Annual Report
2018/19

COMPASSION + OPENNESS + EXCELLENCE

University Hospitals of Derby and Burton NHS Foundation Trust

(Formerly Derby Teaching Hospitals NHS Foundation Trust)

Annual Report 2018/19

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

Contents

This report takes account of the guidance issued by NHS Improvement (NHSI) within the NHS Foundation Trust Annual Reporting Manual 2018-19 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 2018-19 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.

Chairman and Chief Executive's Statement

Every year a development takes place in the NHS that brings about real benefits to patients. This can be research that has led to better outcomes for patients, a step change in technology or simply working in a different way. For Derbyshire, Staffordshire and neighbouring communities this year the big step forward was the creation of University Hospitals of Derby and Burton NHS Foundation Trust. The two former trusts in Derby and Burton had always worked together, but by becoming one trust on 1 July 2018 we were able to make changes to services that brought real benefits for patients.

The case for change was overwhelming. By bringing together the 12,500 staff from the five hospitals we could change services to better meet the needs of our communities, now and in the future. We serve close to a million people and the needs of those communities will change as our society slowly gets older and adapts to new technology available to us.

Our promise to our communities was that the merged trust would be able to host specialised services as it reached a large catchment area that would ensure our clinicians were treating patients with specific conditions regularly, thereby making services clinically sustainable. In addition, the larger trust was able to reassure our communities that we had access to higher numbers of skilled clinicians to work across our five hospitals to make our general services sustainable. In achieving both we are ensuring that the communities we serve, the ones where our staff themselves live, have access to the best possible NHS services in the country.

One early indicator of where we have succeeded in clinicians working across UHDB to significantly improve care has been in Renal, where the chances of survival for patients with Acute Kidney Injury (AKI) have improved. At Queen's Hospital Burton, mortality rates for AKI have fallen from 27% to just below 13% in the last 18 months, thanks to the introduction of an AKI care bundle, clinical teams from across UHDB offering support on-site two days a week, and

through a dedicated on-call service. This partnership working across UHDB is one of the earliest examples of the benefits being provided to patients following the merger.

Change is not an easy process and when the majority of where you spend the £775m we receive each year is for the staff who provide the services, then it was clear it was our staff that needed to drive the change themselves. Clearly this is not a simple task for 12,500 people to do together, so we launched an initiative that would bring all of our staff together to create a shared vision for the Trust, shared values and behaviours and shared objectives. We called this the Big Conversation.

Through five Big Conversations involving more than 1,000 staff, and an online conversation that a further 2,000 participated in, we were able to look at our 'Why?', our fundamental purpose, the thing that guides all we do. Our 'How?', the way we're going to behave - with each other, our patients, partners and the public we serve'. And our 'What?', the big steps we must we take in the future. Throughout this document you will be able to read what our staff said and how this eventually became our 'Why' – which is 'Exceptional Care Together'.

UHDB is very much on a journey and to achieve the objectives we have set ourselves, we needed to do so in a coherent strategy. That is why we have created a strategy for the next four years that will help us to grow our clinical services, allow us to recruit and retain the very best staff and put us on a sustainable financial footing. It also outlines how we will continue to work ever more closely with partners across Derbyshire and Staffordshire to integrate services so that patients are treated in the right environment for their needs. As part of the wider strategy, we have developed clinical, quality and people strategies, to name just a few, that will help to drive us forward.

We've continued to focus on research, and this included Neonatal clinicians leading a national trial investigating the best way to feed premature babies. The FEED1 trial involved hospitals across the UK and to test the benefits of introducing milk at the earliest opportunity to babies born between 10 and 7 weeks prematurely.

Whilst all of this has been going on our staff have

continued to provide a high standard of care to our patients. This was reflected in the CQC inspection at the end of the year.

There have also been individual and team triumphs throughout the year, as well as some real highlights. In April 2019 we appointed our very first homemade consultant. This is a special moment for any university teaching trust and we were all very proud that Dr Ihteshamul Haq was appointed as Consultant Hepatologist.

It was quite fitting that, just four days after the birth of our new Trust, we also celebrated all that has come before it by marking the NHS turning 70. Burton Consultant Urological Surgeon Jyoti Shah and Advanced Nurse Practitioner Sarah Minns won the regional 'Excellence in Cancer Care' award at the NHS 70 Parliamentary Awards for launching a campaign aimed at encouraging screening for prostate cancer. A little later in the year Diabetes Specialist Dr Paru King was recognised with the NHS England Outstanding Contribution for Services in Diabetes Award.

The Emergency Department team at Queen's Hospital Burton hosted a special visitor in the form of Matt Hancock, Secretary of State for Health and Social Care. Mr Hancock met frontline staff, viewed the hospital's newly refurbished Emergency Department and discussed the Trust's plans for the winter ahead during his visit. This was a special moment for a very hard working team who have continued to improve the service they provide.

All of the work we have done together this year was echoed in the national staff survey results, which showed staff at UHDB would recommend our hospitals to their loved ones and think the Trust is a great place to work. The Trust's score was found to be average or above the national average in nine of the 10 categories being assessed in the survey, including staff engagement and opportunities for career progression. Importantly, the areas of "I would recommend my organisation as a place to work" and "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation" were well above the national average.

We have done all of this against the backdrop of ever increasing demand for NHS services, be that emergency care, cancer treatment or elective operations.

To meet these changes in our society we need to continue to adapt, and in this we are fortunate to have been selected as one of seven acute trusts in England that are participating in the NHS Improvement led "Vital Signs – an improvement practice for the NHS". This has seen our trust learn from one of the leading hospitals in the world, the Virginia Mason Institute in Seattle, on improving healthcare outcomes through efficiency. We expect our communities will see the benefits of this partnership in the coming years.

University Hospitals of Derby and Burton NHS Foundation Trust participated in a Care Quality Commissions Inspection during February – March 2019. This inspection was divided into three parts as per the CQC inspection process, which are; Core Service Review, Utilisation of Resources Review and Well-Led Review. The outcome of this review is yet to be published but initial feedback was provided throughout the inspection. This was shared with staff and work commenced on areas identified for improvement at the earliest opportunity.

