with focus groups and within various forums, and will be included in the Trust's action plan.

For the full details please visit http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2017/

3.9 Improving accessibility and the environment for patients
The following have been done over the past year to improve the environment for our patients

- **Accessible Information Standards (AIS)** – as part of the national requirement to have all communications for patients in a range of formats to meet their individual needs, we are in the process of developing more accessible formats for appointment letters. We are planning to introduce Easy Read letters, Large Font versions, audio options, and we also already have letters available via email instead of paper.
- **Air Arts** – our partner charity Air Arts continues to implement improvements to the environment through art installations. Throughout the hospital, we have beautiful artwork, and many outdoor areas such as courtyards have sculptures. Outside Entrance 24, the bluebell sculpture is a particularly prominent feature and has been recognised nationally by being shortlisted for PENNA 2017.

- **360 Camera** - our audio-visual team have been filming areas of the hospital and specific patient pathways with 360° cameras which have been uploaded to our website for the public to access. There are two strands to this project – pathways such as maternity have been filmed from the point a patient would enter the department through the various stages of care with narration from a staff member about what will happen. The footage is also subtitled. The second strand in progress now is Google Streetview of the whole hospital sites – the public will be able to view in 360° format how to get into the hospital via various routes. We have already filmed and uploaded four key routes into the Royal Derby Hospital.

The links are below:
- Kings Treatment Centre: https://goo.gl/maps/ym2GBa9tPqq
- Maternity Entrance: https://goo.gl/maps/zysitNHwxGs
- Children's Hospital: https://goo.gl/maps/13TsrR3DE4R2
- Gynaecology Outpatients: https://goo.gl/maps/4FxosMsLntm
- Catheter Lab: https://goo.gl/maps/bgVLM3v2xnS2

3.10   Improving engagement of staff in patient experience

The Patient Experience Team launched recruiting Patient Experience Champions in April 2017 as part of our inaugural Patient Experience Week. Over 230 have now been recruited from across the Trust. The role has no specific remit and is instead open to staff as individuals to give as much or as little time as they want. The programme aims to connect the Patient Experience Team with teams on the ground more effectively. We believe the fact we have recruited such a large number in a short timescale against a backdrop of significant pressures is because our staff are really passionate about patient experience. We have held 3 workshops designed to share best practice ideas and help us define our priorities for improving patient experience in the future. They will also be considerably involved in our second Patient Experience Week in April 2018.

Furthermore, the introduction of Schwartz rounds has provided staff with a safe space to share their experiences. Each round has a different topic as the theme and is open to any staff to attend and share their stories. You can find out more about what Schwartz rounds are from the Point of Care Foundation here.

Our Patient Stories collection also invites staff to consider their experiences, and often staff will narrate stories from patients at meetings such as the Quality Committee and Trust Board. This demonstrates how well our staff connect with our patients and their personal stories.

Finally, another key initiative for engaging our staff is through the setup of a fund to implement their ideas for improving patient experience called the Go For It! Fund. We have had two rounds of applications in 2017-18 and have funded the following projects from a total of 12 applicants:

- Our Go For It! Fund officially launched on 23rd October; two applications were shortlisted at the end of December 2017 – one by two Respiratory Consultants regarding introducing voice amplifying devices to aid patients with hearing difficulties during consultations; and one by two Virology Nurse Specialists regarding introducing mobile test units (for viral hepatitis) in the community to reach vulnerable groups such as the homeless. As the judges were impressed with both applications, it was decided to fund both projects. Each project will receive around £1000 based on their cost estimates.
- Trial of digital voice enhancers for hard-of-hearing patients on respiratory wards
- Trial of providing a service for vulnerable homeless people for testing for infectious diseases

Further applications from staff for the fund will be received ahead of Patient Experience Week 2018 and winners will be announced on 27th April 2018.

3.11   Volunteers

2017/2018 has again been a very busy year for the Trusts Voluntary Services. The number of active volunteers giving up there time for both DTHFT sites is 403. 365 are based at the RDH and 38 at the LRCH, and between them they provide 39 voluntary roles to enhance our patients' experience. 2017 saw the introduction of two new roles which were the end of life sitters, and the introduction of the tandem scooter drivers based at the Kings Treatment Centre.

In 2018 the co-ordinators will commence a volunteer discharge driver role and will take patients home from the discharge lounge to their home address. The next role to recruit to is to support the new rehabilitation centre at the LRCH with volunteers. There is a meeting planned to develop the role specification.

Recruitment

The recruitment of volunteers is a lengthy task but the 1.60 WTE and 0.6 administration support undertake recruitment four times a year where approximately 15-20 people are taken on in various roles.

We currently have 194 expressions of interest from the local community to volunteer at the DTHFT; their details are kept on the volunteer's data base.

One big focus is based around the engagement of student volunteers. The team recruit 30 new Derby College students per academic year, and 70 mealtime students per academic year from local 6th forms. The voluntary services team carry out six student volunteer training days from September – December each year. The volunteer co-ordinators offer each new volunteer a new starter appointment where they go through all the required paperwork, issue uniforms, and talk about their role specifically.

Training

All volunteers are required to attend Trust Induction for information and mandatory training. Mandatory training has become increasingly difficult for volunteers over the last year due to the Trust Induction decreasing what is offered. The expectation is for the volunteers to attend one stop shops, which can be difficult due to them already giving up their time to volunteer, and the days and times that they volunteer. Fire training and Information Governance have been the main challenge; the team are working to address this and are improving the percentages required.

Value and Recognition

- Trust volunteers are represented at Trust Board level by a Non-Executive Director Mrs Patricia Coleman, who sits on the Board. This will change in April 2018 to Sir Stephen Moss.
- There were 64 dedicated volunteers who were awarded Long Service Awards event in 2017, awards ranged from 5 years up to 40 years. This event was attended by Trust volunteers, League of Friends Royal Derby, League of Friends London Road Community Hospital, League of Friends Children's Hospital, Friends of the Baby Unit, Chaplaincy, and sight support.
- Over 120 volunteers attended the volunteers Christmas lunch in 2017 which was held at the Hall Mark Hotel in Derby.
- During volunteers week over 120 volunteers attended the summer lunch and 30 volunteers enjoyed a tour of the hospital's helipad.
- In November 40 volunteers visited York Christmas Markets.
- The co-coordinators held eight breakfast meetings for the volunteers across both sites. The object of the meetings is to update the volunteers on Trust business, and take feedback form the volunteers with regard to any concerns they may have, this is then fed back to the Volunteer Liaison meeting if required.
- Volunteers can claim expenses for bus fares and mileage, and there are a number of car parking spaces that are offered to the volunteers.

Volunteer Demographics

Gender Categories — Men 141, 276 Women

RELIGION — Sikhism, Christianity, Hinduism, Islamic, Atheism, Buddhism, Other, No Disclos

Age Range — Age 16-18, Age 19-25, Age 26-30, Age 31-40, Age 41-50, Age 51-60, Age 61-70, Age 71-80, 81+

Disability — No, Yes
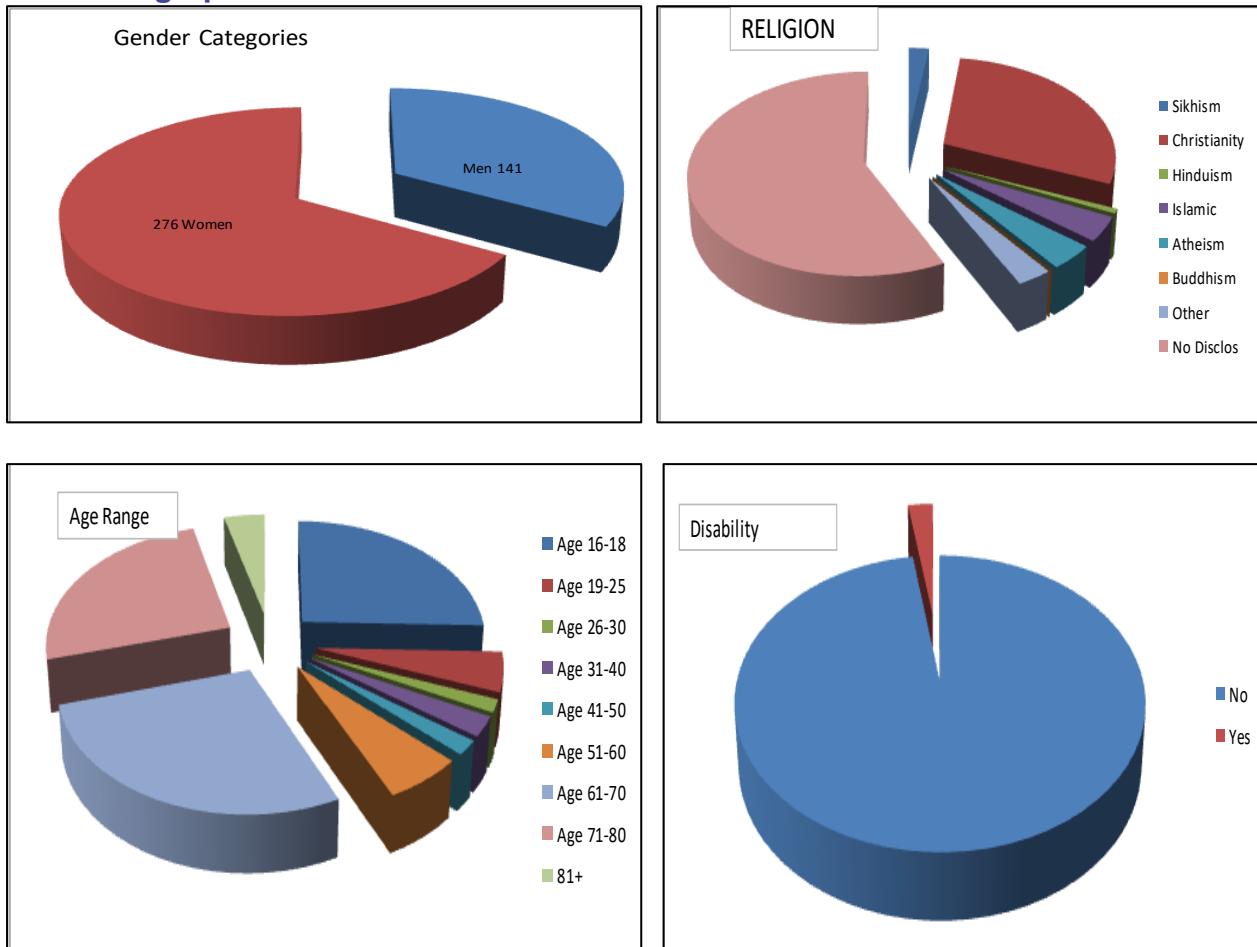
3.12   Falls

The Trust Falls Group has a multidisciplinary membership from across the Trust and Community and has seen the membership widen over the last six months to include Clinical Governance Facilitators and an ED consultant. The group meet monthly and have a live action log revised at each meeting. The Chair has commenced networking across the Midlands linking in with national projects which feed into the group to help inform our actions going forward.

The number of falls across the Trust is monitored by the Falls Group each month, and areas of an increased incidence are invited to attend the group. This allows the ward team the opportunity to discuss any specific challenges being faced and seek support or advice with the falls prevention. This is an important part of learning as a Trust and for the group to fully appreciate the different challenges the individual specialties face.

2017 welcomed the first Falls Conference which was extremely well evaluated, and there are already plans to undertake two more this year. Interestingly staff felt that the main reason for falls in their areas was around lying and standing blood pressure, and that they did not feel very confident in the taking of these readings. Independent patients who find themselves in hospital are in unfamiliar environments with larger than normal space to walk who are not feeling 100%. They are at more risk than they may realise and more education is needed to raise awareness without making people risk adverse.

In addition to this, Falls Week took place in October with the 'Take Acton Don't Fall' focus on self-help and prevention. Along with this there is a real drive by the group to make falls a real topic for all, as the data shows that 60% of inpatient falls are in those not at the highest risk of falling and postural hypotension could be a significant part of this.

Keeping the profile of falls prevention high is key to staff and patients thinking about how they could reduce the risk of a fall without removing independence. The work undertaken so far has seen a reduction in the numbers of falls with harm in the period from 25 in July to December 2016, to 18 in the same period in 2017. Overall there are fewer falls across the Trust which is good news for our patients, and the work being undertaken aims to continue supporting the downward trend.

3.12   Frail Elderly Assessment Team (FEAT)

The Frail Elderly Assessment Team remains fully implemented seven days a week providing Comprehensive Geriatric Assessment (CGA) across MAU, ED, and the short stay units. The team have extended their areas of work and are now also assessing patients on the surgical assessment unit presenting with abdominal pain

There has been a temporary investment in increased nursing staff in the team which has meant a nurse co-ordinator and therapist have been based in the ED. This has enabled all patients presenting to the ED to be screened and flagged for frailty. The number of patients assessed and discharged from the ED has increased as a result of this.

An electronic version of CGA has been in use since last year in the ED, Ward 101, and on SAU. Our patients here are now receiving a more comprehensive CGA including nutritional, continence, and mental health assessments. We are utilising the results from these assessments to complete onward referrals to dietetics and continence teams. Once the CGA has been completed it is scanned into e-casenotes and sent to the GP care coordinators. We are also referring any issues highlighted from our CGA onto the care coordinators for them to follow up in the community, thus closing the loop and improving care for our patients with frailty.

Moving forwards the plans are for the team to roll this out across MAU and the short stay wards. The longer term vision is for this to be utilised across the Trust so that all patients with frailty are receiving CGA.

Annex 1: Supporting Statements

Statement from Southern Derbyshire Clinical Commissioning Group

GENERAL COMMENTS

NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) is the co-ordinating commissioner for services provided by Derby Teaching Hospitals NHS Foundation Trust (DTHFT). Careful consideration has been given to the content and accuracy of the 2017-18 Quality Account to ensure it is in line with the national guidance. The information provided appears to be accurate and representative of the information available to the CCG through contract monitoring and quality assurance processes during the year.

MEASURING AND IMPROVING THE PERFORMANCE

The Quality Account describes the quality of services provided by DTHFT against national, regional and local standards as detailed within the NHS Standard Contract, the local quality schedule and the Commissioning for Quality and Innovation (CQUIN) scheme.

The Trust agreed six Clinical Quality and Innovation Measures (CQUIN) with the CCG in 2017-18 and has performed well against the majority of these to date. Specifically the Trust has seen good improvements in relation to sepsis screening and antibiotic administration, which has started to affect the Trust mortality rate for sepsis which has improved and should be commended.

In 2017-18, DTHFT outlined quality priorities for improvement over the year –

1. Patient Safety

The Trust did not achieve their target of no more than 53 Clostridium Difficile cases per year, ending the year with 67 cases. The Trust developed an internal trajectory for Clostridium Difficile infection lapses in care and unfortunately this trajectory has also not been achieved. This may be attributable to a global shortage of specific antibiotics however the Trust has worked hard to improve this position, reviewing every case and inviting NHS Improvement to review Trust policies which led to a green rating from the reviewers on the NHSI risk assessment tool. The CCG will continue to monitor progress closely and expect to see sustained improvements in 2018/19.

A maternity safety Improvement plan is in place to continually identify areas of safety and quality improvement in line with the Saving Babies Lives care bundle. Positive results have been demonstrated in improving care for mothers and babies through the implementation of the Neonatal Thermal care bundle and the implementation of the revised small for Gestational Age guideline.

There have been three reported Never Events in year and all reports have been agreed with commissioners. Following a never event learning is shared across the Trust to ensure staff are aware of incidents, findings, learning and actions to prevent recurrence.

2. Clinical Effectiveness

In 2017 the trust published their Learning from Death's policy, which has led to the use of the national Structured Judgement Review tool, and 25% of all deaths being reviewed every month, with higher level multi-disciplinary reviews being instigated as required. Improvement has been seen in the SHMI and HSMR results for the Trust, and the mortality committee continues to monitor learning from deaths and impact of changes.

The Derby Clinical Trials Support Unit has been successful in obtaining provisional registration to the UK Clinical Research Collaboration, this will provide assistance to investigators in conducting and publishing their trials and promote the ongoing development of the Trust's research culture for both medical and non medical clinical research.

3. Patient Experience

The overall number of formal complaints against the Trust has fallen in year and there has been a reduction in reopened complaints. There has also been a decrease in the number of cases received by the Health Service Ombudsman.

FFT scores have been maintained at 94% of patients surveyed recommending the Trust and the Trust is working with staff to increase the numbers of patients they survey and explore the development of electronic solutions to capture the responses.

In relation to staff support Schwartz rounds have been introduced and the feedback has been very positive. In the 2017 national staff survey the Trust had five results in the top 20% of Acute Trusts in England, relating to the Trust as a workplace and as a place of treatment as well as for staff engagement.

National targets continue to be monitored by the CCG with an emphasis on identifying any harm to patients as a result of non achievement. The Trust achieved 86.9% against the national 95% A&E target of four hours or less from arrival to admission, transfer or discharge, with the national average being 88.7%.

There has been a steady fall in the rates of pressure ulcers overall, but the rates of newly acquired pressure ulcers has remained fairly static. The CCG has seen evidence of significant work being undertaken with a thematic review identifying medical device related injuries as a contributory factor to pressure ulcer incidents. Communication between departments, training and awareness has been rolled out and a significant fall in medical device related harms associated with casts and splints has been seen.

Priorities for improvement for 2018/19 have been identified taking in to account the prospective merger with Burton Hospitals NHS Foundation Trust (BHFT) as they are key indicators within both DTHFT and BHFT quality strategies.

- Recognise patients who are clinically deteriorating and start appropriate treatment
- Continue to identify and then start treatment for all patients with sepsis
- Continue to identify, learn from and reduce preventable deaths
- Continue to identify unwarranted variations in clinical practice
- Create an environment where we continue to support our staff to protect our patients and feel free to report any patient safety concerns

ADDITIONAL COMMENTS

The Quality Account is an annual report to the public that aims to demonstrate that the Trust is assessing quality across the healthcare services provided.

The Trust has worked collaboratively with commissioners and all key stakeholders to ensure patients receive high quality care in the right care setting. NHS Southern Derbyshire Clinical Commissioning Group and associate commissioners look forward to continuing to work with the Trust to commission and deliver high quality patient care.

Jayne Stringfellow, Interim Chief Nurse & Director of Quality
On behalf of NHS Southern Derbyshire Clinical Commissioning Group

Statement from Healthwatch Derbyshire

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents when using health and social care services. We then use these experiences to help inform how local services are provided.

We gather experiences through a small team of Engagement Officers, supported by volunteers. We undertake both general engagement to hear about a variety of experiences and themed engagement to explore a particular topic in more detail. These themed engagement topics are then drawn together into reports, with recommendations and responses published on the Healthwatch Derbyshire website.

In terms of general feedback, this is sent to organisations regularly throughout the year to give an independent account of what is working well, and what could be improved. Organisations are encouraged by Healthwatch Derbyshire to respond to these comments so that we know when any changes have been made, and so that responses can be passed back to the person who spoke to Healthwatch. The Trust reply to these comments thoroughly and with rigour, setting out learning and next steps that will follow.

We have read the Quality Account for 2017-18 prepared by the Trust with interest. We have considered if and how the content reflects some of the topics which have emerged in the feedback that Healthwatch Derbyshire has collected during the past year.

Healthwatch Derbyshire welcomes the launch of the Customer Care Standards, as we are often told how important things like staff attitude and communication are to the patient experience. We are encouraged to see training and development in this area, with the aim of delivering the best possible patient experience.

Along similar lines, Healthwatch Derbyshire welcomes the Clinical Commissioning Group CQUIN around improving services for people with mental health needs who present to A&E. This is a theme that regularly appears in our patient feedback, so we welcome any initiative to help address this issue.

Healthwatch Derbyshire has also carried out a significant piece of work about dementia during this period, so we welcome the many service developments mentioned in the quality account linking to the five year framework.