It has been a momentous 12 months and as we have seen UHDB has a very bright future. None of this would be possible without our staff, our legion of dedicated volunteers, the support of our governors, the members who elect them and the wider communities they serve. We're very grateful to everyone who makes University Hospitals of Derby and Burton the Good place for NHS care that it is.

John Rivers CBE DL
Chairman
11 June 2019

Gavin Boyle
Chief Executive
11 June 2019

Trust Profile & History

Derby Teaching Hospitals NHS Foundation Trust (DTHFT) was authorised by Monitor in April 2004 (Monitor now acts as NHS Improvement in 2016). DTHFT and Burton Hospitals had a long history of working closely together, and two years ago plans to formally merge the two organisations were first explored which resulted in the acquisition of Burton Hospitals NHS Foundation Trust by DTHFT and the creation on 1 July 2018 of University Hospitals of Derby and Burton NHS Foundation Trust. Bringing the two hospital trusts together has clear benefits for local people in Southern Derbyshire and South East Staffordshire as we bring together the expertise of our 12,000 staff across our five hospital sites together with an annual budget of over £780 million.

All five of our hospitals retain their individual names and their own unique identities and each has an important part to play in our future. By coming together we will build on the strengths of both Derby and Burton, to achieve our aim of delivering exceptional care together.

University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) is one of the largest NHS Trusts in the country. UHDB has a vision to be one of the best hospitals in the country and significantly contributes to the population it serves not simply in terms of our specialist health and well-being services, but also as one of the largest employers in the region and as an emerging leader in healthcare research, education and innovation.

The healthcare systems across Derbyshire and Staffordshire (Clinical Commissioning Groups, local authorities and NHS providers, including GPs) are working to develop sustainable and transformational plans that will bring real benefits to patients and make the NHS more efficient. In addition, the Trust will be working closer with all partners as the new 10 year long-term plan for the NHS sets out how local health and care services will be transformed and become sustainable over the next decade, building and strengthening local partnerships and supporting local people to live healthier lives, access care in different settings and change how care is delivered.

As a Teaching Hospital we work closely with our partners in the University of Nottingham and the University of Derby and we are a very research active Trust. What's more, we're nationally recognised for volunteering, which gives our Trust a

warm family friendly environment. We believe our Trust and region are a great place to live, learn and work.

The Trust has five hospitals across the region, with the largest being the Royal Derby Hospital and the second largest being Queen's Hospital Burton, covering the historic Peak District, Southern Derbyshire and East Staffordshire. Due to our expertise and infrastructure, some of our highly specialist services draw patients from across the region and country. In total more than 12,000 staff provide care across our five hospitals and provide clinical services in 48 specialities, with aspirations to grow specialist services further. The Trust's Trauma and Orthopaedic service is one of the biggest in the country and the Southern Derbyshire and Burton Children's Hospitals are also part of the Trust. UHDB has a strong reputation for leading advancements in healthcare and is noted as an emerging market leader.

The Trust has one of the largest elective care centres in the country with the third highest number of elective operations. The Royal Derby Hospital is a leading cancer site and one of only a few hospitals in the country with three surgical robots, which aid in minimally invasive surgery. Not only that, UHDB has world renowned Hand Unit providing specialist care and therapy. In addition, every day our hospitals see more than 4,000 outpatients, more than 860 patients in our busy A&E departments and we carry out more than 380 elective procedures.

This is an exciting time at UHDB as we move towards developing our first co-created vision, set of values and behavioural promise as a new organisation. What's more, we've opened up the whole process to each and every one of our 12,000 staff through an innovative process called Big Conversations. We started the process with five Big Conversations that attracted more than 1,000 of our staff. This was an incredible moment for all involved as it brought together people from different communities and professions that had never met before.

Those that attended the five Big Conversations were asked three simple questions, Why? How? And What? The 'why' looks at our vision - what type of Trust will we become? Our 'how' looks at the values and behaviours we will share and the 'what' looks at

our goals. Following this, those staff who weren't able to attend a Big Conversation could access an online platform to give their views, and thousands did so.

This piece of work is to bring our vision of 'Exceptional Care Together' to life. Through this and our values of Compassionate, Approachable, Respect and Excellence, we've been striving to achieve five objectives for the Trust. Everything we do goes through our objectives of:

- Putting patients first
- Right first time
- Investing our resources wisely
- Developing our people
- Ensuring value through partnership

Underpinning each of these five objectives are detailed aims for UHDB. We're also working on our new strategy for the Trust, a strategy that will bring our ambitions to fruition, such as the plans to create a Healthcare Village on surplus land at Queen's Hospital Burton, which has been allocated £21.88m of capital funding from the Department of Health and Social Care. It will include a nursery, GP surgery and residential accommodation, whilst the work will also make use of existing buildings, including the Medical Education Centre and a newly-built dementia centre.

We're creating an organisation that genuinely puts patients first. Given this, we will have three primary supporting strategies which describe how we best meet this principle:

- Our Quality Strategy – which describes how, through our new approach to continuous quality improvement, we will improve clinical outcomes patients can expect so that their care and experience is truly exceptional.
- Our Clinical and Professional Service Strategy – which describes our approach to service delivery (across the three tiers of tertiary (complex), secondary (general hospital) and primary/ community care) and research.
- Our Integration Strategy – which describes how, through adopting a different relationship with our partners, a seamless integration of pathways is delivered in order to pro-actively support health needs as well as being responsive to demand.

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 working in partnership with the Universities of Derby and Nottingham, educating and training future generations of doctors, nurses and other healthcare professionals. Queen's Hospital Burton also has close links with the University of Wolverhampton.

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.

Highlights of the year

The year 2018/19 will always be a special year for the NHS in Derbyshire and Staffordshire as it saw the creation of University Hospitals of Derby and Burton NHS Foundation Trust. This took place on 1 July 2018, just a few days before the NHS itself marked its 70th anniversary. These two events underlined the importance the NHS plays in the lives of our communities, in looking back at what we have achieved in seven decades, but also the promise to look to the future and committing to work in different ways by bringing NHS staff and communities together in one Trust. Here are just a few of the many highlights for individuals, teams and the wider Trust from the past 12 months.

April 2018
April saw a landmark moment for our Derby campuses, as the Trust appointed its first ever homemade Consultant trained onsite at the Royal Derby Hospital. Consultant Hepatologist Dr Ihteshamul Haq began his new role nine years after concluding his studies for a degree in medicine at the University of Nottingham Graduate Entry Medical School, which is based at the Royal Derby Hospital.

May 2018
Both Derby Teaching Hospitals and Burton Hospitals were named among the best 20 Trusts in the country in the 'CHKS Top Hospitals' list. At the same time there was further cause for celebration in Burton, as our Emergency Department at Queen's Hospital Burton benefited from a full refurbishment, thanks to funding received from the Department of Health and Social Care.

June 2018
The CQCs National Inpatient Survey showed that 91% of patients who stayed overnight at our Derby campuses said they would rate the care they received as 7 out of 10 or higher. We were also delighted to see our commitment to training quality apprentices recognised, as Derby Teaching Hospitals was named Apprentice Employer of the Year at the Derby Telegraph Business Awards.

July 2018
July represented a massively significant month for all of our staff, as we proudly began life as University Hospitals of Derby and Burton on the first day of the month, following the successful merger of Derby Teaching Hospitals and Burton Hospitals. It was quite fitting then that, just four days after the birth of

our new Trust, we also celebrated all that has come before it by marking the NHS turning 70. Burton Consultant Urological Surgeon Jyoti Shah and Advanced Nurse Practitioner Sarah Minns win the regional 'Excellence in Cancer Care' award at the NHS 70 Parliamentary Awards for launching a campaign aimed at encouraging screening for prostate cancer.

August 2018
We received a massive boost in August, as we received planning permission to build a Healthcare Village, including a nursery, primary care hub and residential accommodation, on surplus land at Queen's Hospital Burton. Confirmation of £21.88m in capital funding from the Department of Health and Social Care was received shortly afterwards.

September 2018
September marked the achievements of our amazing staff in Derby at our annual Celebrating Success Awards at Pride Park Stadium. At the same time we were delighted to be able to launch our Clever Together Big Conversation, which has seen our staff help us shape the future of our new organisation by letting us know what we're good at and what we can do to be even better.

October 2018
We were delighted to be able to pay tribute to our fantastic staff working across our sites in Burton, Tamworth and Lichfield, at the annual Pride Awards at Burton Albion's Pirelli Stadium. And it was great to see Diabetes Specialist Dr Paru King recognised with the NHS England Outstanding Contribution for Services in Diabetes Award.

November 2018
Matt Hancock, Secretary of State for Health and Social Care, visited Queen's Hospital Burton for the first time. Mr Hancock met frontline staff and viewed the hospital's newly refurbished Emergency Department. Congratulations were also in order for our fantastic Governance team, who ensured we were the only NHS trust to win at the Institute of Chartered Secretaries and Administrators Awards, with the team claiming 'Governance Project of the Year' for the work that went into our merger.

December 2018
We were delighted to invite Derby County and Burton Albion to surprise patients with Christmas presents at

Derbyshire Children's Hospital and Queen's Hospital Burton. In addition, teams from across the Trust ended the year on a real high through the annual Best Dressed Ward and Department Christmas competition, which transforms our hospitals for our patients.

January 2019
Clinicians across UHDB announced that they had significantly improved the chances of survival for patients with Acute Kidney Injury (AKI). At Queen's Hospital Burton, mortality rates for AKI had fallen from 27% to just below 13% in the last 18 months, thanks to the introduction of an AKI care bundle, clinical teams from across UHDB offering support on-site two days a week, and through a dedicated on-call service.

February 2019
Visitors to the Royal Derby Hospital noticed camera crews on site, as filming for a four-part documentary series that began in October 2018 concluded. 'The Great NHS Experiment' will focus on a group of young volunteers working in different clinical areas around the hospital and is planned to be aired on BBC2 in 2019.

March 2019
Volunteers who have given more than 700 years' service to the Royal Derby Hospital and London Road Community Hospital were recognised in an event which celebrated their generosity and loyal support. More than 50 volunteers from all areas of the Trust received awards to mark 5, 10, 15, 20, 25, 30 and even 35 years of service. In addition, the Trust launched its new website and newspaper, increasing access to information and news for the public, patients, members, volunteers and staff.

Performance Analysis

Staff Survey Statement

A total of 4501 employees completed the national NHS staff survey in 2018, giving a response rate of 38%.The survey showed that 79% 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 2018-19 that was developed in line with the Risk Management Strategy and Policy.

The most significant risks are considered to be as follows:

- Failure to address the findings from regulatory, safeguarding, quality and compliance inspections could lead to clinical and reputational risks in specific areas of service provision.
- Failure to build on the CQC rating of good and integrate and develop a new Quality Strategy to deliver its strategic objectives and ambition to move to an "outstanding" rating
- Failure to deliver 2018/19 financial plan in respect of: Income, Expenditure,
- Failure to deliver required financial benefits described in the Full Business Case or Integration Plan.
- Failure to deliver required financial benefits of our Transformation programme and delivery of CIP

- Failure to develop and implement an effective workforce strategy that addresses workforce issues in the immediate and long term including those impacted by external influences.
- Failure of new organisation to effectively engage and influence system including partners, providers and commissioners individually and collectively as STP's to achieve ambitions and deliver services at times of increased pressure.
- Failure to have a contingency plan in place to mitigate the potential significant negative impact that a no deal Brexit or other external influences would have on service delivery and procurement
- Failure to effectively engage with external partners to deliver "University Hospital" ambitions particularly in relation to the development of Tertiary services, Research and Education and Training
- All divisional risks and the BAF are reviewed monthly at the risk and compliance Committee as well as being seen by TOG and Bi monthly at the Board Sub Committee. The BAF together with a high level risk report is seen regularly at Public Board. Details of the link to Audit Committee can be seen on Page 33 .