Healthwatch also welcomes the measures taken as part of the Accessible Information Standards. We have conducted mock outpatient visits to test appointment letters available in different formats, and look forward to presenting our feedback to the Trust to help them develop and implement this piece of work.

Helen Henderson- Spoors
Intelligence and Insight Manager

Statement from Healthwatch Derby

We would like to congratulate the Trust and all staff on their dedicated service to Derby, and we take note of all your key achievements and efforts to make improvements.

Healthwatch Derby have worked in partnership over the last few years with the Trust, and are delighted to report that we continue to engage and feedback our findings on a regular basis which has helped improve patient experience and help the ongoing improvements program.

In the last year we have particularly been involved in the following:

- a detailed report into cancer services following extensive outreach at cancer wards
- Co hosted a workshop for cancer patients
- various Enter & Views into both Trust sites
- conducted detailed A&E, MAU, Discharge Lounge observations
- provided several detailed case studies
- provided annual trend analysis report
- engaged in Burton Derby merger events
- engaged in Patient Reference Group meetings
- escalated all serious concerns immediately to PALS
- attended local intelligence sharing meetings/teleconferences
- provided a forum for enhancing patient engagement via our IDEN platform

As the Trust prepares for a potential merger with Burton Trust, it is vital patient voices are kept at the heart of service realignments. We have successfully raised the need for additional public engagements for patients in Derby as well as other areas served by both Trusts.

It is pleasing to report this recommendation was taken on board and further public engagements in Derby city were held. We were also pleased to welcome the Trust CEO at our Board meeting to further discuss merger proposals and hear about patient led improvements that are being planned.

We hope to continue working positively with the Trust, and hope that patient feedback will feature significantly in the service realignments planned for the year ahead. Healthwatch Derby will continue to monitor Trust services and feedback local intelligence directly to Trust leads.

Samragi Madden
Quality Assurance & Engagement Manager

Statements from Derby City Council:

Derby City Council's Adults and Health Scrutiny Review Board

The Adults and Health Board has a wide remit to scrutinise and review both local authority and external services provided to residents in the City of Derby. The Board also has statutory health scrutiny responsibilities.

The remit of the Board includes providing governance assurance, monitoring performance, reviewing services and holding health related bodies to account. As part of its work, the Board strives to engage with external partners, including: Derby Teaching Hospitals NHS Trust; Southern Derbyshire Clinical Commissioning Group; East Midlands Ambulance Service; and Healthwatch Derby.

The Board is therefore pleased to provide a formal response in relation to the Derby Teaching Hospitals NHS Trust Quality Account Report 2017-2018.

The Board recognises that the Trust continues to operate in a challenging environment, with unprecedented demand for many services and continuing pressure on budgets. Nevertheless, we are pleased to see that the account continues to strive for improvement and to deliver effective services to patients.

The Board is encouraged to learn that the Trust has continued to make progress in reducing cases of hospital acquired infection, demonstrating an on-going commitment to patient safety. In particular, we note that the Trust is in the lowest quartile for sepsis mortality amongst its comparators.

It is also positive to see that the proposed priorities for improvement for 2018-19 aim to make further progress in this regard, as well as seeking to reduce preventable deaths, ensuring consistency in clinical practice and fostering a culture where employees are well supported.

Moreover, the Board recognises the wholesale package of measures introduced to improve End of Life Care, continuing to reflect the drive for higher standards following the Care Quality Commission's Planned Inspection in 2014, which identified the area as requiring improvement. In particular, innovative approaches to personalised care and improving the physical environment for patients in the last hours of life are to be commended.

It is recognised that staff wellbeing is an ongoing priority for the Trust. It is however with a degree of concern that the Board notes above average levels of employees who have experienced physical violence from members of the public.

Finally, the Board was also concerned to note the year-on-year deterioration in the percentage of accident and emergency patients seen within four hours, however recognises that this reflects national trends and wider pressures on the NHS.

As Chair of the Adults and Health Scrutiny Board, I would like to congratulate the Trust on its commitment to delivering high quality services to residents in Derby and the surrounding area.

The Board would also like to thank the Trust on the production of a detailed and transparent Quality Account, which demonstrates an honest reflection of the quality of services provided in the city. The identification of further key priorities for improvement will ensure the Trust continues to address its challenges and drive progress.

Councillor Jangir Khan
Chair of Derby City Council's Adults and Health Scrutiny Review Board

Derby City Council's Health and Wellbeing Board

On behalf of the Derby City Health and Well Being Board, Derby City Public Health acknowledges the progress that has been made during the period 2017-18, specifically the progress that has been made in reducing cases of hospital acquired infection, we note that the Trust is in the lowest quartile for sepsis mortality amongst its comparators. We commend the Trust's development of innovative approaches to personalised care and improving the physical environment for patients in the last hours of life, demonstrating an on-going commitment to patient safety. We note the year-on-year deterioration in the percentage of accident and emergency patients seen within four hours, however we recognise that this reflects national trends and wider pressures on the NHS. Going forward we are assured that the Trust will continue to work with partners across the system to support the clinical model for Derbyshire.

Kerry Hodges
Principal Public Health Manager

Statement from the Council of Governors of Derby Teaching Hospitals NHS Foundation Trust

During 2017-18 Governors have attended a varied range of groups within the Trust that look directly at specific areas of the patient experience such as nutrition and hydration, end of life care, infection control and dementia care. In addition governors are involved in groups that deal with topics not directly involved in patient care but nevertheless have an effect on it, for instance patient safety committee, education and training group and the complaints review group. Governors continue to sit as participant observers on the Trust board committees chaired by the Non Executive Directors i.e. the Audit Committee, Charitable Funds Committee, Finance and Investment Committee, People Committee and the Quality Committee.

This year Governors have also continued to be engaged in discussions at Council of Governors Meetings and additional meetings, some where the public have been invited to specifically to discuss the proposed merger with Burton Hospitals. Specific meetings have also been held with Burton Governors to review potential changes that will affect governors should the merger goes ahead. Many governors also attend the Health Information talks delivered regularly to the Trust membership on a variety of topics.

The Core Regulations Working Group, which is a sub-committee of the Council of Governors, continues to meet bi-monthly and carry out audits in clinical areas. This year for the first time the group met with our local lead for the Care Quality Commission (CQC) to discuss the role of the group in reviewing the quality of care delivered in the Trust and developments in the inspections undertaken by the CQC. At the regular time out sessions between the Quality Committee and the Core Regulations Group Governors have been updated on continued progress with CQC action plan and the review of the Trusts Quality Strategy that was relaunched this year. Accompanying the NEDs and members of the Board to Ward visits has continued to provide a platform for discussions with both senior and 'grass roots' staff in an informal setting on a range of subjects.

Annex 2: Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. NHS Imporvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017-18 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2017 to the date of this statement;
  - Papers relating to Quality reported to the Board over the period April 2017 to the date of this statement;
  - Feedback from NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) dated 11 April 2018;
  - Feedback from Derby Teaching Hospital NHS Foundation Trust's Council of Governors dated 09 April 2018;
  - Feedback from Healthwatch Derby dated 08 May 2018 and Healthwatch Derbyshire dated 26 April 2018;
  - Feedback from Overview & Scrutiny Committee dated 24 April 2018;
  - The Derby Teaching Hospitals NHS Foundation Trust's draft complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018;
  - The latest national patient survey 2017;
  - The latest national staff survey 2017;
  - The Head of Internal Audit's interim annual opinion of the Trust's control environment dated 17 May 2018.
  - CQC inspection report dated 03 February 2017.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

John Rivers, **Chairman**
24 May 2018

Gavin Boyle, **Chief Executive**
24 May 2018

Auditor's Opinion – Quality Report

Independent Auditors' Limited Assurance Report to the Council of Governors of Derby Teaching Hospital NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Derby Teaching Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Derby Teaching Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance (the "specified indicators") marked with the symbol Ⓐ in the Quality Report, consist of the following national priority indicators as mandated by Monitor (operating as NHS Improvement (NHSI)):

Specified Indicators	Specified indicators criteria (exact page number where criteria can be found)
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	Page 134
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	Page 135

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages 134 to 135 of the Quality Report as listed above (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the "Detailed requirements for quality reports for foundation trusts 2017/18" issued by NHSI.

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

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18";
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the FT ARM and the "Detailed requirements for external assurance for quality reports for foundation trusts 2017/18".

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18"; and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the financial year, April 2017 and up to the date of signing this limited assurance report (the period);
- Papers relating to quality report reported to the Board over the period April 2017 to the date of signing this limited assurance report;

- Feedback from the Commissioners NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) dated 11 April 2018;
- Feedback from Derby Teaching Hospital NHS Foundation Trust's Council of Governors dated 09 April 2018;
- Feedback from Healthwatch Derby dated 08 May 2018;
- Feedback from Healthwatch Derbyshire dated 26 April 2018;
- Feedback from Overview & Scrutiny Committee dated 24 April 2018;
- The Derby Teaching Hospitals NHS Foundation Trust's draft complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018;
- The latest national patient survey 2017;
- The latest national staff survey 2017;
- The Head of Internal Audit's interim annual opinion of the Trust's control environment dated 17 May 2018; and
- CQC inspection report dated 03 February 2017.

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

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

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

Assurance work performed

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

- reviewing the content of the Quality Report against the requirements of the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18";
- reviewing the Quality Report for consistency against the documents specified above;
- obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;

- based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;
- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and
- reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and "Detailed requirements for quality reports for foundation trusts 2017/18"and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by NHSI. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Derby Teaching Hospital NHS Foundation Trust.

Basis for Disclaimer of Conclusion – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

The 18 week indicator is calculated each month based on a snapshot of incomplete pathways and reported through the Unify2 portal. The data reported is subsequently updated by the Trust for any identified errors through a monthly validation process. The process is however not applied to the whole data set, as it focuses only on a limited sample of cases.

In our testing we found two instances of cases where the clock had not been stopped at the end of applicable month end. Therefore, some patients had been incorrectly reported within the indicator, until they were picked up by the validation team.

The Trust was not able to review and update the whole data set. Therefore, we were unable to access accurate and complete data to check the waiting period from referral to treatment reported across the year.

Basis for Disclaimer of Conclusion - Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

The Trust is required to report type 3 department performance within the indicator, but as the Trust does not have access to supporting records for these attendances we have been unable to confirm whether they have been correctly classified as seen within four hours or breaching the four hour target. Type 3 admissions represent 29% of total attendances in 2017/18.

In addition NHS England's definition for "the Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge" specifies that the clock start time for patients arriving by ambulance is when handover occurs, or 15 minutes after the ambulance arrives at A&E, whichever is earlier.

Although the Trust receives data from the Ambulance Trust on ambulance arrival times, due to issues with the completeness and accuracy of the data received, the Trust is unable to determine the ambulance arrival time (plus 15 minutes) for each patient arriving by ambulance. Consequently, the Trust has not been able to demonstrate that for 2017/18, applying a start clock using Ambulance Trust data would not impact on overall reported performance. Ambulance patients account for 26% of total attendances.

Disclaimer of conclusion

Because the data required to support the Incomplete Pathways indicator is not available, as described in the Basis for Disclaimer of Conclusion paragraph, we have not been able to form a conclusion on the incomplete pathways indicator.

Because the data required to support the A&E four hour wait indicator is not available, as described in the Basis for Disclaimer of Conclusion paragraph, we have not been able to form a conclusion on the A&E four hour wait indicator.

Nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the "Detailed requirements for quality reports for foundation trusts 2017/18"; and
- The Quality Report is not consistent in all material respects with the documents specified above;

Pricewaterhousecoopers LLP

PricewaterhouseCoopers LLP
Donington Court,
Castle Donington,
DE74 2UZ

Date: 29 May 2018.

The maintenance and integrity of the Derby Teaching Hospital NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Foreword to the Annual Accounts

Taking pride in caring

Foreword to the Accounts

Welcome to the Annual Accounts for Derby Teaching Hospitals NHS Foundation Trust for the year ended 31 March 2018[2]. The accounts include the consolidation of the Trusts subsidiary charity, Derby Hospitals Charity (charity no. 1061812) and the Trusts subsidiary company D-Hive (company no. 06982953), which includes the consolidation of its subsidiary company Clinicians Connected (company no. 10250431). D-Hive and Clinicians Connected are exempt from the requirements relating to the audit of accounts under section 479A of the Companies Act 2006. More information on all of the Trusts Subsidiaries can be found in note 17 on page 210.

The Year in Summary

It has been a challenging year financially for the Trust, after starting the year by agreeing with NHSI that we were unable to plan to achieve the £22.062m control total, inclusive of Sustainability and Transfomation Fund (STF), which had been set for the Trust. Unfortunately as a result of the this, the Trust was ineligable to receive up to £12.682m STF income during the year, which further worsened the financial position. The Trust did however plan to achieve a deficit outturn for the year of £42.043m which included £0.484m bonus funding from the STF relating to the financial performance of the Trust in 2016-17, gave the Trust a target of £41.559m.

In May many Public Sector organisations found themselves as front page news due to the Cyber Attack which saw some NHS bodies closing the doors to patients. Fortunately our systems were not directly affected by this thanks to the efforts of our IT department and staff across the Trust. It did however have a financial impact as we planned on how we can further improve our systems to remain as robust against cyber crime in the future. The Trust invested £0.300m of capital funding during the year as a direct response to the attacks in improving both hardware and software in use throughout our hospitals.

In July we received the news that £20m in national capital funding is to be provided for us to invest in redesigning our Emergency Department through the creation of an Urgent Care Village, at the front door of Royal Derby Hospital. Clinical leaders in the Trust are working to redesign our service model, but this will allow us to explore all the opportunities and to engage with our partners outside the Trust in primary and social care, mental health, the ambulance service and 'GP out of hours' services to see if we can use this opportunity to deliver our services in a more joined up way giving better care to those who need us in an emergency.

In September the third of the Trusts planned replacement Linear Accelerators was officially completed, putting an investment of over £1.6m per machine into the service. The Trust has a Managed Equipment Service with Althea Limited which covers the maintenance and replacement of many of the Trusts essential items of equipment. Due to limits on available capital funding, we would not be able to update many of our larger and more complex items of equipment without the partnership we have in place with Private companies like Althea. Not only have the Radiotherapy team managed the herculean task of replacing our Linear accelerators this year, but they have also managed to introduce innovative new services and roles, which is hugely impressive.

In December winter continued to impact on the Trust as demand rose for emergency treatment, putting real pressure on front line teams but I was as impressed as ever about how we managed this and kept our patients safe and delivered good care. This year has seen one of the most extended periods of increased demand due to winter pressures and in January NHS England advised all NHS providers to cancel all elective procedures in an attempt to 'free-up' bed space for the poorliest of patients. Although this action did go someway to improve the clinical position of the Trust, the financial impact was significant. Fixed costs associated with delivering the elective works, such as salaries for medical staff and theatre teams, remained a cost to the Trust, however the income from the Commissioners as payment for carrying out the procedures was lost. In total the Trust has felt an additional cost pressure of between £3m and £4m as a direct result of the postponement of elective treatments since the beginning of January.

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2 Prepared in accordance with paragraphs 24 and 25 of schedule 7 of the National Health Services Act 2006 in the form which the independent regulator of NHS Foundation Trusts (Monitor) has, with the approval of the Treasury, dictated.

In March we eagerly awaited the news surrounding our merger proposal; firstly we received the approval of the Competition and Markets Authority. Their job is to ensure that the merger did not result in any commercial advantage and subsequent loss of patient choice in the care patients receive. Following this NHSI met to consider the proposal. The feedback following this asked us to do further work, particularly in relation to the financial case underpinning the plan. They emphasised their strong support for the proposal and particularly the benefits for patients which they supported unequivocally in their own submission to the CMA. This meant that the merger couldn't take place on the 1st April as we'd planned. The aim is to do this work so the new organisation can be formed on either 1st June or 1st July.

Revenue Spending and Plan

The Trust agreed with NHSI that it was unable to submit a control total compliant plan this year and so was ineligible for Sustainability & Transformation Funding (STF). Receipt of STF is based on the achievement of both financial and non-financial targets. Had the Trust agreed to the Control Total it would have been eligible to receive up to £12.768m, dependent on the achievement of all required targets.

The Trust were informed early in the financial year that we were to receive £0.484m of additional STF bonus allocation from the 2016-17 fund. As a result of this, the 2017-18 planned deficit was reduced by this amount.

The final revenue outturn position, shown in the Statement of Comprehensive Income, has been reconciled to the Trusts plan in the following table. This also adjusts the position to show performance against the control total compliance measure.

	Group 2017-18			
	Control Total Compliance Target £m	**Trust Plan** £m	**Actual** £m	**Variance from Plan** £m
Annual Deficit	0.000	42.043		
Improved by 2016-17 Bonus STF	0.000	(0.484)		
Deficit on Continuing Operations	0.000	41.559	40.807	0.752
Less items not included in compliance calculation				
Consolidated Charitable Funds	0.000	0.000	(0.079)	0.079
Donated & Granted Asset Income	0.000	0.950	0.853	0.097
Donated Asset Depreciation	0.000	(1.392)	(1.187)	(0.205)
Trust Control Total (including STF)	9.380	41.117	40.394	0.723
Bonus STF Received in Year	0.000	0.484	0.484	0.000
STF Awarded in Year	12.682	0.000	0.000	0.000
Trust Control Total (excluding STF)	22.062	41.601	40.878	0.723

Income Received in Year

During the year the Trust generated income of £496.146m (£477.036m in 2016-17) from the provision of healthcare, principally to the people of Southern Derbyshire. Of that total £490.954m (£472.074m in 2016-17) was generated from NHS healthcare and £5.192m (£5.012m in 2016-17) from non-NHS healthcare (Private Patients and Overseas Patients).

In addition to healthcare income, the Trust generated other operating income of £45.084m (£61.281m in 2016-17), excluding the imact of the Trusts subsidiaries and charity. This income has been generated from a number of sources:

Private Patient Income

Derby Private Health is the Private Patient unit at the Royal Derby Hospital. Run by the Trust, all profits are reinvested into the NHS services, improving healthcare for everyone. We treat insured and self-paying patients.

	Trust Accounts	
	2017-18 £m	2016-17 £m
Education & Training	(27.741)	(28.324)
Research	(1.807)	(1.867)
Profit on Sale of Assets	(0.031)	(0.038)
Car Parking Income	(2.860)	(2.880)
Staff Car Parking	(1.076)	(1.039)
Recharges	(1.328)	(1.366)
Courses & Seminars	(1.279)	(1.206)
Awards Income	(0.797)	(0.772)
Donations	(0.853)	(0.917)
Pharmacy Sales	(0.525)	(0.444)
Staff Accomodation	(0.329)	(0.329)
STF Funding	(0.484)	(14.340)
Other Income	(5.974)	(7.759)
Other Operating Income	**(45.084)**	**(61.281)**

The income generated from Private Patients in the year was £3.723m which compared to £3.183m in 2016-17. This represented 0.750% of the total patient related income (0.667% in 2016-17).

More information about Derby Private Health can be found here: www.derbyprivatehealth.co.uk or by post:
Derby Private Health,
Royal Derby Hospital,
Uttoxeter Road,
Derby DE22 3NE
Telephone: 01332 785200
Or Email: info@derbyprivatehealth.co.uk

Overseas Income

People who live or work in another EEA country or countries with a reciprocal agreement get free NHS care using a European Health Insurance Card (EHIC) or similar issued by the country they live in. This means the NHS can reclaim healthcare costs from the original country of residence. The Trust receives payment for this treatment from the CCG as with ordinary residents.

People who live outside the EEA, including former UK residents, should make sure they are covered by personal health insurance, unless an exemption applies to them. Anyone who does not have insurance is charged at 150% of the NHS national tariff for any care they receive. They are personally invoiced for this care. Where appropriate, payment is obtained before discharge from the Trust.

During the year we recovered £0.161m from overseas patients (£0.115m in 2016-17). The Trust has put new measures in place to improve the effectiveness of overseas debt recovery, including the addition of two new roaming payment card machines to directly collect payment before a patient is discharged.