Going Concern

The financial statements for the year ended 31 March 2019 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 on-going discussions through NHS Improvement with the Department of Health for funding support. Full details in relation to financial situation and material uncertainty are detailed in Notes 1 and 2 to the Accounts.

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 2018-19.

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

Summary of Performance in 2018-19

The table below demonstrates the average performance for Referral to Treatment and the year to date position for the other targets. It reflects April-June for Derby Hospital and for UHDB from July-March. Cancer targets reflect the latest data which is April – February.

Cancer Waiting Times

Cancer performance is reviewed by the Cancer Programme Board which is chaired by the Medical Director or the Chief Operating Officer. 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 has not achieved the 62 Day Cancer standard in any Quarter end in 2018-19 and has established an action plan, which is updated monthly and reviewed at Cancer Programme Board. These actions include re-designing pathways in areas such as lung, colorectal and prostate and the recruitment of Oncologists. The Trust has agreed a trajectory to recover performance to above 85% for Q2 2019-20, whilst this represents a significant challenge, it remains the ambition of the Trust.

It should be noted that details for cancer performance are based on data for the period 1 April 2018 to 28 February 2019. Full details are available in the Quality report.

Indicator	Trust Performance	Target
C.difficile	56	71 for UHDB full yr
A&E 4 hour Wait (incl DUCC)	85.17%	>95%
Referral to Treatment Time (Incompletes)	90.56%	>92%
Cancer 2 week wait	95.77%	>93%
Cancer 2 week wait – Breast Symptoms	94.3%	>93%
Cancer 31 day Standard	97.01%	>96%
Cancer 31 day Subsequent - Surgery	96.0%	>94%
Cancer 31 day Subsequent - Drugs	98.9%	>98%
Cancer 31 day Subsequent - Radiotherapy	96.4%	>94%
Cancer 62 day Standard	78.73%	>85%
Cancer 62 day Screening	94.1%	>90%

Due to the mid financial year merger, comparable data is not available for all areas

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 at Derby. At Burton the waiting area has been re-modelled and a nurse-led streaming service (for non-emergency patients to be streamed away from A&E) has been set, piloted and implemented.

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 failed to achieve the incomplete target in 2018/19 (although performance has remained above the national average), with the impact of lost capacity due to winter pressures being the main contributory factor. The focus nationally and within the Contracts with our local Clinical Commissioning Groups is to aim to hold or reduce the number of pathways for patients waiting to be seen. Overall incomplete numbers have continued to decrease at UHDB and the Trust achieved the target of having less patients waiting at end of March 2019 – 47,433 against 48,012 as at March 2018.

Clostridium difficile (C diff)

The end of year total for C diff cases was 56 excluding Burton from April – June (67 for both sites combined full year) against a threshold of 71 for both sites. A trajectory was calculated as cases per 100,000 bed days and University Hospitals of Derby and Burton NHS Foundation Trust trajectory was set as no more the 15.6 per 100,000 bed days for Derby sites and 12.4 cases per 100,000 bed days for Burton sites. Public Health England publishes national infection data on their Fingertips website, although the data published is only up to January 2019, it demonstrates that UHDB is below the national rate per 100,000 bed day teaching trust average and has been since August 2018.

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.
Detailed performance measurement is in place with reports going to each Board committee on a regular basis as detailed in their workplans. Performance management meetings are held with all the divisions and these are reported through the governance structures.

More details relating to the performance measures are covered in the Quality report. In addition the Trust Board receives a full Integrated Performance Report that covers areas including operational performance, financial and workforce.

Financial Performance

The Trust has detailed financial performance for the year in the Explanatory Foreword to the Annual Accounts. 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 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
At the University Hospitals of Derby and Burton we continue to develop our commitment to sustainable development, which is evidenced in our Sustainable Development Management Plan (SDMP). We are continually reducing negative impacts on the environment by managing energy use, reducing travel emissions, reducing our waste and overall carbon footprint.

Carbon footprint
Each year the Trust takes a sustainable approach in planning ahead for reducing carbon emissions that are generated at the hospital sites. A carbon footprint report is compiled based on data taken from 2017/18. The information enables us to compare our performance to our previous carbon footprints and aids us to monitor our progress in relation to our Sustainable Development Management Plan (SDMP).
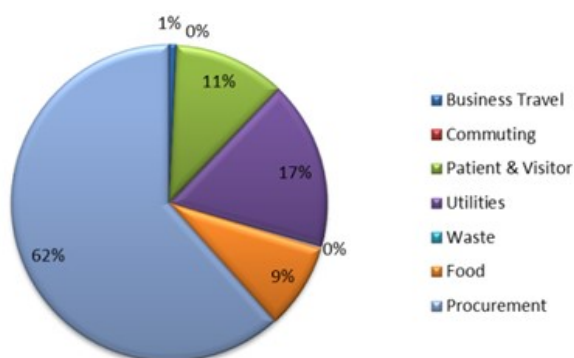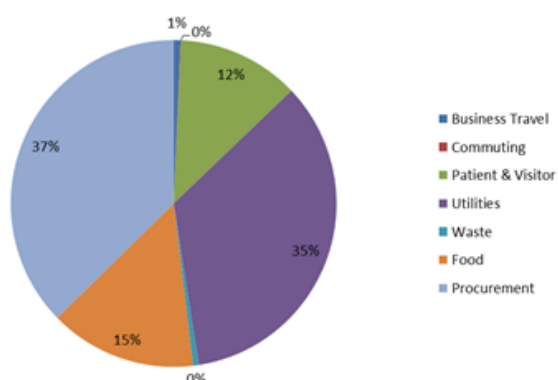
The total footprint for the Derby campus for 2017/18 is calculated at 117,925 tonnes which has increased by 4% since last year this is due to a rise in procurement and food.
This is the first footprint for the Burton campus and this was calculated at 26,271 tonnes CO☐e.

What we have done
In April the Derby Campus and Burton campus separately undertook the new Department of Health's Sustainable Development Assessment Tool (SDAT) which is an online assessment to help organisations understand their sustainable development work, measure progress and help make plans for the future, Derby campus achieved a score of 71% and Burton campus achieved 32%.