Capital Spending and Plan

The Trust began the year anticipating capital spending of £11.740m, across its three portfolio's. Funding included £4.651m loans supporting specific capital schemes, £1.093m external and charitable contributions and £5.996m general capital support funding.

The Trust did not receive confirmation of the approved 2017-18 capital plan until January 2018, however still achieved an outturn in line with plans.

We spent £0.300m of the total IT investment in response to the cyber attack carried out in May 2017. The Trust has upgraded both hardware and software to ensure we remain as robust to such an attack. £0.676m of the IT funding has been spent rolling out the Electronic Patient Record system throughout the Trust and plans are in place to continue this work into other areas such as theatres.

Enabling works attributed to the installation of replacement medical equipment covered by the Althea service amounted to £0.615m in the year. Other major schemes within the Estates portfolio included £0.350m increasing the performance of our generators and £0.255m improving fire stopping.

	Annual Plan £m	Actual £m	Variance £m	Lifetime Funds £m	Lifetime Actual £m
Business As Usual					
Estates	2.631	2.563	0.068		
Information Technology	1.404	1.464	(0.060)		
Medical Equipment	1.961	1.968	(0.007)		
Total Business as Usual	**5.996**	**5.995**	**0.001**		
Grant & Donation					
Estates	0.088	0.028	0.060		
Information Technology	0.227	0.160	0.067		
Medical Equipment	0.778	0.631	0.147		
Total Charitably Funded	**1.093**	**0.819**	**0.274**		
Specific Loan Funded					
DoH (Rehab Loan)	3.551	1.429	2.122	3.700	1.578
A&E Project	1.100	1.176	(0.076)	1.100	1.176
Total Specific Loans	**4.651**	**2.605**	**2.046**	**4.800**	**2.754**

The Rehabilitation and Physiotherapy moves, covered by the loan from the Department of Health, are ongoing and all unspent money as at the balance sheet date is anticipated to be spent in early 2018-19. The A&E funding represents the initial feasibility and planning stage of the £20m scheme planned to introduce a new Urgent Care Village. The minor overspend at this stage will be covered by the £20m funding allocation for the scheme.

Foreword to the Accounts

Derby Hospitals Charity

It makes us very proud to know that we are able to make such a difference to an individual at a time of great need; however it also makes us very grateful to the fundraisers and donors, without who none of this would be possible. This year has been another fantastic year for the Charity where we have raised £2.436m (£2.013m 2016-17) and have spent £2.771m (£3.025m 2015-16) in supporting the care and treatment of local patients.

Our brand new charity hub in the main entrance of the Royal Derby Hospital is now officially open!

The hub, opposite Marks and Spencer, is a new interactive focal point for Derby Hospitals Charity for fundraising, donations and general enquiries. Charity team staff will be on hand to discuss with visitors, patients and staff, how they can get involved in fundraising. The hub will be staffed Monday to Friday between 9am and 4pm.

We would like to say a big thank you to everyone that came along to the opening. We have lots of information in the new hub for everyone and we are inviting staff to come and say hello and pick up special information packs about how staff can support the charity.

Making a donation

If you would like to make a donation, please note that cheques should be made payable to "Derby Hospitals Charity" and sent to:
Derby Hospitals Charity,
Royal Derby Hospital,
Uttoxeter Road,
Derby
DE22 3NE
You can also donate on-line by clicking onto www.derbyhospitalscharity.org.uk

If you have any queries about making a donation, taking part in our fundraising events, organising a fundraising event yourself, leaving a gift in your will or any other area of the charity's work, please contact us on 01332 785731.

D-Hive Group

D-Hive group is our group of wholly owned subsidiary companies. We set up the companies to find alternative ways to procure equipment, supplies and services to the Trust and generate real savings across the NHS as a result. One of the things we do is to provide access to a portal containing details of overseas medical professionals looking to work in the United Kingdom. The company sells memberships to other organisations on an annual basis instead of the more traditional percentage based finders' fee associated with agency led recruitment activity. The subsidiarys within the group are exempt from the requirements relating to the audit of accounts under section 479A of the Companies Act 2006.

Overall benefit to the trust from the subsidiaries activities during the year was estimated as £0.685m (£0.156m in 2016-17).

Mr Gavin Boyle,
Chief Executive
24 May 2018

Auditor's Opinion –
Annual Accounts

Taking pride in caring

Independent Auditors' Report to the Council of Governors of Derby Teaching Hospitals NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion, Derby Teaching Hospitals NHS Foundation Trust's Group and Trust financial statements (the "financial statements"):

- give a true and fair view of the state of the Group's and Trust's affairs as at 31 March 2018 and of the Group's and Trust's income and expenditure and cash flows for the year then ended; and

- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2017/18.

We have audited the financial statements, included within the Annual Report and Accounts (the "Annual Report"), which comprise: the Group's and Trust's Statement of Financial Position as at 31 March 2018; the Group's and Trust's Statement of Comprehensive Income for the year then ended; the Group's and Trust's Statement of Cash Flows for the year then ended; the Group's and Trust's Statement of Changes in Taxpayers' Equity for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis for opinion

We conducted our audit in accordance with the National Health Service Act 2006, the Code of Audit Practice and relevant guidance issued by the National Audit Office on behalf of the Comptroller and Auditor General (the "Code of Audit Practice"), International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the Group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Material uncertainty relating to going concern

In forming our opinion on the financial statements, which is not modified, we have considered the adequacy of the disclosure made in the Annual Governance Statement and note 3 to the financial statements concerning the Group's and the Trust's ability to continue as a going concern.

Derby Teaching Hospitals NHS Foundation Trust is subject to enforcement action with Monitor (operating as NHS Improvement) concerning its financial stability. The Trust has continued to be reliant on external cash support from the Department of Health and forecasts that significant financial support will be required for the foreseeable future. These conditions, along with the other matters explained in the Annual Governance Statement and note 3 to the financial statements, indicate the existence of a material uncertainty which may cast significant doubt about the Group's and the Trust's ability to continue as a going concern. The financial statements do not include the adjustments that would result if the Group or the Trust were unable to continue as a going concern.

Explanation of material uncertainty

Derby Teaching Hospitals NHS Foundation Trust recorded a deficit on continuing operations in 2017/18 of £40.7 million, and is forecasting a deficit in 2018/19. Derby Teaching Hospitals NHS Foundation Trust has been reliant on external cash support from the Department of Health on a rolling monthly basis throughout 2017/18 and based on the long term financial plan, significant external financial support will be required for the foreseeable future.

We focused on whether Derby Teaching Hospitals NHS Foundation Trust was correct in preparing the financial statements on a going concern basis and also whether the disclosures in the Annual Report and the financial statements were sufficient for a user of the financial statements to clearly understand the reasons behind the underlying deficit and the impact on the future sustainability of Derby Teaching Hospitals NHS Foundation Trust.

What audit procedures we performed

The GAM confirms that "the accounts should be prepared on a going concern basis unless management either intends to apply to the Secretary of State for the dissolution of the NHS foundation trust without the transfer of the services to another entity, or has no realistic alternative but to do so."

At the date of our audit report, we concur with the directors' view that the going concern basis of accounting is an appropriate basis for the preparation of these financial statements; however we have performed the following procedures to assess the projections made by management:

- compared the Trust's historic CIP performance outturn against targeted savings and the stage of development of the 2018/19 CIP programme;
- considered the actions being taken by the Trust to improve its financial performance;
- obtained an understanding of the financial support available to the Trust, and the actions being taken by the Trust to maintain that financial support; and
- discussed the status of the 2018/19 contracts and the 2018/19 financial plan.

As a result of this work, we considered that the forecasts used by Derby Teaching Hospitals NHS Foundation Trust in its determination of the appropriateness of the going concern basis of accounting were consistent with the evidence available at the time and did not contain any systematic bias. However, there remains a material uncertainty over its financial sustainability, which has led us to include this material uncertainty in our audit opinion and qualify our audit certificate in respect of our responsibilities to report on the arrangements Derby Teaching Hospitals NHS Foundation Trust has put in place to secure economy, efficiency and effectiveness.

We read the disclosures included within the Performance Report, Annual Governance Statement and note 3 of the financial statements and found that these provided the user with sufficient information to understand the reasons behind the deficit and reliance on external support that has not been 'formally agreed' with the Department of Health.

Our audit approach

Context

Our audit for the year ended 31 March 2018 was planned and executed having regard to the fact that the Group and Trust's operations and financial stability were largely unchanged in nature from the previous year. In light of this, our approach to the audit in terms of scoping and key audit matters was largely unchanged.

Overview

Materiality

Audit scope

Key audit matters
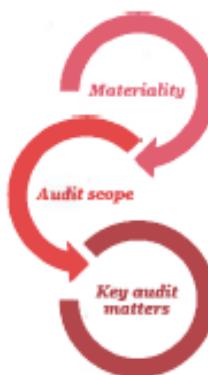
- Overall materiality: Group £10,868,680, which represents 2% of total revenue (Trust £10,824,600).

- The consolidated financial statements comprise the parent, Derby Teaching Hospitals NHS Foundation Trust and its wholly owned subsidiaries the Derby Hospitals NHS Foundation Trust Charity and D-Hive Ltd. D-Hive Ltd itself wholly owns a further subsidiary, Clinicians Connected.

- All work was performed by a single audit team who assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of any misstatement and determined the extent of testing we needed to do over each balance in the financial statements.

Our key audit matters were:

- Risk of fraud in revenue and expenditure recognition;
- Valuation of Property, Plant and Equipment; and
- Going Concern and Financial Sustainability.

The scope of our audit

As part of designing our audit, we determined materiality and assessed the risks of material misstatement in the financial statements. In particular, we looked at where the directors made subjective judgements, for example in respect of significant accounting estimates that involved making assumptions and considering future events that are inherently uncertain.

As in all of our audits we also addressed the risk of management override of internal controls, including evaluating whether there was evidence of bias by the directors that represented a risk of material misstatement due to fraud.

Key audit matters

Key audit matters are those matters that, in the auditors' professional judgement, were of most significance in the audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by the auditors, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters, and any comments we make on the results of our procedures thereon, were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In addition to going concern, described in the *Material uncertainty relating to going concern* section above, we determined the matters described below to be the key audit matters to be communicated in our report. This is not a complete list of all risks identified by our audit.

Key audit matter	How our audit addressed the Key audit matter
Key audit matter 1 – Group and Trust *Risk of fraud in revenue and expenditure recognition* *See notes 1 and 3, and the full set of accounting policies to the financial statements, for the directors' disclosures of the related accounting policies, judgements and estimates relating to the recognition of income and expenditure and notes 5, 6 and 8 for further information.* We focused on this area because there is a heightened risk due to: • The risks surrounding the financial sustainability of Derby Teaching Hospitals NHS Foundation Trust, as described under *Material uncertainty relating to going concern* above. • Due to the wider financial challenge in the NHS, the pressure Derby Teaching Hospitals NHS Foundation Trust is under to achieve its forecast 2017/18 deficit set out in its plan submitted to NHS Improvement, and therefore the incentive to recognise income for services which have not been delivered during the financial year, and to omit to recognise expenditure in 2017/18, to improve the reported financial position. • The intra-NHS balance reconciliation process between Derby Teaching Hospitals NHS Foundation Trust and its commissioners, which is subject to negotiation and management judgement. We considered revenue recognition to be a risk, in particular revenue streams from Clinical Commissioning Groups ("CCGs"), which together comprise £479 million of the Trust's £496 million of income. The service level agreements with the CCGs are renegotiated annually and consist of standard monthly instalments. A year-end adjustment is then negotiated with the CCGs to reflect actual levels of activity where contracts follow Payment by Results. The value and recoverability of the adjustment is subject to management judgement. Due to the pressure on the Trust to achieve its financial plan, we considered the risk to be focussed on the existence of income from material CCG contracts, in particular the year-end adjustments. We also considered expenditure recognition to be a risk. Given the pressures described above we focussed on the completeness of expenditure in the Statement of Comprehensive Income and of liabilities recorded in the Statement of Financial Position.	**Revenue** • We agreed material income to signed contracts with commissioners and considered the terms and conditions in the agreements and their accounting implications. • We reconciled the income per the signed contracts to the reported income in the financial statements and investigated any variations from the original contract to signed contract variations. We traced variations to invoices or credit notes and checked whether these were recorded in the correct period, and reflected in the NHS agreement of balances. As a result of the tests performed, we confirmed that revenue recording in the accounts was consistent with the underlying contracts and variations and was recognised in the correct accounting period. For a sample of transactions recognised during the year and around the year-end (both before and after), we confirmed that income and expenditure had been recognised in line with the Group's accounting policies and in the correct accounting period by agreeing transactions to the supporting invoice and cash receipts/payments where appropriate. **Expenditure** • For a sample of transactions recognised during the year, we confirmed that the expenditure had been recognised in line with the accounting policies and in the correct period by agreeing the transactions, including the date of delivery of the goods or services, to the supporting invoice. • We agreed a sample of payments made during April 2018 to supporting evidence such as invoices, and confirmed that the related item of expenditure had been recorded in the correct period. • We agreed a sample of invoices raised since April 2018 to supporting evidence and confirmed that the related item of expenditure had been recorded in the correct period. • We obtained a list of the Group's top 20 suppliers by total expenditure for 2017/18, and compared this to the top 20 suppliers list for 2016/17. Where suppliers were on the 2016/17 list but not on the 2017/18 list, we checked to ensure expenditure had not been omitted from the financial statements. • We compared the nature and value of accruals and provisions in the 2017/18 to the 2016/17 financial statements.

Key audit matter	How our audit addressed the Key audit matter
We focused our work on the elements of income and expenditure that are most susceptible to manipulation: • non-standard journal transactions; • income recognition for material contracts with CCGs, specifically the year adjustment; and • unrecorded liabilities.	• Where we identified a removal or significant reduction in the value of the accrual, we obtained evidence to support the lower value in the 2017/18 financial statements. As a result of the tests performed, we identified no material issues. **Intra-NHS balances** We obtained Derby Teaching Hospitals NHS Foundation Trust's mismatch reports received from the National Audit Office, which identified balances (debtor, creditor, income or expenditure balances) that did not match the balances disclosed by the counterparty organisation. We queried the reasons behind the mismatches and where applicable corroborated this to supporting evidence. No material issues were identified from the work performed. **Journals** We performed testing on journals as this is an area susceptible to fraud and manipulation. We focused our testing on transactions we determined to be high risk, in particular: • those posted by senior management of the Trust; and • those that met criteria considered to be unusual, for example, journals posted to unexpected account combinations. We traced these journal entries to the supporting documentation (for example invoices, cash receipts and payments). We found the journals posted to be supported by that documentation, consistent with it and recognised in the correct accounting period for the correct value.
Key audit matter 2 – Group and Trust *Valuation of property, plant and equipment* *See notes 18 and 19, and the full set of accounting policies to the financial statements for details of the accounting policies applied in the valuation of land and buildings.* Property, plant and equipment represents the second largest balance in the Statement of Financial Position. The valuation of land and buildings requires significant levels of judgement and technical expertise in choosing appropriate assumptions. Therefore our work has focused on whether the methodology, assumptions and underlying data used to determine the value of Property, Plant and Equipment were appropriate and correctly applied. PPE amounts to £344 million of which £306 million is land and buildings. All property, plant and equipment assets are measured initially at cost and land and buildings are subsequently measured at fair value based on periodic valuations performed by Derby Teaching Hospitals NHS Foundation Trust's external independent valuer, GVA Grimley. Derby Teaching Hospitals NHS Foundation Trust had a full valuation undertaken at the 31 March 2015, and a desktop valuation performed at the 31 March 2016 resulting in a £9 million increase in the value of the property, plant and equipment balance.	We confirmed that there have been no significant changes to key inputs in 2017/18 other than capital additions and disposals. We obtained the indexation report chosen by the Trust for the valuation adjustment to their buildings. We provided this alongside a listing of the assets subject to indexation to our valuation specialist to assess the appropriateness of the index being applied to adjust the building values. We concluded that the index chosen reflected the movement in the valuation of the buildings in the wider market and was therefore appropriate. We confirmed that the valuation information had been correctly accounted for and disclosed in Derby Teaching Hospitals NHS Foundation Trust's accounts.

Key audit matter	How our audit addressed the Key audit matter

The Trust therefore decided to apply an index to the value of its buildings to establish their value as at 31 March 2018, which is the same approach the Trust used at 31 March 2017. Our work focused on assessing whether the index chosen was appropriate through the use of our valuation specialists.

Our audit work in 2014/15 and 2015/16 valuations tested the key inputs into the detailed valuations including testing the floor areas on which the valuation is based.

How we tailored the audit scope

We tailored the scope of our audit to ensure that we performed enough work to be able to give an opinion on the financial statements as a whole, taking into account the structure of the Group, the accounting processes and controls, and the environment in which the Group operates. In establishing our overall approach we assessed the risks of material misstatement, taking into account the nature, likelihood and potential magnitude of any misstatement. Following this assessment, we applied professional judgement to determine the extent of testing required over each balance in the financial statements.

Derby Teaching Hospitals NHS Foundation Trust is the Corporate Trustee of the Derby Hospitals NHS Foundation Trust Charity. The charity is consolidated into the Group financial statements. Derby Teaching Hospitals NHS Foundation Trust also consolidates its wholly owned subsidiary D-Hive Ltd. D-Hive Ltd itself wholly owns a further subsidiary, Clinicians Connected. We conducted the audit work on the Consolidated Group financial statements at Derby Teaching Hospitals NHS Foundation Trust's headquarters in Derby, which is where the finance function is based.

Materiality

The scope of our audit was influenced by our application of materiality. We set certain quantitative thresholds for materiality. These, together with qualitative considerations, helped us to determine the scope of our audit and the nature, timing and extent of our audit procedures and to evaluate the effect of misstatements, both individually and on the financial statements as a whole.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

	Group financial statements	Trust financial statements
Overall materiality	£10,868,680 (2017: £10,781,980)	£10,824,600 (2017: £10,766,340)
How we determined it	2% of revenue (2017: 2% of revenue)	2% of revenue (2017: 2% of revenue)
Rationale for benchmark applied	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.	Consistent with last year, we have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.

For each component in the scope of our group audit, we allocated a materiality that is less than our overall group materiality. The range of materiality allocated across components was £176,140 and £10,824,600. Certain components were audited to a local statutory audit materiality that was less than our overall group materiality.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £250,000 (Group audit) (2017: £250,000) and £250,000 (Trust audit) (2017: £250,000) as well as misstatements below that amount that, in our view, warranted reporting for qualitative reasons.

Reporting on other information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that

there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

With respect to the Performance Report and the Accountability Report, we also considered whether the disclosures required by the NHS Foundation Trust Annual Reporting Manual 2017/18 have been included.

Based on the responsibilities described above and our work undertaken in the course of the audit, ISAs (UK) and the Code of Audit Practice require us also to report certain opinions and matters as described below.

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements

As explained more fully in the Accountability Report, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2017/18, and for being satisfied that they give a true and fair view. The directors are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Group's and Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Group and Trust or to cease operations, or have no realistic alternative but to do so.

The Trust is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Auditors' responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

As part of an audit in accordance with ISAs (UK), we exercise professional judgement and maintain professional scepticism.

We are required under Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report to you where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We have undertaken our work in accordance with the Code of Audit Practice, having regard to the criterion determined by the Comptroller and Auditor General as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice. Based our on risk assessment, we undertook such work as we considered necessary.

We will prepare an annual audit letter which will cover the Trust's key risks in securing economy, efficiency and effectiveness in its use of resources, how these have been discharged by the Trust, and our actions to review these. The Trust is responsible for publishing this annual audit letter, and ensuring that it is available to the public.

Use of this report

This report, including the opinions, has been prepared for and only for the Council of Governors of Derby Teaching Hospitals NHS Foundation Trust as a body in accordance with paragraph 24 of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Opinions on other matters prescribed by the Code of Audit Practice

Performance Report and Accountability Report

In our opinion, based on the work undertaken in the course of the audit, the information given in the Performance Report and Accountability Report for the year ended 31 March 2018 is consistent with the financial statements and has been prepared in accordance with applicable legal requirements.

In light of the knowledge and understanding of the Group and Trust and their environment obtained in the course of the audit, we did not identify any material misstatements in the Performance Report or Accountability Report.

In addition, the parts of the Remuneration and Staff reports to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report, by exception, if we conclude we are not satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

In September 2014 Monitor agreed enforcement undertakings with Derby Teaching Hospitals NHS Foundation Trust. The undertakings, relating to clinical target and financial breaches, were as follows:

1) Failure to achieve Referral to Treatment Time (RTT) targets for Q1, Q3, Q4 2013/14 and Q1 2014/15.

2) Breach of 62-day cancer target, 2 week wait (all cancers), 2 weeks wait – breast symptoms, 62 day wait – screening services and 31 day wait – surgery targets during 2013/14.

3) Recording of a large deficit in 2013/14 and forecasting of significant deficit until 'at least the year ending 2015/16' and failure to develop a financial plan to return to an underlying breakeven financial position.

Monitor concluded in their letter dated 4 September 2014 that Derby Teaching Hospitals NHS Foundation Trust had not complied with its duty to operate efficiently, economically and effectively. The enforcement action remains in place at May 2018.

In addition, the Trust has continued to be reliant on external cash support from the Department of Health and forecasts that significant financial support will be required for the foreseeable future due to recurring financial deficits. This is also reflected in the Trust's NHS Improvement Single Oversight Framework Rating of 3 which demonstrates that the Trust is in receipt of mandated support.

Due to the above matters we have not been able to satisfy ourselves that the Trust is currently able to deploy its resource in a sustainable manner. The financial constraints limit the ability of the Trust to:

- plan its finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions; and
- manage and utilise assets effectively to support the delivery of their strategic priorities.

As a result of these matters, we have concluded that the Trust has not put in place proper arrangements for securing economy, efficiency and effectiveness in the use of its resources for the year ended 31 March 2018.

Other matters on which we report by exception

We are required to report to you if:

- The statement given by the directors in the Performance Report, in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance, that they consider the Annual Report taken as a whole to be fair, balanced and understandable, and provides the information necessary for members to assess the Group's and Trust's performance, business model and strategy is materially inconsistent with our knowledge of the Trust acquired in the course of performing our audit.

- The section of the Annual report in the Accountability Report, as required by provision C.3.9 of the NHS Foundation Trust Code of Governance, describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee.

- The Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18 or is misleading or inconsistent with our knowledge acquired in the course of performing our audit. We have not considered whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

- We have referred a matter to Monitor under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

- We have issued a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006.

- We have not received all the information and explanations we require for our audit.

We have no exceptions to report arising from this responsibility.

Certificate

We certify that we have completed the audit of the financial statements in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Code of Audit Practice.

Alison Breadon (Senior Statutory Auditor)
for and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Cornwall Court
19 Cornwall Street
Birmingham
B3 2DT

29 May 2018

Annual Accounts – Main Statement

NHS
Derby Teaching Hospitals
NHS Foundation Trust

Taking pride in caring

Derby Teaching Hospitals **NHS**
NHS Foundation Trust

The Statement of Comprehensive Income is a financial report detailing the change in the Trusts net assets during the financial year. The Group Accounts information includes the consolidation of Derby Hospitals Charity and the D-Hive Limited Group accounts along with the Trust Accounts.

	Note	Trust Accounts		Group Accounts	
		2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Income from Activities	5	(496.146)	(477.036)	(496.146)	(477.036)
Other Operating Income	6	(45.084)	(61.281)	(47.288)	(62.063)
Operating Expenses	4	565.898	536.120	568.460	538.121
Operating (Surplus) / Deficit		**24.668**	**(2.197)**	**25.026**	**(0.978)**
Finance Income	9	(0.060)	(0.034)	(0.318)	(0.290)
Dividend Receivable	17	0.000	(0.005)	0.000	(0.005)
Interest Payable	10	16.024	14.360	16.024	14.360
Unwinding of Discount	26	0.088	0.142	0.088	0.142
Corporation Tax Payable	17	0.000	0.000	(0.013)	(0.042)
Deficit on Continuing Operations		**40.720**	**12.266**	**40.807**	**13.187**
(Gain) or Loss on Fair Value of Investments	34	0.000	0.000	0.077	(1.145)
Retained Deficit		**40.720**	**12.266**	**40.884**	**12.042**
Revaluation (Gain) / Loss on PPE	19	(4.810)	(3.351)	(4.810)	(3.351)
Total Comprehensive Spend		**35.910**	**8.915**	**36.074**	**8.691**

Further details of how the Trust has performed on a more detailed basis can be found in the Segmental Reporting note on page 196.

Statement of Financial Position

	Note	Trust Accounts		Group Accounts	
		31-Mar-18 **£m**	**31-Mar-17** **£m**	**31-Mar-18** **£m**	**31-Mar-17** **£m**
Intangible Assets	20	3.022	3.133	3.022	3.133
Property, Plant and Equipment	19	344.106	331.859	343.886	332.131
Other Non-Current Investments	17/34	1.087	1.087	7.762	7.940
Non-Current Receivables	22	10.766	10.200	10.766	10.200
Total Non-Current Assets		**358.981**	**346.279**	**365.436**	**353.404**
Inventories	21	6.574	6.093	6.574	6.094
Current Receivables	22	28.869	36.740	28.184	36.729
VAT Receivable	22	3.146	2.946	3.146	2.951
Other Current Assets	23	0.009	0.009	0.009	0.009
Cash and Cash Equivalents	28	15.583	8.705	16.649	10.207
Total Current Assets		**54.181**	**54.493**	**54.562**	**55.990**
Trade and Other Payables	24	(49.155)	(47.593)	(49.582)	(47.987)
Current Borrowing	25	(48.769)	(10.695)	(48.584)	(10.695)
Current Provisions	26	(0.753)	(0.802)	(0.753)	(0.802)
Tax Payable	24	(7.540)	(7.039)	(7.576)	(7.053)
Other Current Liabilities	27	(6.714)	(8.096)	(6.714)	(8.096)
Total Current Liabilities		**(112.931)**	**(74.225)**	**(113.209)**	**(74.633)**
Assets Less Current Liabilities		**300.231**	**326.547**	**306.789**	**334.761**
Non-Current Borrowings	25	(369.968)	(360.927)	(368.517)	(360.927)
Non-Current Provisions	26	(3.326)	(3.421)	(3.326)	(3.421)
Total Non-Current Liabilities		**(373.294)**	**(364.348)**	**(371.843)**	**(364.348)**
Net Assets / (Liabilities)		**(73.063)**	**(37.801)**	**(65.054)**	**(29.587)**
Financed By					
Public Dividend Capital	SOCITE	169.453	168.803	169.453	168.803
Income & Expenditure Reserve		(270.991)	(230.269)	(270.971)	(230.269)
Revaluation Reserve		28.475	23.665	28.475	23.665
Subsidiary Reserves		0.000	0.000	(0.156)	(0.090)
Charitable Funds Reserves		0.000	0.000	8.145	8.304
Total Reserves		**(73.063)**	**(37.801)**	**(65.054)**	**(29.587)**

Gavin Boyle,
Chief Executive,
24 May 2018

Statement of Changes in Taxpayers' Equity

	Trust Accounts				Group Accounts					
	Total Reserves £m	PDC Reserve £m	I&E Reserve £m	Revaluation Reserve £m	Total Reserves £m	PDC Reserve £m	Trust I&E Reserve £m	Revaluation Reserve £m	D-Hive P&L Reserve £m	Charity I&E Reserve £m
Balance at 1 April 2016	(28.886)	168.803	(218.003)	20.314	(20.896)	168.803	(218.003)	20.314	0.075	7.915
Annual Surplus / (Deficit)	(12.266)	0.000	(12.266)	0.000	(12.042)	0.000	(13.578)	0.000	(0.008)	1.544
Revaluation of PPE	3.351	0.000	0.000	3.351	3.351	0.000	0.000	3.351	0.000	0.000
Other Movements	0.000	0.000	0.000	0.000	0.000	0.000	1.312	0.000	(0.157)	(1.155)
Balance at 1 April 2017	(37.801)	168.803	(230.269)	23.665	(29.587)	168.803	(230.269)	23.665	(0.090)	8.304
Annual Surplus / (Deficit)	(40.722)	0.000	(40.722)	0.000	(40.887)	0.000	(41.375)	0.000	(0.026)	0.514
Additional PDC	0.650	0.650	0.000	0.000	0.650	0.650	0.000	0.000	0.000	0.000
Revaluation of PPE	4.810	0.000	0.000	4.810	4.810	0.000	0.000	4.810	0.000	0.000
Prior Year Restatement	0.000	0.000	0.000	0.000	(0.040)	0.000	0.000	0.000	(0.040)	0.000
Other Movements	0.000	0.000	0.000	0.000	0.000	0.000	0.673	0.000	0.000	(0.673)
Balance at 31 March 2018	(73.063)	169.453	(270.991)	28.475	(65.054)	169.453	(270.971)	28.475	(0.156)	8.145

Statement of Cash Flows

	Note	Trust Accounts		Group Accounts	
		2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Operating Surplus / (Deficit)	SOCI	(24.668)	2.197	(25.026)	0.978
Movements for Non-Cash Income and Expenditure	35	15.841	4.141	17.126	5.310
Cash Movement from Operating Activities		**(8.827)**	**6.338**	**(7.900)**	**6.288**
Net Cash Movement in Investing Activities	36	(8.897)	(9.130)	(10.194)	(8.132)
Net Cash Movement in Financing Activities	37	24.602	9.639	24.536	9.639
Increase / (Decrease) in Cash and Cash Equivalents		**6.878**	**6.847**	**6.442**	**7.795**
Opening Cash at the Start of the Period	28	8.705	1.858	10.207	2.412
Closing Cash at the End of the Period	**28**	**15.583**	**8.705**	**16.649**	**10.207**

Derby Teaching Hospitals NHS

NHS Foundation Trust

Annual Accounts
- Notes to the Accounts

Taking pride in caring

Introduction

The Trust acknowledges that from time to time there may be minor rounding differences between notes to the accounts and the main Statements. Where those amounts account for less than £0.005m, the Trust deems them to be insignificant in nature and therefore an acceptable rounding difference. These accounts have been prepared using the Going Concern convention.

1. Accounting Policies

The Trust has published the full set of Accounting Policies applied when producing this document from page 226 onwards in the section entitled "Accounting Policies – In Full". The Policies adopted by the Trust are in accordance with the International Financial Reporting Standards as adopted by the Department of Health's Group Accounting Manual (GAM) for 2017-18.

The Trusts subsidiary companies and charity, for the purposes of their account individual entity accounts, based on Financial Reporting Standard 102 (FRS102 – The Financial Reporting Standard Applicable in the UK and Republic of Ireland) as issued by the Financial Reporting Council. The Trust restates this posititon to an IFRS compliant accounting framework upon consolidation into the Trust accounts where material.

There have been no material changes in accounting policies or procedures during the financial year.

2. Accounting Standards Issued, Not Yet Applied

The International Accounting Standards Board (IASB) has issued a number of standards which will impact on the Trusts accounts however have yet to be applied to the Department of Health Group Accounting Manual. Those standards are:

IFRS 9 Financial Instruments

Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted. Changes to the standard will amend the methodology and amount of bad debt provision recognised by the Trust when the standard is adopted within the NHS. The standard requires that the Trust make an impairment assessment of all debt at the point that it is due for payment based on evidence available for the likely payment of debt by debtors of that nature. This may result in a larger bad debt provision as the Trust recognises a provision for current debt raised in addition to the analysis currently carried out on aged debt.

IFRS 14 Regulatory Deferral Accounts

Not yet EU-endorsed; The European Financial Reporting Advisory Group recommended in October 2015 that the standard should not be endorsed as it is unlikely to be adopted by many EU countries. It applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.

IFRS 15 Revenue from Contracts with Customers

Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted. The standard deals with the valuation and timing of income recognition. The new standard requires that income is recognised based on the satisfaction of promises within the contract for supply or service. This is expected to have minimal impact to the Trust, however may alter the timing of recognition for some income types such as private patient income for ongoing treatments.

IFRS 16 Leases

Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted. The new leasing standard will see almost all of the Trusts leases moving onto the balance sheet. The standard requires that the right to use an asset is put onto the Trusts balance sheet along with an obligation to repay the lessor over the term of the lease (much the same as the current accounting for finance leases). The only exception to this would be leases where the term is less than 12 months. The Trust has begun work to establish the scope and value of contracts containing a lease which would be captured within this standard.

IFRS 17 Insurance Contracts

Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted. This is not expected to have a material impact on the Trust's Accounts.

IFRIC 22 Foreign Currency Transactions and Advance Consideration

Application required for accounting periods beginning on or after 1 January 2018. This is not expected to have a material impact on the Trust's Accounts.

IFRIC 23 Uncertainty over Income Tax Treatments

Application required for accounting periods beginning on or after 1 January 2019. This is not expected to have a material impact on the Trust's Accounts.

3. Critical Judgements and Material Estimation Uncertainty

In preparing Financial Statements, management is required to make estimates and assumptions that affect the amounts of assets, liabilities, revenue and expenses reported in the accounts. The actual amounts and results could differ from those estimates. The following are considered to be the key accounting judgements and estimates made.

Basis of Accounting – Going Concern

IAS 1 requires management to assess, as part of the accounts preparation process, the NHS foundation trust's ability to continue as a going concern.

The Department of Health and Social Care Group Accounting Manual (DHSC GAM) notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should have regard to the following interpretations of Going Concern for the public sector context. DHSC GAM (excerpt):

For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern. DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity. A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

Sponsored entities whose statements of financial position show total net liabilities must prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate.

Where an entity ceases to exist, it must consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.

Where a DHSC group body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed. This may include for example where continuing operational stability depends on finance or income that has not yet been approved.

Should a DHSC group body have concerns about its "going concern" status (and this will only be the case if there is a prospect of services ceasing altogether) it must raise the issue with its sponsor division or relevant national body as soon as possible.

Assessment of the Trusts position under the Financial Reporting Guidelines (FReM and DHSC GAM), issued for the Interpretation of paragraphs 25 to 46 of IAS 1, for the public sector context has been undertaken. In particular, paragraph's 25 and 26 of this standard which refer to the assessment of the Going Concern basis. It is the Trust's view under this guidance, that these accounts can be prepared on a going concern basis.

In addition to their own internal review of the situation and all the pertinent factors which need to be considered, the Directors have previously sought independent legal advice on the information available to them, to ensure that their conclusions on this issue seem reasonable based on the available evidence. As none of the factors relating to the situation have changed from the previous year, the Directors are content this advice remains relevant.

The Trust has prepared its financial plans and cash flow forecasts on the continuing assumption that adequate funding will be received through the Department of Health / NHSI as either Public Dividend Capital (PDC), Interim Capital Loans, Interim Revenue support loans or as a Revolving Working Capital Facility (RWCF) as has been experienced throughout 2017-18.

These funds, will be issued under the cash support regime and are expected to be sufficient to prevent the Trust from failing to meet its obligations as they fall due and to continue until adequate plans are in place to achieve financial sustainability for the Trust.

The current economic environment for all NHS and NHS Foundation Trusts is challenging with on-going internal efficiency gains necessary due to annual tariff (price) reductions; non-pay and drug cost inflation; as well as nationally set contract penalties for contract performance deviations, combined with commissioner (CCG) expectations to reduce activity through ensuring care can be better provided within the community, i.e. managed outside the Hospital.

The Trust will continue to address these challenges, but as a consequence will require continued external cash support to ensure service levels are maintained, in 2018-19.

Despite the absence of formal confirmation of ongoing financial support, the Board of Directors have discussed the appropriateness of continuing operations on a "going concern" basis; and having reviewed the Financial Reporting Manual, and having discussed the available evidence; although there remains material uncertainty with regards to going concern the Board of Directors are content for the accounts to be prepared on a "going concern" basis in line with guidance.

PFI Accounting Treatment

The Royal Derby Hospital was built and financed through a PFI contract. The contract requires the PFI operator to provide a wide range of facilities management services until the contract end in 2043. Part of the unitary payment for the PFI scheme is uplifted on an annual basis by the Retail Price Index (RPI), with the remainder uplifted by a fixed 2.5%. The Trust has accounted for the fixed increase as operating expenditure on the basis that management are confident that the inflator is only applicable to the service charge element of the unitary payment. Management have based this view on the discussions at the time with the funders which were incorporated in the original business case.

If the fixed inflator was applied to the capital and interest elements of the scheme. This would have the impact of increasing the scheme's implicit interest rate; an increase in the level of interest payable; a reduction in the level of debt repayable in the early years of the contract, but an increase in the later years; an improvement in the Trust's earnings before interest, depreciation, tax and amortisation; and a decrease in the Trust's net surplus/increase in the Trust's net deficit. Further information on the cost of the PFI scheme is provided in note 13 on page 203.

Provision for Employer and Public Liability Claims

The provision has been calculated based upon information received from the NHS Litigation Authority (NHSLA) which handles claims on behalf of the Trust. The calculation is based upon the amount of the claim received plus any expected legal costs. This is adjusted to reflect the NHSLA view of the likelihood of the claim succeeding.

Provision for Permanent Injury Benefits and Early Retirements due to Ill Health

The provision has been calculated based upon information received from NHS Pensions. The calculation is based upon future payments for each recipient based upon their life expectancy, calculated using life tables provided by the Government Actuaries Department (GAD), discounted at a rate of 0.10% (was 0.24% 2016-17) to reflect the timing of future payments.

Valuation of Property Plant and Equipment

The Trusts building assets were revalued by a RICS qualified valuer from GVA Grimley Limited on the 31 March 2016. The Trust, in accordance with Chapter 6 Annex 3 of the Group Accounting Manual 2017-18, has subsequently calculated the indexed valuation of those assets as at 31 March 2018. The Trust has used the Office of National Statistics Interim Construction Output Price Indices (OPIs); the New Work Infrastructure indicies has been used for all infrastructure, roadways and carparks, and the New Work Public (other than housing) indicies for all other building assets. Had an alternative indicies been selected, the adjustment in the Trust accounts for the valuation of its assets this year could have been materially different.