Environmental Champions
We currently have over 300 Environmental Champions trained across the UHDB sites, including Modern Housekeepers, Trust Foundation Governors, nurses and staff from our contracted out services (catering, portering, cleaning etc. These colleagues are able to implement the objectives of the scheme into their every-day work in wards and departments, sharing them with colleagues and ensuring the messages become further embedded.

This year we have extended our training to the Young student volunteers who work on the wards and also to local schools. During these sessions pupils discuss their own ideas about protecting the environment and improving sustainability. As one of Derby's largest employers, we see it as our duty to engage young people in sustainable awareness as the young generation are becoming increasingly aware and concerned and therefore engaged in the agenda. Many of these young people will have family members, who are employees of the Trust, and they may become employees themselves as time goes by, therefore it is important to promote our message in this way.

Travel Plan
The Trust has a robust travel plan with the primary aim to encourage 'active' travel (walking and cycling), using public transport and reducing single occupancy vehicles (SOV). Being one of the largest employers in the area we are committed to reducing carbon emissions, with business travel, commuting and patient and visitor travel making up 13% of the Trusts total carbon footprint. Each year we conduct a staff

Derby Campus Total: 117,925 tonnes CO2

Burrton Campus Total: 26,271 tonnes CO2

travel survey so we can gain an understanding of how staff travel into work. From the comments that have been submitted to us in our last survey they have helped with the implementation of the opening of the gate on Kings Drive, extending our Parking Partner spaces plus other discounts we have sourced from local companies. To keep the travel plan live and active we hold vibrant and engaging events and incentive weeks along with the NHS sustainability Day and the Trusts Sustainability week.

Waste

The Trust is committed to reducing waste at the hospital sites and a number of initiatives have taken place. During the summer months a complete waste audit of the Royal Derby site was undertaken on compliance, using the traffic light scale rating with the non-compliance RAG (Red, Amber, and Green) rated. This allowed the Trust and Skanska Facilities Services (SFS) to identify areas and waste streams that needed to be targeted to improve waste disposal and compliance and those to be placed on the risk register. 612 staff were trained over the year on waste awareness.

A new waste stream was introduced at the Royal Derby and London Road Community Hospital sites and is being maintained to segregate gypsum. Compactor collection schedules have been assessed for domestic waste to maximise space in containers and minimise transport carbon. Food waste recycling bins were installed at Samuel Johnson and Sir Robert Peel, diverting approximately 4 tonnes of food waste from landfill each month. At the Queen's Hospital a trial for recycling of coffee cups has been launched with a view to roll this out across all Burton Campus coffee shops. In February food waste recycling bins were installed at Queen's Hospital Central Production Unit, diverting approximately 0.5 tonnes of food waste from the sewerage system for recycling each week.

Energy

The Trust monitors its energy consumption on a monthly basis which compares the relevant utility performance with the same period for the previous year and as such if the performance is deteriorating Derby Healthcare will take the relevant actions to improve this.

Water

- At the RDH a site wide leak observation program

was instigated along with a dripping tap protocol assisted by Clearwater during their Thermostatic mixing valves (TMV) maintenance program.
- Burton Hospitals were the first organisation in the world to trial a new water meter reading device called Limpet Reader. This is an electronic device attached to the water meter allowing it to be read remotely via a smart phone App. Removing the need to access meter chambers, (no more estimated bills).

Electricity

- At the RDH site we continue to replace any older electrical equipment with newer more energy efficient equivalents.
- LED lighting continues to be installed across all sites.
- At the Queen's hospital heat pumps have been installed within Modular offices to replace electrical resistance heaters.
- At the Queen's hospital remote monitoring of the Combined Heat and Power (CHP) engine was installed allowing quicker response to operational issues.

Gas

- All Medium Temperature Hot Water (MTHW) boiler control panels have been ungraded under a lifecycle replacement program which allows closer control of the boilers and subsequent savings in fuel.
- We have also continued the refining of the computerised Building Management System (BMS) time schedule program which will continue in to next year.

Procurement

Our Procurement department over the last year has been working on projects that have helped with our sustainability impact at the Trust. They include;
- Minimising redundant stock waste during a, legislatively forced, product switch.
- Negotiated new commercial arrangements: For an established equipment cleaning process that encourages supplier and customer to minimise waste (water, energy, chemicals).
- On-going work with numerous suppliers to adopt GS1 barcode standard: To reduce waste in the supply and transaction of products.
- Successfully piloted a hub and spoke consumables store arrangement that increased

order quantity efficiency and thus reduced the logistical environmental impact.

- Selected local suppliers, where possible, on a recent capital spend for a theatre fit-out project.
- Supported a staff awareness communication event with use and spend data for low-value high-demand consumable products.

Green Spaces
At the Queen's Hospital seven trees were planted that were donated by the Organ Donation Committee.

Sustainability Events
In March the Trust participated in the NHS Sustainability Day and in November the Trust held its own Sustainability Week. In February over 200 staff, patients and visitors took part in the "Show the Love" event at the Queen's Hospital, Burton.

Our Achievements
The Trust has once again been recognised nationally for their Travel Plan winning the Travel and Transport Award at NHS Sustainability Awards and the Smarter Travel Hero at Fleet Hero Awards. The Travel Plan was also commended at the Sustainable Development Awards and the Health Business Awards.

The Trust saw success with the installation and use of their 'Sterimelt' machine winning the Sustainable Achievement award and achieving highly commended in the Product Innovation of the Year Award at the Healthcare Estates Awards. Sterimelt was also commended at the Health Business Awards.

Each year the Trust submit data on energy, waste and travel to the Estates Return Information Collection (ERIC) database which is a mandatory requirement and this year Derby Teaching Hospitals achieved the 2nd best performing Large Acute Teaching Hospitals Trust and Burton Hospitals came 7th best performing Medium Acute Trust nationally.

The Transport & Sustainability officer at Derby Hospitals became a Sustainable Development Ambassador for Public Health England.

The Waste & Sustainability Officer from Burton Hospitals became a Climate Reality Leader attending training with a group of delegates from 66 countries.