4. Segmental Analysis

The Trust's activity is organised into three clinical Divisions, each of which provide healthcare services and one corporate segment. The tables which follow analyse the operational Income and Expenditure of the Trust, into the Divisions of the Trust. The 2017-18 analysis is as follows:

	Diagnostics, Surgery & Anaesthetics £m	Medicine & Cancer £m	Integrated Care £m	Trust Wide Services £m	Total £m
Income From Activities	(166.708)	(173.648)	(98.821)	(56.970)	(496.147)
Other Operating Income	(2.394)	(1.273)	(3.062)	(38.354)	(45.083)
Total Income	**(169.102)**	**(174.921)**	**(101.883)**	**(95.324)**	**(541.230)**
Employee Costs	127.854	101.230	83.772	48.270	361.126
Drugs (Including Gases)	6.600	8.530	0.626	45.348	61.104
Capital Charges	(0.001)	0.000	0.000	8.735	8.734
Contract Hotel Services	0.058	0.084	0.025	36.340	36.507
Administrative Costs	0.863	0.467	0.837	17.251	19.418
Other Operating Expenditure	2.880	1.993	2.248	6.385	13.506
Equipment Running Costs	28.115	10.227	1.984	3.191	43.517
Building Running Costs	5.123	0.124	0.186	10.274	15.707
Consultancy costs	0.371	0.062	0.015	1.712	2.160
External Services	0.686	0.943	1.728	0.761	4.118
Total Expenditure	**172.549**	**123.660**	**91.421**	**178.267**	**565.897**
Operating (Surplus) / Deficit	**3.447**	**(51.261)**	**(10.462)**	**82.943**	**24.667**

Notes to the Accounts

Which compared to the 2016-17 as follows:

	Diagnostics, Surgery & Anaesthetics £m	Medicine & Cancer £m	Integrated Care £m	Trust Wide Services £m	Total £m
Income From Activities	(167.681)	(161.907)	(95.058)	(52.390)	(477.036)
Other Operating Income	(2.434)	(1.337)	(2.876)	(54.633)	(61.280)
Total Income	**(170.115)**	**(163.244)**	**(97.934)**	**(107.023)**	**(538.316)**
Employee Costs	122.742	95.854	80.052	42.428	341.076
Drugs (Including Gases)	6.313	9.639	0.229	42.037	58.218
Capital Charges	0.000	0.000	0.000	9.580	9.580
Contract Hotel Services	0.072	0.067	0.017	35.069	35.225
Administrative Costs	0.801	0.365	0.955	14.334	16.455
Other Operating Expenditure	3.073	1.824	2.521	4.238	11.656
Equipment Running Costs	27.896	9.957	1.887	3.244	42.984
Building Running Costs	4.087	0.158	0.049	10.208	14.502
Consultancy costs	0.323	0.154	0.010	1.065	1.552
External Services	1.152	1.100	1.864	0.755	4.871
Total Expenditure	**166.459**	**119.118**	**87.584**	**162.958**	**536.119**
Operating (Surplus) / Deficit	**(3.656)**	**(44.126)**	**(10.350)**	**55.935**	**(2.197)**

5. Income from Activities

The Trust has received £496.147m income from its activities (£477.036m in 2016-17) as shown in the Statement of Comprehensive Income on page 188. This income has been analysed into types of activity as per the table. Other types of activity income includes tariff adjustments and non tariff elements of block contracts.

Of the total income from activities, £475.914m (2016-17 £457.345m) is commissioner requested services and £20.232m (2016-17 £19.690m) is non-commissioner requested services. Commissioner Requested income is defined as NHS clinical income from CCG's, NHS England and other NHS organisations.

Private Patient Income

The table shows the percentage of private patient income compared to total income from activities. As of 1 October 2012 the statutory limitation on Private Patient income was repealed by the Health and Social Care Act 2012.

Private patient income is generated through the Derby Private Health unit at the Royal Derby Hospital. All profits from the unit are invested back into NHS services, improving healthcare for everyone.

	Trust Accounts	
	2017-18 £m	2016-17 £m
Elective Income	(92.193)	(93.090)
Non Elective Income	(140.786)	(127.156)
Outpatient Income	(81.631)	(84.557)
A & E Income	(18.404)	(16.932)
Other Types of Activity	(157.940)	(150.289)
NHS Income Total	**(490.954)**	**(472.024)**
Private Patient Income	(3.723)	(3.183)
Overseas Patients	(0.161)	(0.115)
Injury Allowance	(1.308)	(1.714)
External Income Total	**(5.192)**	**(5.012)**
Income from Activities	**(496.146)**	**(477.036)**

	Trust Accounts	
	2017-18 £m	2016-17 £m
Private Patient Income	(3.723)	(3.182)
Income from Activities	(496.146)	(477.036)
Percentage	**0.750%**	**0.667%**

Income from Activities by Source

	Trust Accounts	
	2017-18 **£m**	**2016-17** **£m**
CCG's	(478.727)	(464.944)
SHA's	(0.002)	(0.700)
Income from Trusts	(10.986)	(5.423)
Government Grants	0.000	(0.304)
Other Income	(1.239)	(0.655)
NHS Income Total	**(490.954)**	**(472.026)**
Private Patient Income	(3.723)	(3.182)
Overseas Patients	(0.161)	(0.115)
Injury Allowance	(1.308)	(1.713)
External Income Total	**(5.192)**	**(5.010)**
Income from Activities	**(496.146)**	**(477.036)**

An alternative way of reviewing the Income from Activities is by the source of the income. Claims Recovery Unit income is included at 77.16% (77.06% in 2016-17) to reflect the expected rates of collection.

6. Operating Income

Other Operating Income as reported in the Statement of Comprehensive Income on page 188 has been analysed as per the following table. Those amounts include the following items.

Donation income is money received from Derby Hospitals Charity and other local charities including the League of Friends charities towards the cost of capital expenditure.

Patient and Visitor Car Parking Income equates to 6.34% (4.7% 2016-17) of Other Operating Income.

SFT Funding (Sustainability and Transformation Fund) relates to a national scheme from the Department of Health which rewards NHS bodies for achievement of financial and non-financial targets throughout the year.

	Trust Accounts	
	2017-18 **£m**	**2016-17** **£m**
Education & Training	(27.741)	(28.324)
Research	(1.807)	(1.867)
Profit on Sale of Assets	(0.031)	(0.038)
Car Parking Income	(2.860)	(2.880)
Staff Car Parking	(1.076)	(1.039)
Recharges	(1.328)	(1.366)
Courses & Seminars	(1.279)	(1.206)
Awards Income	(0.797)	(0.772)
Donations	(0.853)	(0.917)
Pharmacy Sales	(0.525)	(0.444)
Staff Accomodation	(0.329)	(0.329)
STF Funding	(0.484)	(14.340)
Other Income	(5.974)	(7.759)
Other Operating Income	**(45.084)**	**(61.281)**

7. Employee Expenses

The employee expenditure detailed in the Segmental Analysis tables in note 4 include the following costs shown in the table. Further details of the Trust's Employee Costs can be found in the Remuneration Report which is included in the Annual Report.

	Trust Accounts	
	2017-18 £m	2016-17 £m
Non-Executive Directors	0.136	0.136
Executive Directors	1.128	1.079
Senior Managers	13.004	12.217
Admin & Clerical Staff	34.739	34.459
Managerial & Admin	**49.007**	**47.891**
Consultants	69.580	65.393
Senior House Officers	8.000	7.104
Registrars	13.478	12.503
HCA & Support Staff	35.750	33.586
Nursing & Midwives	104.595	100.111
Professionals (Medical)	25.994	23.812
Scientific & Therapies	26.826	25.453
Other Career Grades	12.874	11.759
Clincal, Medical & Nursing	**297.097**	**279.721**
Agency Medical	6.238	6.901
Agency Nurse & Midwife	0.494	1.405
Agency Therapies	2.016	2.342
Agency Admin & Clerical	0.008	0.055
Agency Costs	**8.756**	**10.703**
Training & Conferences	5.495	1.946
Travel & Subsistence	0.727	0.642
Redundancy	0.042	0.169
Compensation Pension	0.002	0.001
Other Employee Costs	0.001	0.004
Other Employee Costs	**6.267**	**2.762**
Total Employee Costs	**361.127**	**341.077**

8. Operating Expenditure

The tables and charts below offer additional explanation as to the costs shown in the other Operating Expenditure detailed in the Segmental Analysis in note 4.

Capital Charges

This includes the notional cost of using the Trusts assets such as the buildings and equipment. Part of this charge reflects the wear and tear on those assets through their normal day to day use otherwise known as Depreciation. The other part of this charge relates to a reduction in the value of the asset, known as an Impairment. The Trusts capital charges are split between these elements as follows:

	Trust Accounts	
	2017-18 £m	2016-17 £m
Depreciation	8.405	7.519
Impairments	0.000	1.338
Asset Disposal Loss	0.329	0.724
Capital Charges	**8.734**	**9.581**

Other Operating Expenditure

This includes a range of charges for various supplies and services as detailed in the table below:

	Trust Accounts	
	2017-18 £m	2016-17 £m
Uniforms & Clothing	0.271	0.245
Laundry & Cleaning	1.891	1.799
Bedding & Linen	0.617	0.649
Hospitality	0.018	0.013
EU Emissions Trading	0.000	(0.013)
Supplies & Services	0.430	0.285
Other Clinical Supplies	0.167	0.211
Other Services	3.038	0.880
Hire Of Facilities	0.258	0.186
Change in Provisions	0.054	0.414
Subscriptions	0.424	0.321
Medical Appliances	3.444	3.610
Food on Wards	0.914	0.779
Dressings	0.778	0.845
Patient Travel	0.171	0.195
Other Transport Costs	1.030	1.239
Other Costs	**13.505**	**11.658**

External Services

These costs relate to services that the Trust has subcontracted to other organisations, typically within the NHS. Costs include:

- Boots Pharmacy £0.348m (£0.345m 2016-17)
- Waste Disposal £0.499m (£0.469m 2016-17)
- Speech Therapy £0.863m (£0.860m 2016-17)
- Imaging Service £0.130m (£0.728m 2016-17)

Administrative Costs

This includes the incedental costs of running any organisation such as printing, postage, legal fees, office furniture, telephones and bad debt provisions.

	Trust Accounts	
	2017-18 £m	2016-17 £m
Bad Debts & Losses	0.511	0.537
Legal Costs & Claims	11.226	8.049
Internal Audit Fees	0.156	0.139
External Audit Fees	0.078	0.094
Computer Maintenance	2.213	2.080
Office Equipment	2.247	2.612
Printing & Stationery	1.420	1.397
Telephones & Postage	1.537	1.500
Advertising	0.032	0.048
Administrative Costs	**19.420**	**16.456**

9. Finance Income

Finance Income relates to earnings on the Trusts cash assets including interest earned on the Trusts bank balance and dividends received on the Charities investments.

	Trust		Group	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Bank Interest	0.060	0.034	0.063	0.037
Investment Dividends	0.000	0.000	0.255	0.253
Total	**0.060**	**0.034**	**0.318**	**0.290**

10. Interest Payable

	2017-18 £m	2016-17 £m
Interest on Loans	2.356	0.947
PFI Contract	13.084	13.360
MES Contract	0.584	0.053
Total	**16.024**	**14.360**

Finance Costs relate to the payments the Trust makes in relation to cash liabilities, for example this would include the interest you would pay on loans and mortgages.

11. Auditors' Remuneration

Audit Fees

The Trust did not pay for any non-audit work in either 2017-18 or 2016-17. All amounts shown exclude VAT.

	2017-18 £m	2016-17 £m
Statutory audit - Trust	0.057	0.057
Audit of Quality Report	0.008	0.008
Statutory audit - Charity	0.004	0.004
Total	**0.069**	**0.069**

Auditors' Liability

The Trust approved the principal terms of engagement with its auditor PriceWaterhouseCoopers LLP, covering the period of their engagement as auditor. The terms include a limitation on their liability to pay damages for losses arising as a direct result of breach of contract or negligence, of £1m. (2016-17 £1m).

12. Operating Leases
Trust as Lessee (the Trust is hiring property from another entity)

The Trust holds a number of leases in respect of property, vehicles and equipment, all of which are classed as operating leases under IAS 17.

The Trust has incurred the following costs within its Operating Expenditure in relation to arrangements where the Trust is Lessee (the hirer):

	2017-18 £m	2016-17 £m
Min Lease Payments	0.684	0.721
Less: Sublease Income	(0.063)	(0.063)
	0.621	**0.658**

The Trust anticipates the following minimum payments will be due by the Trust in respect of those leases:

	2017-18 £m	2016-17 £m
- not later than 1 year	0.256	0.261
- between 1 and 5 years	0.489	0.540
- later than 5 years	0.000	0.000
Total	**0.745**	**0.801**

The total minimum sublease income due in relation to these arrangements as at 31 March 2018 is £0.205m (£0.268m at 31 March 2017).

Trust as Lessor (another entity is hiring property from the Trust)

The Trust owns and leases out the ground floor premises of Block B of the London Road Community Hospital (The Grove) to Derbyshire Mental Health.

The lease period is from January 2006 to January 2041 at an annual rent of £0.573m. This has been reported within Other Operating Income

The table outlines the minimum income the Trust expects to receive in relation to this lease.

	2017-18 £m	2016-17 £m
- not later than 1 year	0.573	0.573
- between 1 and 5 years	2.292	2.292
- later than 5 years	10.171	10.744
Total	**13.036**	**13.609**

13. Finance Leases and Service Concession Arrangements

Finance Leases and Service Consession arrangements relate to contracts which include the use and effective control of an asset, such that it is deemed to be an asset of the Trust. These arrangements also incur liabilities to the Trust in relation to the future payments due within the contract. The Trust has three contracts which are classified as on-balance sheet Service Concession Arrangements.

- PFI contract with Derby Health Care plc in relation to the Royal Derby Hospital building. The contract began in Sept 2003 and is set to run until Sept 2043.
- Managed Equipment Service contract with Althea UK and Ireland Ltd in relation to Medical Equipment. The contract began in April 2015 and is set to run until January 2025.
- Managed Equipment Service contract with D-Hive Limited. The contract began in April 2017 and includes equipment contracted for a further 10 years.

The annual payments due to the service partner in respect of these contracts are split into three headings:

- Capital repayment. This is similar to the loan amount on a mortgage. This is held in the Statement of Financial Position and is refered to as the Net Liability in the tables below.
- Finance costs. This is similar to the interest paid on a mortgage. This is expensed each year in the Statement of Comprehensive Income and forms part of the Gross Liability below.
- Service Charges are annual fees which relate to other costs such as repairs and maintenance. This is included within Operating Expenditure in the Statement of Comprehensive Income.

Analysis of Amounts Payable to Service Concession Operator

	PFI £m	D-Hive MES £m	Althea MES £m	Total £m
2017-18				
Interest Charge	13.084	0.032	0.552	13.668
Principal Repayment	6.311	0.108	1.979	8.398
Service Charge	36.220	0.077	2.292	38.589
Lifecycle / Mainatenance	0.886	0.063	1.632	2.581
Total Payable	**56.501**	**0.280**	**6.455**	**63.236**
2016-17				
Interest Charge	13.360	0.000	0.053	13.413
Principal Repayment	6.069	0.000	2.102	8.171
Service Charge	34.922	0.000	1.931	36.853
Lifecycle / Mainatenance	0.886	0.000	1.543	2.429
Total Payable	**55.237**	**0.000**	**5.629**	**60.866**

Royal Derby Hospital PFI Contract

The Trust's gross liability which it expects to repay until 2043 is made up as follows:

	2017-18 £m	2016-17 £m
- not later than 1 year	19.276	19.395
- between 1 and 5 years	79.303	78.550
- later than 5 years	378.077	398.106
Gross PFI Liabilities	**476.656**	**496.051**
Future Finance Costs	(194.686)	(207.770)
Net PFI Liabilities	**281.970**	**288.281**

The net liability will be paid over the following years:

	2017-18 £m	2016-17 £m
- not later than 1 year	6.478	6.311
- between 1 and 5 years	31.314	29.234
- later than 5 years	244.178	252.736
Net PFI Liabilities	**281.970**	**288.281**

The Trust expects that the following payments in relation to Service Charges will be incurred in future periods:

Note the 2016-17 comparatives contain a restatement of the previously estimated future liability.

	2017-18 £m	Restated 2016-17 £m
- not later than 1 year	38.030	36.106
- between 1 and 5 years	151.095	147.566
- later than 5 years	824.950	934.481
Total	**1,014.075**	**1,118.153**

The total future payments expected by the Trust are:

Note the 2016-17 comparatives contain a restatement of the previously estimated future liability.

	2017-18 £m	Restated 2016-17 £m
- not later than 1 year	58.192	56.386
- between 1 and 5 years	226.945	221.090
- later than 5 years	1,065.360	1,155.696
Gross Payments Due	**1,350.497**	**1,433.172**
Future Finance Costs	(194.686)	(207.770)
Net Present Value	**1,155.811**	**1,225.402**

The contract includes uplift based upon the rate of inflation. The scheme represents the design, build, operation and financing of the Royal Derby Hospital.

The site was revalued by a RICS qualified valuer 31 March 2016. The valuation was a Depreciated Replacement Cost, Modern Equivalent Asset methodology, alternative site basis and excluded VAT from the construction cost. The Trust undertook an indexation exercise as at 31 March 2018, which saw the building asset in relation to the PFI valued at £266.775m (including £6.217m for lifecycle replacements).

Managed Equipment Service with Althea Limited

The Trust entered into an agreement on 1 April 2015 with Asteral Ltd for the supply and maintenance of Medical Equipment. The contract is until January 2025. It has been determined that these assets are within the tests of IFRIC 12 for an on balance sheet service concession arrangement. During the financial year Asteral, MESA, TBS and five other leading service providers unified operations under a new brand – Althea UK and Ireland Ltd.

The Trust began the year with £8.900m asset additions from previous years. During the year, the following additions were made, incurring additional liabilities for the Trust:

- £0.547m additions to the Trusts Building assets for construction costs associated with equipment installations and improving the accessability for the patients we treat.
- £1.673m on the third linear accelerator (radiotherapy machines for treating cancer). Two machines were replaced in 2016-17 amounting to £3.241m. Funding is currently being sought to replace the final fourth machine which is not covered by the Asteral MES.
- £0.753m on the third of five replacement and one new MRI machines scheduled to be installed by Asteral during the contract. The previous two machines replaced in 2016-17 amounted to £1.481m.
- £0.540m replacement of a fluroscope (a real time imaging system used to assist in certain procedures).
- £0.499m on a brand new CT Scanner. This is in addition to the Trusts other four CT scanners (one used in Radiotherapy in support of cancer treatment and three used for general x-ray) which are all scheduled to be replaced by Asteral. The new machine has been accelerated in the program of replacements to allow the Trust to continue to maintain current levels of service to our patients whilst the existing machines are decommissioned and replaced.
- £0.843m on other imaging equipment including upgrading replacements of mammography and ultrasound equipment.

All of these upgrades have improved the picture quality and speed of image availability, assisting in quicker and more accurate diagnosis for our patients.

The total value of the assets and liabilities recognised within the year is £4.854m. Future assets and liabilities within the contract have been disclosed within note 31, Contingent Assets and Liabilities on page 223. This represents the assets which Althea are contractually obliged to provide to the Trust in future years.

The unitary charge payment made during the year has been calculated based on the assets within the model as updated for agreed variations, with cash payments smoothed over the life of the contract. Therefore there is an inherent pre-payment within the contract whereby the Trust is paying liabilities in advance of receipt of the equipment. The Trust has recognised a pre-payment within note 22 for this.

The liability shown in the following tables relates only to the assets which have been installed and the proportion of repayment associated with those assets.

The Trust's gross liability which it expects to repay until 2025 in relation to installed assets only is made up as follows:

	2017-18 £m	2016-17 £m
- not later than 1 year	2.520	1.632
- between 1 and 5 years	8.773	5.721
- later than 5 years	3.321	3.273
Gross MES Liabilities	**14.614**	**10.626**
Future Finance Costs	(3.018)	(2.445)
Net MES Liabilities	**11.596**	**8.181**

The net liability will be paid over the following years:

	2017-18 £m	2016-17 £m
- not later than 1 year	1.697	1.044
- between 1 and 5 years	6.788	4.178
- later than 5 years	3.111	2.959
Net MES Liabilities	**11.596**	**8.181**

The Trust expects that the following payments in relation to Service Charges will be incurred in future periods (based on the contract inclusive of not yet installed assets):

	2017-18 £m	2016-17 £m
- not later than 1 year	4.440	3.656
- between 1 and 5 years	12.281	12.557
- later than 5 years	5.964	9.276
Total	**22.685**	**25.489**

The total future payments expected by the Trust are (inclusive of not yet installed assets):

	2017-18 £m	2016-17 £m
- not later than 1 year	6.986	6.295
- between 1 and 5 years	23.116	23.224
- later than 5 years	17.550	23.298
Gross Payments Due	**47.652**	**52.817**
Future Finance Costs	(5.098)	(5.371)
Net Present Value of Future Payments	**42.554**	**47.776**

Managed Equipment Service with D-Hive Limited

The Trust entered into an agreement on 1 April 2017 with D-Hive Ltd (the Trust's subsidiary company) for the supply and maintenance of both Medical and Non-Medical Equipment. All entries between the Trust and D-Hive were eliminated upon consolidation to the Group Accounts. During the year, the following additions were made, incurring additional liabilities for the Trust:

- £0.241m additions to the Trusts Building assets for construction costs associated with equipment installations and improving the accessability for the patients we treat.
- £0.395m on new car parking equipment including entry and exit barriers and new payment machines to allow patients and visitors to pay by card in all the Trusts on-site car parks.
- £0.466m on mammography equipment to extend the services available to patients. In addition a further £0.109m has been invested in pathology equipment to assist with the analysis of an increased number of mammography samples
- £0.265m has been invested into a new robot which will improve the management and distribution of drugs within the Pharmacy department. It is hoped that this new system will reduce the cost of wasted drugs and speed up the process of discharge of our patients.
- £0.198m on new image intensifiers used to provide real time imaging across three of the Trusts sites
- £0.071m on a waste disposal system used in the Urology Day Case Theatre

These additions have improved the service we are able to provide to our patients and their families. Due to funding restrictions within the NHS, none of these improvements would have been achieved without the provision of the MES from the Trust's subsidiary.