What's ahead 2019/20
Our plans for the coming year are;
- Conduct a joint SDAT by establishing a working group and from this building a new Sustainable Development Management Plan for UHDB.
- To compile a UHDB carbon footprint report.
- To continue collecting and recycling crisp packets through the Terracycle recycle scheme at London Road Community Hospital and the Queen's Hospital Burton, to raise money for the UHDB charities.
- To relook at an alternative confidential waste proposal to save money and improve our carbon footprint.
- To monitor the efficiency at the RDH of the Steam and Medium Temperature Hot water boiler systems (MTHW) to monitor our overall boiler efficiency performances.
- To revisit the Aqua fund, to help reduce the costs of our water supply.
- To explore a wide scale replacement of LED lighting across the Trust.
- At the RDH we are replacing the steam boiler and medium temperature hot water control panels.
- To consider the feasibility of a Combined Heat and Power (CHP) plant at the RDH.
- High efficiency heat recovery units being installed within Delivery Suite at the Queen's Hospital with heating/cooling linked to occupancy.
- An upgrade for Theatre nine's air handling unit (AHU) at the Queen's Hospital..
- To develop a working relationship with Derby Universities sustainability faculty.

Social, Community & Human Rights Issues
Full information is provided in the Remuneration Report on page 39.

Post Balance Sheet Events
Since the end of the financial year on 31 March 2019 significant events that have occurred include:

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

Gavin Boyle
Chief Executive
11 June 2019

Accountability Report

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.

During the year a prospective Board was established comprising of the Executive and Non Executive Directors who had been appointed to form the Board of the merged organisation. When the merger was completed on 1 July 2018 the prospective Board and the 2 individual sovereign Boards were disbanded with the UHDB Board coming into effect. The Board met at least monthly with several additional meetings dedicated to the merger proposals.

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 – Scheme of Delegation

The Trust Board for Derby Teaching Hospitals comprised of 7 Non Executive Directors and 6 Executive Directors whereas the new Board of UHDB comprises 9 Non-Executive Directors including the Trust Chairman and 8 Executive Directors including the Chief Executive. Executive Directors comprise the Chief Executive, Chief Operating Officer, Director of Finance and Performance, Medical Director, Chief Nurse, Director of Workforce, Director of Strategy and Integration and Managing Director - Burton.

The Non-Executive Directors include four specific individuals who have financial and/or commercial experience, 2 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 University Hospitals of Derby and Burton NHS Foundation Trust. A Register of Directors' interests is available on the Trust's website 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.

Director	Appointment
Non-Executive Directors	
Mr John Rivers	Chairman – current term of office expires 30 September 2019
Mrs Patricia Coleman	Left the Board following the merger - 31 July 2018
Mr Chris Hole	Died while in post in May 2018
Mr Steven Jarratt	Current term of office expires 30 April 2021
Sir Stephen Moss	Current term of office expires 31 January 2020
Professor Avril Drummond	Current term of office expires 31 January 2020
Dr John Davies	Current term of office expires 11 February 2020
Dr Stephen Goode	Current term of office expires 11 February 2020
Paul Doona	Current term of office expires 31 December 2020
Joy Street	Current term of office expires 31 March 2020
Mr Graham Bragg	Current term of office expires 30 April 2020
Executive Directors	
Mr Gavin Boyle	Chief Executive
Dr Arthur Stephen	Acting Medical Director **
Ms Cathy Winfield	Executive Chief Nurse
Miss Sharon Martin	Executive Chief Operating Officer
Mr Kevin Downs	Executive Director of Finance & Performance
Dr Neil Pease	Executive Director of Workforce
Dr Magnus Harrison	Executive Medical Director and Deputy Chief Executive
Mr Duncan Bedford	Executive Managing Director - Burton
Mr Peter Moore	Executive Director of Strategy and Integration

** Acting Medical Director 1/4/18—30/6/18

Non-Executive Directors at 31 March 2019

Mr John Rivers CBE DL - Trust Chairman

John was appointed for a four year term of office from 1 April 2009 – 31 March 2013 as Chair of Derby Teaching Hospitals NHS Foundation Trust 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. Following the merger on 1 July 2018 John was appointed as Chair of University Hospitals of Derby and Burton NHS Foundation Trust for a period of 18 months up to 30 September 2019. John serves as Chair of the Nominations and Remuneration Committee and is a member of the Finance, Investment and Performance 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 remains, Chair of the Florence Nightingale Derbyshire Association and Deputy Lieutenant of Derbyshire.

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 for Derby Teaching Hospitals NHS Foundation Trust on 1 May 2015 for a three year term and has been re-appointed with his current term ending on 30 April 2021 continuing as the member of the merged University Hospital of Derby and Burton NHS Foundation Trust Board. Stephen is Chair of the Audit Committee and D Hive, the wholly owned Commercial subsidiary, and serves on the Nominations and Remuneration, Finance Investment and Performance and the People Committees.

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 five years experience in national and local Board level posts, including Chief Nurse, Chief Executive, Chairman and Non Executive Director. He has held a number of ministerial appointments including Commissioner on the Commission for Health Improvement (CHI), Non executive director Health Education England, and Chair of the Department of Health Human Factors Reference Group.

In 2009 he was asked to undertake the role of Chairman at Mid Staffordshire NHS Foundation Trust, following the publication of the highly critical report from the Healthcare Commission. He subsequently went on to work alongside a small group of national nurse leaders to develop the prototype of the "Culture of Care Barometer" which is now widely used across a number of healthcare settings as a diagnostic tool.

More recently Stephen was awarded honorary doctorates from the Universities of Nottingham and Derby for his role in healthcare leadership." He was initially appointed on 1 February 2013 and his current term ends on January 2020. He is the Senior Independent Director and a member of the merged University Hospitals of Derby and Burton NHS Foundation Trust Board. Following the merger Stephen took over as the Chair of the People Committee and is also a member of the Audit, Quality and the Nominations and Remuneration Committee.

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 2014 which has been extended to 31 January 2020 continuing as the member of the merged University Hospital of Derby and Burton NHS Foundation Trust Board. Avril serves on Quality , Charitable Funds and Nominations and Remuneration Committees.

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 continuing as the member of the merged University Hospital of Derby and Burton NHS Foundation Trust Board. Graham is Chair of the Trust's Finance and Investment Committee also serving on the STRIDE Board and Charitable Funds and Nominations and Remuneration Committees.

Dr Stephen Goode CBE – Vice Chair

Stephen worked in the Criminal and Community Justice System from 1975, retiring from the Ministry of Justice as a Senior Civil Servant in 2013. He undertook international, national and regional roles in his career. He was Chief Probation Officer for Derbyshire between 1997 and 2004, and was awarded a CBE for Services to Probation in 2002.

In addition he was a member of the Parole Board from 2000 to 2006 and a Non- Executive Director for the Strategic Health Authority in the Midlands and East between 2006 and 2012.
Stephen is Deputy Chairman, Chair of the Finance and Performance Committee, Chaired the Risk Committee until June 2017. He is also a member of the Nominations and Remuneration Committee, Audit Committee, Quality Committee, and Charitable Funds Committee.

Joy Street

Joy has had a varied career spanning the public and private sector including being CEO of a Training and Enterprise Council, Chamber of Commerce and Business Link; Chairing a Mental Health Trust for eight years; running her own regeneration consultancy company, owning a restaurant, working at Board level in the NHS at a specialist hospital and serving as a non-executive director on a range of companies including a major housing association.

UHDB is now her major role and this year she has assumed additional responsibilities on behalf of the Board and has served on the People Committee, The Finance, investment and Performance Committee, Chairs the Charitable Funds Committee and serves on the Nominations and Remuneration Committee.

Joy remains actively engaged in community-based activities, e.g. charities and has held several trustee and Chair positions in the voluntary sector and on University boards. Joy provides support to young people transitioning from the care system and advises several local charities.

Dr John Davies

After graduating from St John's College, Cambridge in 1973, John trained in general medicine at the London Hospital before embarking on a career which saw him specialise in Oncology and Haematology.

He has also worked as a lecturer and a researcher. From 1980 to 1986, he served on many regional and national scientific societies and committees including the Australian Bone Marrow Transplant Study Group and the Australian / New Zealand Leukaemia & Lymphoma Study Group, and he was National Clinical Lead on the SEHD National Cancer Task Force. From 2000 to 2011 he worked in Edinburgh and has experience as a Regional Medical Director in South East Scotland. He also worked for the Scottish Executive Health Department, specialising in cancer medicines.

John is Chair of the Quality Committee and a member of the Nominations and Remuneration Committee, Audit Committee and People Committee.

Paul Doona

Paul, a chartered accountant, was Finance Director and Company Secretary of St Modwen Properties Plc from 1985 to 1999, managing the flotation and restructure of the company. Following several years as Finance Director, and subsequently Chief Executive of Claims Direct Plc, Paul undertook a number of executive roles in the Internet gaming sector.

Paul's non-executive roles have encompassed various sectors including leisure, property, financial services, recruitment, asset management and natural resources businesses. In addition to the Trust, Paul is currently Vice Chairman and Chair of the Risk Committee at the Dudley Building Society, an independent member of the Audit Committee at Midland Heart Housing Association, and a Director of a number of commercial property businesses.

Paul is Chair of the Audit Committee which includes Risk Management He is also a member of the Nominations and Remuneration Committee.

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 has particular interests in and an affinity towards patient care and the patient experience, service redesign and the involvement of stakeholders across the county. Mrs Coleman left the Board on 31 July 2018.

Mr Chris Hole unfortunately passed away while still in office in May 2018 whilst still a member of the Derby Teaching Hospitals NHS Foundation Trust Board. The Trust appreciates his commitment and significant contribution to the Trust since his appointment as Non-Executive Director in November 2007.

Executive Directors as at 31 March 2019

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 Master's 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 Queen's 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 is Chair of the East Midlands Acute Hospitals Chief Executives forum and is a non-executive member of the supervisory board of GS1 the digital standards and barcoding organisation.

Dr Magnus Harrison, Executive Medical Director and Deputy Chief Executive

Magnus became the Executive Medical Director of the University Hospitals of Derby and Burton NHSFT on 1st July 2018, the day the Trust was formed. Prior to this Magnus had been the Executive Medical Director at Burton Hospitals NHSFT.

Magnus has a background in Medical Leadership and was the Clinical Director for Emergency and Acute Medicine at University Hospitals of North Midlands NHSFT. During his tenure at UHNM Magnus was one of the first cohort to take part in the NHS Leadership Academy's Executive Fast Track Programme, undertaking specialist training and study at Harvard University's Kennedy School. As part of this programme Magnus reviewed healthcare systems in India and spent some time working for EE gaining corporate, private sector experience.

More latterly Magnus jointly led the team that described and defined the patient's benefits that would be delivered as a result of the creation of UHDB. Magnus presented the patient benefits case to regulatory bodies, such as the Competition Markets Authority and NHSI, successfully gaining their approvals.

Magnus is UHDB's Responsible Officer, overseeing all medical revalidation, and the Trust's Caldicott Guardian. Magnus is focused, with Cathy Winfield, Executive Chief Nurse, on delivering the highest quality and safest care for all UHDB's patients.

Dr Neil Pease, Executive Director of Workforce and Organisational Development

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. Neil currently chairs the Association of University Hospitals HR Directors network and is a member of the national Social Partnership Forum.

Miss Sharon Martin, Executive Chief Operating Officer

Sharon was the Chief Operating Officer at Derby Teaching Hospitals NHS Foundation Trust from July 2016. Sharon has worked in Derby for 37 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 specialty take in and 24/7 services .

Sharon has been instrumental in delivering 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 focusing on partnership development outside of the acute trust. Recently, following the merger she has focused on bringing the operational teams together to improve the services we give to our patients across Staffordshire & Derbyshire.

Sharon is a passionate leader; patient focused and has a track record of positive staff engagement and achievement.