The total value of the assets and liabilities recognised within the year is £1.745m. Future assets and liabilities within the contract have been disclosed within note 31, Contingent Assets and Liabilities on page 223. This represents the assets which D-Hive are contractually obliged to provide to the Trust in future years.

The unitary charge payment made during the year has been calculated based on the assets within the model as updated for agreed variations, with cash payments smoothed over the life of the contract. Therefore there is an inherent pre-payment within the contract whereby the Trust is paying liabilities in advance of receipt of the equipment. The Trust has recognised a pre-payment within note 22 for this.

The liability shown in the following tables relates only to the assets which have been installed and the proportion of repayment associated with those assets. The Trust's gross liability which it expects to repay until 2025 in relation to installed assets only is made up as follows:

	2017-18 £m	2016-17 £m
- not later than 1 year	0.237	0.000
- between 1 and 5 years	0.875	0.000
- later than 5 years	0.772	0.000
Gross MES Liabilities	**1.884**	**0.000**
Future Finance Costs	(0.248)	0.000
Net MES Liabilities	**1.636**	**0.000**

The net liability will be paid over the following years:

	2017-18 £m	2016-17 £m
- not later than 1 year	0.185	0.000
- between 1 and 5 years	0.732	0.000
- later than 5 years	0.719	0.000
Net MES Liabilities	**1.636**	**0.000**

The Trust expects that the following payments in relation to Service Charges will be incurred in future periods (based on the contract inclusive of not yet installed assets):

	2017-18 £m	2016-17 £m
- not later than 1 year	0.294	0.000
- between 1 and 5 years	1.170	0.000
- later than 5 years	0.915	0.000
Total	**2.379**	**0.000**

The total future payments expected by the Trust are (inclusive of not yet installed assets):

	2017-18 £m	2016-17 £m
- not later than 1 year	0.481	0.000
- between 1 and 5 years	1.908	0.000
- later than 5 years	1.457	0.000
Gross Payments Due	**3.846**	**0.000**
Future Finance Costs	(0.248)	0.000
Net Present Value of Future Payments	**3.598**	**0.000**

14. Retirements Due to Ill-Health

During the year there were 9 retirements due to ill health (5 in 2016-17). This was at an additional cost of £0.587m (£0.324m in 2016-17). The cost of these ill health retirements will be borne by the NHS Business Services Authority, Pensions Division.

15. Pension Costs
NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017,

updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.
The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

NEST Pension
Where employees are not eligible to join the NHS pension scheme they are auto-enrolled into the NEST pension scheme. The Trust is required to make an employer's contribution of 1% of the employees salary to this scheme (2% from April 2018); this year the Trust has contributed a total of £21,876 (2016-17 was £14,733).

16. Better Payment Practice Code
The Better Payment Practice Code requires the payment of undisputed invoices by the due date or within 35 days of receipt of goods or a valid invoice, whichever is later.

In 2017-18 the Trust paid 102,835 invoices, 14.38% of which were within the target payment dates (99,446 invoices, 19.52% in 2016-17).

This amounted to total payments of £102.931m, 38.49% within the target payment terms (£263.285m, 49.79% in 2016-17).
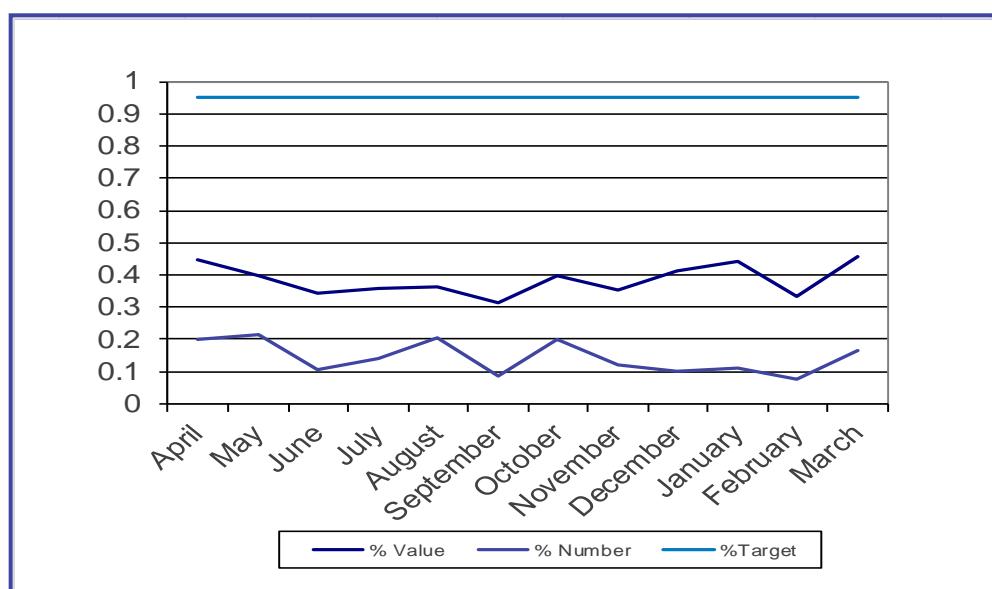
17. Subsidiaries, Associates and Joint Arrangements

The Trust has 1 subsidiary company, D-Hive Ltd group (including its subsidiary company, Clinicians Connected Limited) and 1 subsidiary charity, Derby Hospitals Charitable Trust (known as Derby Hospitals Charity).

During the year, the Trust has held shares in one further company, iQudos Limited at 25% of shareholding. The Trust shareholding is based on a nominal value (£1 or less) per share, which is an immaterial amount and therefore there are no investment assets shown as being held on the balance sheet. The results to date are not material and therefore iQudos has not been consolidated into the Trust or Group Accounts.

D-Hive Ltd Group

D-Hive Ltd (company no. 06982953) was set up by the Trust in 2015-16 with the intention that it will be a trading entity and deliver a variety of profitable, commercially led opportunities covering pharmacy, manufacturing and managed services to customers both within and outside of the health community. The Trust has invested £1.087m in D-Hive Ltd.

D-Hive Ltd has a subsidiary company, Clinicians Connected Ltd (company no. 10250431) which began operating in 2016. The purpose of Clinicians Connected Ltd is to provide the health community with more cost effective access to overseas medical professionals, reducing the cost of recruitment.

Both companies have incurred a loss during 2017-18 due to the initial set-up costs for the businesses, however are both forecast to deliver a profit in future years. As a result, D-Hive Ltd has accrued for Corporation Tax relief. The financial performance of both companies has been consolidated into the group position for the Trust. Both companies single entitiy accounts are available at Companies House. D-Hive and Clinicians Connected are exempt from the requirements relating to the audit of accounts under section 479A of the Companies Act 2006.

Derby Hospitals Charity

Derby Hospitals Charity (charity no. 1061812) aims to support the delivers of innovative, cost effective and value for money charity solutions, with a focus on ensuring that money is spent effectively to enhance patient care. The charities strategic aims over the five year period of 2016-17 to 2020-21 include reducing the level of reserves held by the Charity by increasing the level of support and expenditure given in achieving its public benefit purpose; to make patients lives better. The Charity is on track to achieve this target, having spent £2.7m this financial year, whch compares to £3m expenditure the previous year.

18. Impairments and Revaluations

The Trusts Land and Building assets were revalued on 31 March 2016 by a RICS qualified valuer. This valuation has been adjusted for indexation as at 31 March 2017and then again at 31 March 2018. The indecies used were the ONS Interim Construction Output Price Indices (OPIs). The changes to assets this financial year were:

Royal Derby Hospital

Asset	1 April Valuation £m	Movement in Year £m	Asset Value pre Indexation £m	Indexation £m	Gain / (Loss) £	Charged to
Orthotics Rehab Block	0.460	0.000	0.460	0.472	0.012	Gain to RR
Childrens Hospital	14.660	0.306	14.966	15.042	0.076	Gain to RR
Boiler House	0.408	0.000	0.408	0.419	0.011	Gain to RR
Car Park 2 (multi-storey)	1.055	0.000	1.055	1.080	0.025	Gain to RR
Car Park Office	0.030	0.000	0.030	0.031	0.001	Gain to RR
Heli-Pad	0.267	0.000	0.267	0.274	0.007	Gain to RR
Infrastructure	9.472	0.066	9.538	9.698	0.160	Gain to RR
Kings Treatment Centre	34.614	0.000	34.614	35.516	0.902	Gain to RR
Mat and Gynae Block	35.641	0.000	35.641	36.570	0.929	Gain to RR
Main Hospital	124.660	1.574	126.234	127.909	1.675	Gain to RR
Medical Outpatients	3.568	0.000	3.568	3.661	0.093	Gain to RR
MAU / SAU / CCU	7.450	0.000	7.450	7.644	0.194	Gain to RR
Rehabilitation Block	12.661	0.000	12.661	12.991	0.330	Gain to RR
School of Nursing	10.814	0.000	10.814	11.095	0.281	Gain to RR
Total	**255.760**	**1.946**	**257.706**	**262.402**	**4.696**	

London Road Community Hospital

Asset	1 April Valuation £m	Movement in Year £m	Asset Value pre Indexation £m	Indexation £m	Gain / (Loss) £	Charged to
Car Park	0.391	0.000	0.391	0.402	0.011	Gain to RR
Main Hospital	13.413	0.411	13.824	13.763	(0.061)	Loss to RR
Community Building	4.908	0.000	4.908	5.035	0.127	Gain to RR
Estates Office	0.173	0.066	0.239	0.177	(0.062)	Loss to RR
Infrastructure	1.083	0.011	1.094	1.109	0.015	Gain to RR
Total	**19.968**	**0.488**	**20.456**	**20.486**	**0.030**	

Manor Car Park (Staff parking at Royal Derby Hospital)

The site was valued at £3.498m 31 March 2017 and no material value had been spent during the year. The assets indexed valued was calculated as £3.582m which results in gain to the Revaluation Reserve of £0.084m.

19. Property, Plant and Equipment

Property Plant and Equipment relates to tangible (physical) assets of the Trust which are held for their future service potential. This excludes any assets held for the purpose of generating cash (Investment Properties) and assets which are activiely marketed and available for sale. Assets include the Royal Derby Hospital, the London Road Community Hospital and Medical Equipment.

The movements in Property Plant and Equipment assets for the Trust are shown in the following table. *AUC – Assets Under Construction, this relates to the cost already incurred on Tangible Assets which are not currently in a condition fit for operational use.

2017-18 - Single Entity								
	Land	Buildings & Structures	Dwellings	AUC*	Plant & Machinery	Transport Equipment	IT Equipment	Furniture & Fittings	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Gross Book Value 1 April	**16.749**	**290.055**	**0.386**	**2.264**	**60.469**	**0.068**	**5.715**	**3.363**	**379.069**
Purchases	0.000	2.071	0.000	3.493	2.356	0.000	0.862	0.035	8.817
MES Addition	0.000	0.628	0.000	0.160	5.620	0.000	0.015	0.000	6.423
Grants & Donations	0.000	0.000	0.000	0.073	0.411	0.000	0.000	0.000	0.484
Impairments	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Revaluation Loss	0.000	(0.122)	0.000	0.000	0.000	0.000	0.000	0.000	(0.122)
Revaluation Gain	0.000	4.933	0.000	0.000	0.000	0.000	0.000	0.000	4.933
Reclassifications	0.000	0.101	0.000	(1.136)	(0.761)	0.041	0.343	0.847	(0.565)
Disposals	0.000	0.000	0.000	(0.171)	(3.357)	0.000	0.000	(0.727)	(4.255)
Gross Book Value 31 March	**16.749**	**297.666**	**0.386**	**4.683**	**64.738**	**0.109**	**6.935**	**3.518**	**394.784**
Depreciation 1 April	**0.000**	**6.115**	**0.178**	**0.000**	**35.975**	**0.047**	**2.422**	**2.473**	**47.210**
Provided in year	0.000	1.878	0.006	0.000	4.639	0.005	0.658	0.325	7.511
Reclassifications	0.000	0.003	0.000	0.000	(1.309)	0.032	0.116	0.643	(0.515)
Disposals	0.000	0.000	0.000	0.000	(2.801)	0.000	0.000	(0.727)	(3.528)
Depreciation 31 March	**0.000**	**7.996**	**0.184**	**0.000**	**36.504**	**0.084**	**3.196**	**2.714**	**50.678**
Net Book Value 1 April	**16.749**	**283.940**	**0.208**	**2.264**	**24.494**	**0.021**	**3.293**	**0.890**	**331.859**
Movement in Year	0.000	5.730	(0.006)	2.419	3.740	0.004	0.446	(0.086)	12.247
Net Book Value 31 March	**16.749**	**289.670**	**0.202**	**4.683**	**28.234**	**0.025**	**3.739**	**0.804**	**344.106**
Made up of:									
Owned	16.749	22.813	0.202	4.681	11.051	0.007	3.599	0.765	59.867
PFI / MES	0.000	266.857	0.000	0.000	13.451	0.000	0.000	0.000	280.308
Donated & Granted	0.000	0.000	0.000	0.002	3.732	0.018	0.140	0.039	3.931
Net Book Value 31 March	**16.749**	**289.670**	**0.202**	**4.683**	**28.234**	**0.025**	**3.739**	**0.804**	**344.106**

Notes to the Accounts

The Trusts subsidiary, D-Hive, provided the Trust with assets under an MES. These assets were also held on the balance sheet of D-Hive Limited. The adjustments to the PPE note upon consolidation of D-Hive are detailed in the following table.

2017-18 Consolidation Entries	Buildings & Structures £m	AUC* £m	Plant & Machinery £m	IT Equipment £m	Furniture & Fittings £m	Total £m
Gross Book Value 1 April	**0.000**	**0.272**	**0.000**	**0.000**	**0.000**	**0.272**
Add Transactions of Subsidiary Companies (D-Hive purchases):						
D-Hive Additions	0.000	0.494	0.604	0.018	0.010	1.126
D-Hive Transfers	0.000	(0.272)	0.272	0.000	0.000	0.000
Remove Duplicated Assets from Trust Accounts (D-Hive MES):						
MES Additions	(0.081)	(0.160)	(1.313)	(0.015)	0.000	(1.569)
MES Transfers	0.000	0.175	(0.190)	0.015	0.000	(0.000)
Gross Book Value 31 March	**(0.081)**	**0.509**	**(0.627)**	**0.018**	**0.010**	**(0.171)**
Depreciation 1 April	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**
Add Transactions of Subsidiary Companies (D-Hive purchases):						
Provided in Year	0.000	0.000	0.066	0.002	0.000	0.068
Remove Duplicated Assets from Trust Accounts (D-Hive MES):						
Provided in Year	0.000	0.000	(0.018)	0.000	0.000	(0.018)
Depreciation 31 March	**0.000**	**0.000**	**0.048**	**0.002**	**0.000**	**0.050**
Net Book Value 1 April	**0.000**	**0.272**	**0.000**	**0.000**	**0.000**	**0.272**
Movement in Year	(0.081)	0.237	(0.675)	0.016	0.010	(0.493)
Net Book Value 31 March	**(0.081)**	**0.509**	**(0.675)**	**0.016**	**0.010**	**(0.221)**
Made up of:						
Owned	0.000	0.494	0.810	0.016	0.010	1.330
PFI / MES	(0.081)	0.015	(1.485)	0.000	0.000	(1.551)
Donated & Granted						0.000
Net Book Value 31 March	**(0.081)**	**0.509**	**(0.675)**	**0.016**	**0.010**	**(0.221)**

Which has resulted in a group position as follows:

2017-18 - Group Entity	Land £m	Buildings & Structures £m	Dwellings £m	AUC* £m	Plant & Machinery £m	Transport Equipment £m	IT Equipment £m	Furniture & Fittings £m	Total £m
Gross Book Value 1 April	**16.749**	**290.055**	**0.386**	**2.536**	**60.469**	**0.068**	**5.715**	**3.363**	**379.341**
Purchases	0.000	2.072	0.000	3.987	2.960	0.000	0.880	0.045	9.944
MES Addition	0.000	0.547	0.000	0.000	4.307	0.000	0.000	0.000	4.854
Grants & Donations	0.000	0.000	0.000	0.073	0.411	0.000	0.000	0.000	0.484
Impairments	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Revaluation Loss	0.000	(0.122)	0.000	0.000	0.000	0.000	0.000	0.000	(0.122)
Revaluation Gain	0.000	4.933	0.000	0.000	0.000	0.000	0.000	0.000	4.933
Reclassifications	0.000	0.101	0.000	(1.233)	(0.679)	0.041	0.358	0.847	(0.565)
Disposals	0.000	0.000	0.000	(0.171)	(3.357)	0.000	0.000	(0.727)	(4.255)
Gross Book Value 31 March	**16.749**	**297.586**	**0.386**	**5.192**	**64.111**	**0.109**	**6.953**	**3.528**	**394.614**
Depreciation 1 April	**0.000**	**6.115**	**0.178**	**0.000**	**35.975**	**0.047**	**2.422**	**2.473**	**47.210**
Provided in year	0.000	1.878	0.006	0.000	4.687	0.005	0.660	0.325	7.561
Reclassifications	0.000	0.003	0.000	0.000	(1.309)	0.032	0.116	0.643	(0.515)
Disposals	0.000	0.000	0.000	0.000	(2.801)	0.000	0.000	(0.727)	(3.528)
Depreciation 31 March	**0.000**	**7.996**	**0.184**	**0.000**	**36.552**	**0.084**	**3.198**	**2.714**	**50.728**
Net Book Value 1 April	**16.749**	**283.940**	**0.208**	**2.536**	**24.494**	**0.021**	**3.293**	**0.890**	**332.131**
Movement in Year	0.000	5.650	(0.006)	2.656	3.065	0.004	0.462	(0.076)	11.755
Net Book Value 31 March	**16.749**	**289.590**	**0.202**	**5.192**	**27.559**	**0.025**	**3.755**	**0.814**	**343.886**
Made up of:									
Owned	16.749	22.814	0.202	5.175	11.861	0.007	3.615	0.775	61.198
PFI / MES	0.000	266.776	0.000	0.015	11.966	0.000	0.000	0.000	278.757
Donated & Granted	0.000	0.000	0.000	0.002	3.732	0.018	0.140	0.039	3.931
Net Book Value 31 March	**16.749**	**289.590**	**0.202**	**5.192**	**27.559**	**0.025**	**3.755**	**0.814**	**343.886**

The movements in the Group Property Plant and Equipment assets for 2016-17 were (inclusive of £0.272m AUC from D-Hive Limited):

	Land	Buildings & Structures	Dwellings	AUC*	Plant & Machinery	Transport Equipment	IT Equipment	Furniture & Fittings	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Gross Book Value 1 April	**16.749**	**281.456**	**0.386**	**4.625**	**53.368**	**0.158**	**7.622**	**3.360**	**367.724**
Purchases	0.000	2.018	0.000	2.623	2.317	0.000	0.814	0.083	7.855
MES Addition	0.000	0.517	0.000	0.000	7.136	0.000	0.000	0.000	7.653
Grants & Donations	0.000	0.133	0.000	0.003	0.694	0.016	0.043	0.003	0.892
Impairments	0.000	(1.338)	0.000	0.000	0.000	0.000	0.000	0.000	(1.338)
Revaluation Loss	0.000	(0.087)	0.000	0.000	0.000	0.000	0.000	0.000	(0.087)
Revaluation Gain	0.000	3.437	0.000	0.000	0.000	0.000	0.000	0.000	3.437
Reclassifications	0.000	4.494	0.000	(4.417)	(0.283)	0.000	0.140	0.040	(0.026)
Disposals	0.000	(0.575)	0.000	(0.298)	(2.763)	(0.106)	(2.904)	(0.123)	(6.769)
Gross Book Value 31 March	**16.749**	**290.055**	**0.386**	**2.536**	**60.469**	**0.068**	**5.715**	**3.363**	**379.341**
Depreciation 1 April	**0.000**	**4.615**	**0.172**	**0.000**	**34.666**	**0.145**	**4.666**	**2.242**	**46.506**
Provided in year	0.000	1.633	0.006	0.000	4.251	0.004	0.544	0.315	6.753
Reclassifications	0.000	0.141	0.000	0.000	(0.311)	0.000	0.121	0.034	(0.015)
Disposals	0.000	(0.274)	0.000	0.000	(2.631)	(0.102)	(2.909)	(0.118)	(6.034)
Depreciation 31 March	**0.000**	**6.115**	**0.178**	**0.000**	**35.975**	**0.047**	**2.422**	**2.473**	**47.210**
Net Book Value 1 April	**16.749**	**276.841**	**0.214**	**4.625**	**18.702**	**0.013**	**2.956**	**1.118**	**321.218**
Movement in Year	0.000	7.099	(0.006)	(2.089)	5.792	0.008	0.337	(0.228)	10.913
Net Book Value 31 March	**16.749**	**283.940**	**0.208**	**2.536**	**24.494**	**0.021**	**3.293**	**0.890**	**332.131**
Made up of:									
Owned	16.749	22.902	0.208	2.536	10.837	(0.001)	3.217	0.842	57.290
PFI / MES	0.000	261.038	0.000	0.000	9.058	0.000	0.000	0.000	270.096
Donated & Granted	0.000	0.000	0.000	0.000	4.599	0.022	0.076	0.048	4.745
Net Book Value 31 March	**16.749**	**283.940**	**0.208**	**2.536**	**24.494**	**0.021**	**3.293**	**0.890**	**332.131**

*AUC – Assets Under Construction, this relates to the cost already incurred on Tangible Assets which are not currently in a condition fit for operational use.

20. Intangible Assets

Intangible assets relate to assets which bring long term benefit to the Trust, but are not physical in nature, such as, software licences for the Trusts computer systems. Movement on the value of Intangible Assets during the year is as follows:

	2017-18			2016-17		
	Software Licences £m	AUC £m	Total £m	Software Licences £m	AUC £m	Total £m
Gross Value 1 April	**5.155**	**0.094**	**5.249**	**4.680**	**0.001**	**4.681**
Additions – purchased	0.062	0.673	0.735	1.092	0.094	1.186
Reclassifications	0.657	(0.092)	0.565	0.026	0.000	0.026
Disposals	0.000	0.000	0.000	(0.643)	(0.001)	(0.644)
Gross Value 31 March	**5.874**	**0.675**	**6.549**	**5.155**	**0.094**	**5.249**
Amortisation 1 April	**2.117**	**0.000**	**2.117**	**1.984**	**0.000**	**1.984**
Provided during the year	0.895	0.000	0.895	0.761	0.000	0.761
Reclassifications	0.515	0.000	0.515	0.015	0.000	0.015
Disposals	0.000	0.000	0.000	(0.643)	0.000	(0.643)
Amortisation 31 March	**3.527**	**0.000**	**3.527**	**2.117**	**0.000**	**2.117**
Net Value 1 April	**3.038**	**0.094**	**3.132**	**2.696**	**0.001**	**2.697**
Net Movement in Year	(0.691)	0.581	(0.110)	0.342	0.093	0.435
Net Value 31 March	**2.347**	**0.675**	**3.022**	**3.038**	**0.094**	**3.132**
Made up of:						
Purchased	2.233	0.675	2.908	2.853	0.095	2.948
Donated	0.114	0.000	0.114	0.185	0.000	0.185
Net Value 31 March	**2.347**	**0.675**	**3.022**	**3.038**	**0.095**	**3.133**

21. Inventories

All of the Trusts inventories relate to the purchase of materials for the provision of healthcare. The Trust does not produce or hold inventories for the purpose of re-sale.

	Trust				Group	
	Drugs £m	Consumables £m	Energy £m	Total £m	Derby Hospitals Charity £m	Total £m
Value 1 April 2016	**2.436**	**3.585**	**0.107**	**6.128**	**0.000**	**6.128**
Additions	39.932	24.877	0.002	64.811	0.001	64.812
Inventories consumed	(39.658)	(24.951)	(0.012)	(64.621)	0.000	(64.621)
Write-downs	(0.181)	(0.044)	0.000	(0.225)	0.000	(0.225)
Value 31 March 2017	**2.529**	**3.467**	**0.097**	**6.093**	**0.001**	**6.094**
Additions	61.543	52.138	0.002	113.683	0.000	113.683
Inventories consumed	(61.105)	(51.824)	0.000	(112.929)	(0.001)	(112.930)
Write-downs	(0.140)	(0.133)	0.000	(0.273)	0.000	(0.273)
Value 31 March 2018	**2.827**	**3.648**	**0.099**	**6.574**	**0.000**	**6.574**

Derby Hospitals Charity inventory relates to T-Shirts given to participants at chartiy events.

22. Trade and Other Receivables

	Current				Non-Current	
	Trust		**Group**		**Trust**	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
NHS receivables	14.757	16.090	14.757	16.090	0.000	0.000
Other Related Parties	0.294	0.237	0.294	0.237	0.000	0.000
Accrued Income	5.889	11.522	5.889	11.522	0.000	0.000
PDC Receivable	0.000	0.000	0.000	0.000	0.000	0.000
Other Receivables	2.540	4.235	2.649	4.625	0.000	0.000
London Road Sale	0.000	0.000	0.000	0.000	5.250	5.250
Charitable Fund Debtors	0.177	0.401	0.000	0.000	0.000	0.000
Total Owed to the Trust	**23.657**	**32.485**	**23.589**	**32.474**	**5.250**	**5.250**
PFI Lifecycle Equipment	0.270	0.373	0.270	0.373	5.416	4.800
MES Liability	4.305	3.289	3.688	3.289	0.000	0.000
Equipment Maintenance	0.050	0.050	0.050	0.050	0.100	0.150
Other Prepayments	2.127	2.032	2.127	2.032	0.000	0.000
Total Prepayments	**6.752**	**5.744**	**6.135**	**5.744**	**5.516**	**4.950**
Bad Debt Provision	(1.539)	(1.489)	(1.539)	(1.489)	0.000	0.000
Current Receivables	**28.870**	**36.740**	**28.185**	**36.729**	**10.766**	**10.200**
Tax Receivable	3.146	2.946	3.146	2.951	0.000	0.000
Total Receivables	**32.016**	**39.686**	**31.331**	**39.680**	**10.766**	**10.200**

NHS receivables do not include any prepaid pension contributions. The majority of trade is with CCG's and NHS England, as commissioners for NHS patient care services. As CCG's and NHS England are funded by government to buy NHS patient care services, no credit scoring of them is considered necessary.

Ageing of Impaired Receivables

	2017-18 £m	2016-17 £m
Up to three months	0.144	0.120
In three to six months	0.078	0.078
Over six months	1.317	1.291
Total	**1.539**	**1.489**

Provision for Bad Debt

	2017-18 £m	2016-17 £m
Balance at 1 April	**1.489**	**1.123**
Increase in provision	0.050	0.366
Balance as at 31 March	**1.539**	**1.489**

Ageing of Non-Impaired Receivables

	2017-18 £m	2016-17 £m
Up to three months	24.356	32.285
In three to six months	0.246	0.414
Over six months	4.268	2.552
Total	**28.870**	**35.251**

23. Other Current Assets

Other Current Assets of £0.009m reported in the Statement of Financial Position relate to the EU Energy Trading Scheme credits.

24. Trade and Other Payables

Amounts owed by the Trust which are current i.e. payable within 12 months, can be analysed as follows:

	Trust		Group	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
NHS Payables	6.178	4.471	6.178	4.471
Other Related Parties	4.995	4.932	4.995	4.932
Capital Trade Payables	4.177	4.752	4.177	4.752
Other Trade Payables	10.287	17.873	10.287	17.873
Accruals	20.657	12.649	20.657	12.649
Other Payables	1.720	1.804	2.147	2.198
Amounts Owed	**48.014**	**46.481**	**48.441**	**46.875**
Receipts in Advance	1.141	1.111	1.141	1.111
Current Payables	**49.155**	**47.592**	**49.582**	**47.986**
Tax Payable	7.540	7.039	7.576	7.053
Total Payables	**56.695**	**54.631**	**57.158**	**55.039**

ER's and EE's pensions contributions of £4.701m were outstanding at the balance sheet date (£4.574m 2016-17).

25. Borrowing

Current Liabilities in respect of loans and other borrowings are:

	Single Entity		Group Entity	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
FT Financing Loans	0.000	1.590	0.000	1.590
PDC Support Loan	36.100	0.000	36.100	0.000
DoH Loan	4.309	1.750	4.309	1.750
D-Hive MES	0.185	0.000	0.000	0.000
MES Liability	1.697	1.044	1.697	1.044
PFI Liability	6.478	6.311	6.478	6.311
Total	**48.769**	**10.695**	**48.584**	**10.695**

Non Current Liabilities in respect of loans and other borrowings are:

	Single Entity		Group Entity	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
FT Financing Loans	8.100	0.000	8.100	0.000
PDC Support Loan	0.000	36.100	0.000	36.100
Revenue Support Loan	36.337	33.760	36.337	33.760
Working Capital	35.723	0.000	35.723	0.000
DoH Loan	2.965	1.960	2.965	1.960
D-Hive MES	1.451	0.000	0.000	0.000
MES Liability	9.899	7.137	9.899	7.137
PFI Liability	275.492	281.970	275.492	281.970
Total	**369.967**	**360.927**	**368.516**	**360.927**

26. Provisions

Provisions relate to liabilities that the Trust is probably going to be required to pay in the future. The liability will relate to circumstances which were in place at the balance sheet date however either the amount the Trust will be required to pay or when the Trust will be required to pay it or both are uncertain at this time.

	2017-18			2016-17		
	Staff Pensions £m	Other Provisions £m	Total £m	Staff Pensions £m	Other Provisions £m	Total £m
Liabilities at 1 April	**0.791**	**3.432**	**4.223**	**0.780**	**3.228**	**4.008**
Arising during the year	0.007	0.397	0.404	0.007	0.245	0.252
Utilised during the year	(0.072)	(0.231)	(0.303)	(0.072)	(0.307)	(0.379)
Change in discount rate	0.005	0.040	0.045	0.045	0.306	0.351
Reverse Unused	(0.002)	(0.376)	(0.378)	(0.012)	(0.139)	(0.151)
Unwinding of discount	0.027	0.061	0.088	0.043	0.099	0.142
Liabilities at 31 March	**0.756**	**3.323**	**4.079**	**0.791**	**3.432**	**4.223**
Expected timing of cash flows:						
- not later than 1 year	0.072	0.681	0.753	0.072	0.730	0.802
Current Liabilities	**0.072**	**0.681**	**0.753**	**0.072**	**0.730**	**0.802**
- between 1 and 5 years	0.288	0.577	0.865	0.284	0.578	0.862
- later than 5 years	0.396	2.065	2.461	0.435	2.124	2.559
Non Current Liabilities	**0.684**	**2.642**	**3.326**	**0.719**	**2.702**	**3.421**
Total Provisions	**0.756**	**3.323**	**4.079**	**0.791**	**3.432**	**4.223**

Staff Pension Provision relates to the Compensation Pension (redundancy) obligation the Trust holds with NHS Pensions. The Trust makes provision for the expected cost of the commitment based on the life expectancy of each individual. The Other Provisions include:

- £0.072m relating to claims made by employees and members of the public which are covered by the Trust's Public and Employer's Liability insurance (£0.119m 2016-17). The provision relates to probable level of excess that may become due on all claims. The Trust also holds a Contingent Liability as detailed in note 31 which is the difference between the provision and the maximum possible amount the Trust would be liable for if all claims were settled at excess or above.
- £2.786m relating to the probable amount due to the NHS Pension Scheme for contributions relating to ex employees who retired under the Injury Benefits Scheme prior to 2004 (£2.848m in 2016-17). The Trust makes provision for the expected cost of the commitment based on the life expectancy of each individual.
- £0.224m relates to a VAT liability which the Trust may be required to pay following the outcome of an ongoing national review HMRC are currently undertaking into NHS car leasing schemes (£0.398m in 2016-17). The provision covers the period of 1 Jan 2012 to 31 March 2018.
- £0.240m relates to a potential VAT liability in relation to care provided on behalf of Virgin Care

£242.578m is included in provisions of the NHS Litigation Authority in respect of outstanding clinical negligence liabilities of the Trust (£209.442m in 2016-17). The Trust pays an annual contribution to the NHSLA which settles all the clinical negligence claims of the Trust.

27. Other Liabilities

Other Liabilities reported in the Statement of Financial Position relate to Deferred Income.

	1 April £m	Income £m	Spend £m	31 March £m
Current				
Health Education England	2.321	0.310	(0.655)	1.976
Local Authorities	0.018	0.004	0.000	0.022
Trusts and Foundation Trusts	0.081	0.414	(0.495)	0.000
Department of Health	0.465	0.000	(0.233)	0.232
Public Health England	0.000	0.068	(0.068)	0.000
CCGs & NHS England	3.472	0.882	(1.394)	2.960
Government Bodies	0.024	0.030	0.000	0.054
Sundry	1.715	1.690	(1.936)	1.469
Total Current	**8.096**	**3.398**	**(4.781)**	**6.713**

28. Cash and Cash Equivalents

Cash and Cash Equivalents relate to amounts held by the Trust as;

	Trust		Group	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Balance at 1 April	**8.705**	**1.858**	**10.207**	**2.412**
Net change in year	6.878	6.847	6.442	7.795
Balance at 31 March	**15.583**	**8.705**	**16.649**	**10.207**
Made up of :				
Government Banking	15.438	8.423	15.439	8.427
Commercial Banks	0.134	0.273	1.199	1.771
Cash in Hand	0.011	0.009	0.011	0.009
Balance at 31 March	**15.583**	**8.705**	**16.649**	**10.207**

Cash includes Petty Cash or Cash Receivables not yet banked. The Government Banking Service relates to amounts with Natwest RBS. Commercial Bank Accounts are with Lloyds Bank.

29. Financial Instruments
Financial Liabilities

	Trust				Group			
	Carrying Value		Fair Value		Carrying Value		Fair Value	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Current:								
Payables	40.208	40.344	40.208	40.344	41.058	40.947	41.058	40.344
PFI Obligations	8.360	7.355	8.360	7.355	8.175	7.355	8.175	7.355
Borrowings	40.409	3.340	40.409	3.340	40.409	3.340	40.409	3.340
Balance at 31 March	**88.977**	**51.039**	**88.977**	**51.039**	**89.642**	**51.642**	**89.642**	**51.039**
Non-Current:								
Borrowings	83.125	71.820	79.041	64.884	83.125	71.820	79.041	64.884
PFI Obligations	286.843	289.107	178.837	129.362	285.391	289.107	177.582	129.362
Balance at 31 March	**369.968**	**360.927**	**257.878**	**194.246**	**368.516**	**360.927**	**256.623**	**194.246**

Maturity of Financial Liabilities

	Trust		Group	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
- not later than 1 year	88.977	51.039	89.642	51.642
- between 1 and 5 years	121.959	99.304	121.227	99.304
- later than 5 years	248.008	261.623	247.289	261.623
Total	**458.944**	**411.966**	**458.158**	**412.569**

Financial Assets

	Trust				Group			
	Carrying Value		Fair Value		Carrying Value		Fair Value	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Current:								
Loans and Receivables	16.052	26.522	16.052	26.522	16.345	27.106	16.345	27.106
Cash and Equivalents	15.583	8.705	15.583	8.705	16.649	10.207	16.649	10.207
Balance at 31 March	**31.635**	**35.227**	**31.635**	**35.227**	**32.994**	**37.313**	**32.994**	**37.313**
Non- Current:								
Investments	0.000	0.000	0.000	0.000	7.762	7.900	7.762	7.900
Loans and Receivables	5.350	5.350	5.022	5.024	5.350	5.400	5.022	5.024
Balance at 31 March	**5.350**	**5.350**	**5.022**	**5.024**	**13.112**	**13.300**	**12.784**	**12.924**

Investments are held at Fair Value through Income and Expenditure

Analysis of Risk

The Trust is not exposed to the degree of financial risk faced by business entities. The Trust's borrowing at the balance sheet date is from Government entities and the power to invest is limited to only low risk entities. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities. The Trust's treasury management operations are carried out in the finance department, within parameters defined formally in the Trust's Standing Financial Instructions and policies as agreed by the Board of Directors. This also applies to the subsidiaries of the Trust.

Currency risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The majority of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest; bank deposits are exposed to variable rates of interest. Therefore Derby Teaching Hospitals NHS Foundation Trust is not exposed to significant interest rate risk. Charitable fund investments are subject to market investment rate fluctuations in line with the investment portfolio determined by the trustees. Current liabilities of the Charity are covered by identified cash resources and are therefore not subject to interest rate risk.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers, as disclosed in note 22 - Trade and Other Receivables.

Liquidity risk

The Trust's net operating costs are incurred under annual service contracts with local Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust also finances some of its capital expenditure from funds made available from Government at an agreed amount. The Trust has submitted an annual plan to its regulator NHS Improvement which plans for a deficit, the Trust expects to receive PDC support in the form of loans from the Department of Health during the year, in order to be able to meet its cash commitments.

30. Capital Commitments

Trust does not have any unaccrued capital commitments at 31 March relating to Business as Usual and £1.986m committed in relation to loan funded schemes. All Estates works undertaken during the year were completed to a satisfactory and safe level at the balance sheet date.

31. Contingent Assets and Liabilities

Contingent Assets and Liabilities relate to possible assets or liabilities as a result of an event which has already taken place, however the Trust is unable to make a reliable estimation on the timing or amount of any potential benefit or cost, if it should occur at all. Neither are reported in the Statement of Financial Position due to this uncertainty.

Contingent Assets

The Trust has a potential asset in relation to equipment purchases due within the MES contract held with Althea, as detailed in note 13. The payments which are being made to Althea include assumptions regarding future assets. The assumed future benefit relating to these assets is:

- £4.955m assets are expected within the next 12 months.
- £4.576m worth of assets are due between 2 and 5 years.
- £2.291m of assets are due in more than 5 years.

Contingent Liabilities

The Trust has a potential liability in relation to equipment purchases within the MES contract held with Althea, as detailed in note 13. The inclusion of the Contingent Assets will in turn result in loan repayments. The Trust estimate its obligation in relation to this contract is £23.420m (£25.489m 2016-17).

Secondly the Trust has potential liabilties in relation to Public Liability and Employers Liability claims made against the Trust for where there is insufficient evidence to reliably estimate the level, if any, of obligation the Trust holds. The Trust estimate its obligation in relation to these claims is £0.185m (£0.154m 2016-17).

Thirdly, High Court proceedings were brought by Dr SH backed by the BMA seeking declarations that rota monitoring exercises were performed incorrectly by the Trust using Allocate software. The trial was concluded in February 2018 in the High Court in London. The Trust was a defendant only by chance in what was effectively a test case for the whole of the NHS. Dr SH sought more than 20 Declarations, and the High Court dismissed all but one, which relates to the "two strike" approach to pay provisions. This means that there may be a number of doctors in training who could bring claims for back dated pay, if they can show: that they worked on a rota in the last 6 years; that rota was the subject of a single valid monitoring round which showed the post belonged to a higher pay band; but they did not receive a payment because of the "two strikes" rule. We have not yet been notified of any such claims. We are taking steps to scope out how many doctors in training fall within this cohort of potential Claimants here at the Trust.

32. Related Party Transactions

Derby Teaching Hospitals NHS Foundation Trust is a body corporate established by order of the National Health Services Act 2006. During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust. One Executive Director of the Board has provided consultancy to a company (Globis Ltd) which had transactions of £41k with the Trust (£20k in 2016-17). Those transactions are thought to be significant to that company however the Director concerned was not involved in any of those transactions.

Subsidiaries, Associates and Joint Ventures

For further information regarding the nature of these relationships please read note 17. The following transactions have taken place between the Trust and its subsidiary group of companies:

- The Trust has spent £0.635m (£0.175m during 2016-17) with D-Hive Ltd
- The Trust has spent £0.025m (£0.025m 2016-17) with Clinicians Connected Ltd for membership to the recruitment resource sold by the company.
- The Trust has provided both D-Hive Ltd and Clinicians Connected Ltd with back office and management services as per a Service Level Agreement between the entities.

Derby Hospitals Charity

The Trust is Corporate Trustee of the Derby Hospitals Charity. Full audited accounts are prepared for the charity and the charity accounts (unaudited) have been consolidated into these accounts. At the Balance Sheet date, the Charity owed the Trust £0.177m in relation to Trade Payables, Salaries and other expenditure paid by the Trust on behalf of the Charity (£0.401m 2016-17).

Other Government Bodies

During the year the Trust had a significant number of material transactions with the Department and with other entities for which the Department is regarded as the parent entity, including NHS Southern Derbyshire CCG, NHS England, Health Education England and Other CCG's. In addition, the Trust has entered into transactions with other Government Departments and other Central and Local Government Bodies. The list below details the entities with transactions over £1.5m between the Trust and these bodies and the amounts outstanding between the parties at year end.

	Income £m	Expenditure £m	Receivable £m	Payable £m
NHS Southern Derbyshire CCG	308.717	1.978	4.113	3.173
NHS England - East Midlands Specialised Commissioni	79.334	0.000	3.654	0.000
Health Education England	30.763	0.000	0.590	1.976
NHS Erewash CCG	30.673	0.177	0.848	0.538
NHS England - North Midlands Local Office	15.771	0.000	1.800	0.000
NHS West Leicestershire CCG	10.673	0.000	0.118	0.000
NHS East Staffordshire CCG	9.782	0.000	0.240	0.000
Derbyshire Healthcare NHS Foundation Trust	4.989	1.155	0.541	0.197
Derbyshire Community Health Services NHS Foundatior	4.915	2.592	0.914	0.443
NHS Hardwick CCG	3.648	0.013	0.206	0.004
NHS South East Staffs and Seisdon Peninsular CCG	3.142	0.000	0.071	0.000
NHS North Derbyshire CCG	2.889	0.014	0.000	0.010
Burton Hospitals NHS Foundation Trust	2.219	1.824	0.599	1.027
University Hospitals of Leicester NHS Trust	1.877	0.180	0.569	0.034
NHS Nottingham West CCG	1.688	0.000	0.000	0.174
Nottingham University Hospitals NHS Trust	0.505	2.429	0.214	0.960
NHS Resolution (formerly NHS Litigation Authority)	0.000	10.529	0.000	0.000
NHS Blood and Transplant	0.000	1.958	0.000	0.020

33. Losses and Special Payments

There were 108 cases of losses and special payments (111 in 2016-17) totalling £0.319m (£0.354m 2016-17) paid during the year.

34. Charitable Funds Reserves

Derby Hospitals Charity has the following amounts in reserve:

- Unrestricted funds; £7.784m (£7.968m 2016-17)
- Restricted funds; £0.055m (£0.028m 2016-17)
- Endowment funds; £0.307m (£0.309m 2016-17)

	Current		Non Current	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Balance at 1 April	**0.000**	**0.041**	**7.940**	**7.295**
Investment Gains	0.000	0.000	0.000	1.145
Investment Losses	0.000	0.000	(0.077)	0.000
Withdraw of Funds	0.000	(0.041)	(0.100)	(0.500)
Deposit of Funds	0.000	0.000	0.000	0.000
Balance at 31 March	**0.000**	**0.000**	**7.763**	**7.940**

Investments

The Charity invests in ethically sound investment options held with Rathbones Brothers Ltd to maximise the value of the donations it receives. The annual movement on the Charity Invesments is shown in the table.

35. Net Cash Generated from / (Utilised in) Operations

	Trust Accounts		Group Accounts	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Operating Surplus / (Deficit)	**(24.668)**	**2.197**	**(25.026)**	**0.978**
Depreciation and Amortisation	8.406	7.514	8.456	7.514
Impairments	0.000	1.338	0.000	1.338
(Gain)/Loss on Disposal	0.298	0.686	0.298	0.686
Capital Donations	(0.853)	(0.917)	(0.362)	(0.426)
Movement in Revenue Receivables	7.448	(13.033)	8.341	(12.476)
Movement in Inventories	(0.481)	0.035	(0.480)	0.034
Movemnet in Revenue Payables	2.136	8.159	1.963	8.266
Movement in Other Liabilities	(1.382)	(0.659)	(1.382)	(0.659)
Movement in Provisions	(0.232)	0.073	(0.232)	0.073
Tax (Paid) / Received	0.501	0.945	0.524	0.960
Cash movement from Operating Activities	**(8.827)**	**6.338**	**(7.900)**	**6.288**

36. Net Cash Generated From / (Utilised in) Investing Activities

	Trust Accounts		Group Accounts	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Purchase of Fixed Assets	(9.386)	(8.218)	(11.005)	(8.981)
Receipts on Sale of Fixed Assets	0.429	0.049	0.429	0.049
Purchase of New Investments	0.000	(1.000)	0.000	0.000
Receipts on Sale of Investments	0.000	0.000	0.100	0.541
Investment Income Received	0.060	0.034	0.282	0.254
Investment Dividend Received	0.000	0.005	0.000	0.005
	(8.897)	**(9.130)**	**(10.194)**	**(8.132)**

37. Net Cash Generated From / (Utilised in) Financing Activities

	Trust Accounts		Group Accounts	
	2017-18 £m	2016-17 £m	2017-18 £m	2016-17 £m
Interest Paid	(16.024)	(14.360)	(16.024)	(14.360)
Public Dividend Capital Received	0.650	0.000	0.650	0.000
Loan Received	50.070	33.760	50.070	33.760
Repayment of Loan	(1.696)	(1.590)	(1.696)	(1.590)
Repayment of PFI	(6.311)	(6.069)	(6.311)	(6.069)
Repayment of MES	(2.087)	(2.102)	(2.153)	(2.102)
	24.602	**9.639**	**24.536**	**9.639**

Accounting Policies

All Foundation Trusts are required to produce accounting policies on an International Financial Reporting Standards (IFRS) basis as applied in the Department of Health Group Accounting Manual (GAM) for 2017-18. Where the GAM does not cover an event or curcumstance, the Trust is required revert back to the IFRS to produce its own accounting policy.

The accounting policies which follow have been applied consistently by the Trust when drafting the Annual Report and Accounts for the financial year. The Trust applies the Going Concern convention which assumes that the Trust will continue to operate in its current form for the foreseeable future. The Trust has applied the historical cost convention modified by the revaluation of property plant and equipment.

1. Consolidation
Subsidiary
The Trust has consolidated the transactions and balances held with its subsidiary group of companies. The accounts of the group have been consolidated based on an IFRS compliant basis. Intragroup transactions have been eliminated.

Joint Ventures
Material Joint ventures have been accounted for by consolidating the Trust's share of the transactions, assets, liabilities, equity and reserves on an IFRS compliant basis. Any intragroup transactions have been eliminated.

Joint Operations
The Trust includes within its accounts its share of the activities, assets and liabilities relating to activities carried out with other entities.

Charitable Funds
Where the Trust has control of a subsidiary charity, that charity is treated as a group entity and consolidated. The consolidation is for reporting purposes only and does not affect the Charity's legal and regulatory independence and day to day operations.

During consolidation the Charity accounts which have been produced under the charities SORP are aligned to ensure compliance with IFRS and intra group transactions are eliminated.

2. Income
Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable.

The main source of income for the Group is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

3. Expenditure on Employee Benefits
Short-term Employee Benefits
Salaries, wages and employment related payments are recognised in the period in which the service is received from employees.

The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the accounts to the extent that employees are permitted to carry forward leave into the following period.

Pension costs – NHS Pension Scheme
Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

4. Expenditure on Other Goods & Services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services.

Expenditure is recognised in operating expenses except where it results in the creation of a noncurrent asset such as property, plant and equipment.

As an NHS foundation trust, the Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

5. Property, Plant & Equipment and Intangible Assets

Recognition

Property, Plant and Equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

Individual assets with an original cost of £5,000 or more or assets purchased at the same time for the same scheme with an individual cost of £250, which total £5,000 or more are capitalised and depreciated over their useful economic lives.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, then these components are treated as separate assets and depreciated over their own useful economic lives.

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at their fair value.

Determining Fair Value

For Land, Building and Dwellings, as a minimum, a professional valuation by a RICS qualified surveyor is sought at least every 5 years. In the years with no full vluation, relevant indices are applied. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) will be measured at their current value in existing use.

For specialised assets current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Current value in existing use will be determined using a Depreciated Replacement Cost (DRC), this will normally be on the basis of a modern equivalent asset.

For non-specialised property assets in operational use, current value in existing is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

In determining whether such an asset which is not in use is surplus, management will assess whether there is a clear plan to bring the asset back into future use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use will be maintained. Otherwise, the asset will be assessed as being surplus and valued at fair value.

Assets which are not held for their service potential will be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale.

For other types of assets, the Trust has adopted a depreciated historical cost basis, current value in existing use, to determine fair value. Where such a basis is not appropriate, the Trust will carry assets at most appropriate valuation methodology to determine their fair value.

Revaluation

When applying a valuation to the Trust Property Plant and Equipment assets, the Trust will reverse all previous depreciation charged to the asset. Individual components of the asset shall be valued seperately and impairments, revaluation losses and revaluation gains applied to each individual component.

Indexation

In the years with no formal valuation, the Trust will estimate the fair value of its Property Plant and Equipment using an indexation. The index used shall be the Office of National Statistics, Interim Construction Output Price Indices (OPIs) or the most appropriate available at that time.

The indecise shall be applied to the last formal valuation for the estates, in order to determine the present value of that valuation.

Accumulated depreciation shall not be reversed when applying the indexation valuation.

Individual components of the asset shall be valued seperately and impairments, revaluation losses and revaluation gains applied to each individual component.

Impairments

Impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the Revaluation Reserve to the Income and Expenditure Reserve of an amount equal to the lower of

- the impairment charged to operating expenses;
- the balance in the Revaluation Reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed.

Revaluation gains and Losses

Revaluation gains are recognised in the Revaluation Reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the Revaluation Reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the Revaluation Reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value. Where subsequent expenditure is simply restoring the asset to the specification assumed by its economic useful life then the expenditure is charged to operating expenses.

Depreciation / Amortisation

Assets are depreciated over their remaining useful economic lives on a straight line basis in a manner consistent with the consumption of economic or service delivery benefits.

Freehold land is considered to have an infinite life and is not depreciated.

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification.

Assets in the course of construction are not depreciated until the asset is brought into use.

Economic Life

Unless there is specific evidence regarding individual asset circumstances, the lives attributed to Trust assets are:

- Buildings & Structures – between 5 years and 60 years
- Dwellings – 25 years
- Plant and Machinery – between 5 years and 10 years
- Transport Equipment – between 5 years and 10 years
- IT Equipment – up to 10 years
- Furniture and Fittings – up to 25 years

De-recognition

Assets intended for disposals are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable
- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as held for sale;
- and the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount.

Assets are de-recognised when all material sale contract conditions have been met.

Assets which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated assets

Donated and grant funded assets are capitalised at their fair value on receipt. The donation/grant is credited to income within the Statement of Comprehensive income, unless the donor has imposed a condition to the donation / grant which has not been satisfied at that time.In which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other assets of that type.

6. Private Finance Initiative (PFI) and other Service Concession Arrangements

Service concessions which meet the criteria for IFRIC12 are accounted for as 'on-Statement of Financial Position' by the Trust.

The underlying assets are recognised as Property, Plant and Equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, contributions to lifecycle replacement and the charges for services. The finance cost is calculated using the implicit interest rate for the scheme.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The contribution to lifecycle is treated as a prepayment, amounts being released as equipment is replaced during the contract period.

7. Government Grants

Government grants are grants from Government bodies which are not for the ordinary provision of services.

Government grants are taken to the Statement of Comprehensive Income when all the conditions attached to the grant are met.

8. Inventories

Inventories are valued at the lower of cost and net realisable value. Cost is determined on either a first in first out or weighted average basis. The basis of determining cost is applied consistently across types of asset, depending on the most appropriate circumstance for that asset type.

9. Financial Assets and Financial Liabilities Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of nonfinancial items (such as goods or services), which are entered into in accordance with the Group's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases.

Financial assets relating to Derby Hospitals charity are investments treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Group's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset. Fair value is determined by the market value of the shares at the balance sheet date.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and Measurement

Financial liabilities are classified as 'Fair Value through Income and Expenditure' or as 'Other Financial liabilities'.

Financial assets and financial liabilities at 'Fair Value through Income and Expenditure' are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term.

Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method.

The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Financial Liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method.

The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of Financial Assets

At the Statement of Financial Position date, the Group assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of a bad debt provision.

10. Leases
Finance Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the Group, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded.

The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires.

The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to finance costs in the Statement of Comprehensive Income.

Operating Leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of Land and Buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately. Leased land is treated as an operating lease.

Trust as Lessor Leases

Revenue earned from renting out the asset is accordingly recognised as lease rental receivable income in the statement of comprehensive income.

11. Provisions

The Group provides for legal or constructive obligations that are of uncertain timing or amount at the Statement of Financial Position date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated riskadjusted cash flows are discounted using the most appropriate rate for that type of provision.

12. Clinical Negligence Costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust.

The premium and the excess on cases are accounted for as advised by the NHSLA.

The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed in the notes to the accounts, but it is not recognised in the Trust's accounts.

13. Non-clinical Risk Pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme.

Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising.

The annual membership contributions and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

14. Contingent Assets & Liabilities

Contingent assets are disclosed in the notes to the accounts where an inflow of economic benefits is probable.

Contingent liabilities are disclosed in the notes to the accounts, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

15. Public Dividend Capital

Public Dividend Capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument.

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- donated assets
- net cash balances held with the Government Banking Service (GBS), excluding any cash balances held in GBS accounts that relate to a short term working capital facility.

The dividend calculation is based on the unaudited accounts.

16. Value Added Tax

Most of the activities of the Group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

17. Foreign Exchange

The functional and presentational currencies of the Group are sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Group has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on retranslation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

18. Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Group has no beneficial interest in them.

However, they are disclosed in a separate note to the accounts.

19. Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis and details recorded in the Losses and Special Payments Register. They exclude any provisions for future losses.

20. Transfers of Functions to /from Other NHS Bodies /Local Government Bodies

For functions that have been transferred to the Trust from another NHS / local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer.

The assets and liabilities are not adjusted to fair value prior to recognition. The net gain / loss corresponding to the net assets/ liabilities transferred is recognised within income / expenses, but not within operating activities. For 1 April 2013 transfers from PCTs/SHAs The net gain/loss corresponding to the net assets liabilities transferred is recognised within the income and expenditure reserve.

For property plant and equipment assets and intangible assets, the Cost and Accumulated Depreciation / Amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the Trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss / gain corresponding to the net assets/ liabilities transferred is recognised within expenses / income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Adjustments to align the acquired function to the foundation Trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

Derby Teaching Hospitals **NHS**

NHS Foundation Trust

Glossary

Taking pride in caring

Term	Meaning
AHP	Advanced Health Practitioner
AKI	Acute Kidney Injury
ANTT	Aseptic Non Touch Technique
BMI	Body Mass Index
C.diff	Clostridium difficile
CCG	Clinical Commissioning Group
CCOT	Critical Care Outreach Team
CDS	Commissioning Data Set
CGA	Comprehensive Geriatric Assessment
CLRN	Comprehensive Local Research Network
CNS	Clinical Nurse Specialist
CoG	Council of Governors
CPES	Cancer Patients Experience Survey
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computerised Tomography
CVC	Central Venous Catheter
DHFT	Derby Hospitals NHS Foundation Trust
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation
DOH	Department of Health
E.coli	Escherichia coli
ED	Emergency Department
EDD	Expected Date of Discharge
EMAHSN	East Midlands Academic Health service Network Patient Safety Collaborative
EMCSN	East Midlands Cardiac and Stroke Network
EMPSC	East Midlands Patient Safety Collaborative
EPaCCS	Electronic Palliative Care Co-ordination system
EWS	Early Warning Score
EPMA	Electronic Prescribing and Medicines Administration
FM	Facilities Management
GP	General Practitioner
HNA	Holistic Needs Assessment
IBD	Inflammatory Bowel Disease
ICC	Infection Control Committee
ICOG	Infection Control Operational Group
ICNARC	Intensive Care National Audit and Research Centre
IPC	Infection Prevention & Control
IPCT	Infection Prevention Control Team
ISS	Integrated Service Solutions
HCAI	Health Care Associated infection
HCW	Health Care Workers
HED	Healthcare Evaluation Data
HRS	Health Research Sectors
HSMR	Hospital Standardised Mortality Rate
HPA	Health Protection Agency
HPV	Hydrogen Peroxide Vapour
HTA	Health Technology Assessment
ICOG	Infection Control Operational Group
ITU	Intensive Therapy Unit
KPI	Key Performance Indicator
LCP	Liverpool Care Pathway
LGBT	Lesbian, Gay, Bisexual and Transgender

Glossary

Term	Meaning
LIPS	Leading Improvements in Patient Safety
MAU	Medical Admissions Unit
MDT	Multi-Disciplinary Team
MHRA	Medical and Healthcare Products Regulatory Agency
MRC	Medical Research Council
MRSA	Methicillin Resistant Staphylococcus Aureus
MRSAb	Methicillin Resistant Staphylococcus Aureus bacteraemia
MSO	Medication Safety Officer
MSSA	Methicillin Sensitive Staphylococcus Aureus
NCEPOD	National Confidential Enquiries of Patient Outcomes and Death
NHS	National Health Service
NHSG	Nutrition and Hydration Steering Group
NICE	National Institute for Health and Clinical Excellence
NICU	Neonatal Intensive Care Unit
NIHR	National Institute for Health Research
NHSE	National Health Service Executive
NHSI	NHS Improvement
NMBR	National Mastectomy and Breast Reconstruction
NNAP	National Neonatal Audit Programme
NOF	National Operating Framework
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PbR	Payment by Results
PDSA	Plan, Do, Study, Act
PEAT	Patient Experience Assessment Team
PHE	Public Health England
PHSO	Parliamentary and Health service Ombudsman
PLACE	Patient Led Assessment for the Care Environment
PROMS	Patient Reported Outcomes Measures
PUPG	Pressure Ulcer prevention Group
QIPP	Quality, Innovation, Productivity and Prevention
RCA	Root Cause Analysis
RCP	Royal College of Physicians
RTT	Referal to Treatment (performance measure on the time waiting for treatment)
SBAR	Situation, Background, Assessment , Recommendation
SDU	Step Down Unit
SHMI	Summary Hospital Level Mortality Index
SHOP	See Home Other Planned
SIG	Serious Incident Group
SLAM	Service Level Activity Monitoring
SLM	Service Line Management
SOF	Single Oversight Framework
STEIS	Strategic Executive Information System
SUS	Secondary User Service
UV	Ultra Violet
VAT	Value Added Tax
VTE	Venous Thrombo Embolus

Taking pride in caring

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