Ms Cathy Winfield, Executive Chief Nurse

Cathy became the Director of Patient Experience and Chief Nurse at Derby Teaching Hospitals in May 2013, having joined the Trust as Deputy Director of Patient Experience and Chief Nurse in August 2009. Cathy qualified as a Registered General Nurse in 1993 from Bloomsbury and Islington School of Nursing and Midwifery in London, before going on to specialise as a Haemato-oncology nurse, working at the Middlesex Hospital on the first Teenage Cancer Trust Unit in the UK.

As part of Cathy's current role as the Executive Chief Nurse UHDB she has executive responsibility for Risk Management, Safeguarding, Patient Safety & Quality (jointly with the Medical Director), Facilities Management, Cathy is a Safety Champion for Maternity & Neonates, and also the Trust's Director of Infection Prevention and Control.

Cathy is passionate about Staff & Patient Experience and Safety, supporting vulnerable individuals and equality for all. Cathy is a coach and mentor and has a Masters with Distinction in Healthcare Governance at Loughborough University.

Mr Kevin Downs, Executive Director of Finance & Performance – FCCA/FIOD/MBIM/MBA

Kevin was appointed as the Director of Finance and Performance at Derby Teaching Hospitals NHS Foundation Trust from 2015 and 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. Previously 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 majority of Kevin's career was spent in the commercial sector at Finance Director Level. He worked for Venture Capitalists (Natwest 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, a member of the Chartered Management Institute and has an MBA from Nottingham Trent University.

The Board is supported by:

Duncan Bedford Executive Managing Director – Burton

Duncan joined the Trust in July 2018   following the merger with Burton Hospital Foundation Trust. He has over 25 years' NHS experience as well as working for local authorities working in both county and district councils.

Duncan has worked in a number of senior management positions, including general management roles in a range of specialties as well as Divisional Director for Medicine and Surgery

Mr Peter Moore Executive Director for Strategy and Integration

Peter has been the Executive Director of Strategy and Integration of University Hospitals of Derby and Burton NHS Foundation Trust since July 2018. Peter's role is in two parts; firstly to lead the delivery of the Trust's merger benefits.

Secondly, is to develop an ambitious Strategy for a sustainable future for UHDB. Joining from the automotive industry in 2009, Peter was a Director at Southern Derbyshire CCG, and whilst on secondment to Sheffield CCG and Sheffield City Council in 2016 he led the pioneering Sheffield Place Based Plan which was a leader in developing Integrated Care Systems.

Tosca Fairchild- Moyo - Director of Governance, Communications & Engagement

Tosca was appointed as Director of Governance and Communications (Trust Secretary) following the merger. She has extensive experience in healthcare governance. She commenced her working life in banking and joined the NHS in 2004 at a Primary Care Trust before moving onto Worcestershire Acute Hospitals where she was Company Secretary.

Tosca's role ensures that the Trust meets all its governance, corporate, legal and statutory obligations (NHS Improvement and CQC) and enhances the safety and quality of the services that it provides. Tosca is extremely passionate about governance, public accountability and transparency providing detailed support to the Trust Board. Her portfolio includes external and internal communications, stakeholder management, staff engagement, brand management and reputation management, as well as advising on the Trust's broader community relations and partnerships.

Changes to Board Membership during 2018-19

There were significant changes to the Board of Derby Teaching Hospitals NHS Foundation Trust when it acquired Burton Hospitals Foundation Trust becoming on 1st July 2018, the University Hospitals of Derby and Burton NHS Foundation Trust

The following people left the Board
Derby Teaching Hospitals NHSFT
- Mr Arthur Stephen – Acting Medical Director (01/04/18 – 30/06/18)
- Pat Coleman to 31 July 2018
- During May 2018 Mr Chris Hole died

The following joined the UHDB Trust Board when it was established on 1 July 2018

Non Executive Directors
- Paul Doona
- Dr Stephen Goode
- Joy Street
- Dr John Davies

Executive Directors
- Dr Magnus Harrison -- Medical Director
- Mr Duncan Bedford -- Executive Managing Director (Burton)
- Mr Peter Moore Executive Director of Strategy and Integration from 23/07/18

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

Under the Trust Constitution, the Council of Governors has the 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.

During the Year the Appointments and Remuneration Committee of the Council of Governors met as a committee in common with the Burton Appointments and Remuneration Committee on several occasions to appoint the Chair and Non Executive Directors of the new Board of UHDB.

Attendance at Trust Board Meetings 2018-19

Name	Title	Attendance (Out of 23)
Mr John Rivers	Chairman	23
Dr Stephen Goode	Non-Executive Director from 01/07/18	14 (16)
Mrs Patricia Coleman	Non-Executive Director	4 (5)
Dr John Davies	Non-Executive Director from 01/07/18	14 (16)
Mr Paul Doona	Non-Executive Director from 01/07/18	16 (16)
Mr Steve Jarratt	Non-Executive Director	19
Sir Stephen Moss	Non-Executive Director	20
Professor Avril Drummond	Non-Executive Director	19
Mrs Joy Street	Non-Executive Director from 01/07/18	12 (16)
Mr Graham Bragg	Non-Executive Director	22
Mr Gavin Boyle	Chief Executive Officer	23
Mr Arthur Stephen	Acting Medical Director until 30/06/18	7 (7)
Dr Magnus Harrison	Executive Medical Director from 01/07/18	14 (16)
Ms Cathy Winfield	Executive Chief Nurse	19
Miss Sharon Martin	Executive Chief Operating Officer	22
Mr Kevin Downs	Executive Director of Finance & Performance	20
Dr Neil Pease	Executive Director of Workforce	23
Mr Duncan Bedford	Executive Managing Director - Burton	16 (16)
Mr Peter Moore	Executive Director of Strategy and Integration *	13 (14)

* From 23 July 2018

Significant commitments of the Trust Chairman and Executive Directors

Mr Rivers, the Trust Chairman, had another significant role as the Chairman of Burton Hospitals NHS Foundation Trust. This role ceased on 1 July 2018 when Derby Teaching Hospital and Burton Hospitals merged to be come University Hospitals of Derby and Burton of which Mr Rivers is Chairman. He has also declared involvement in the organisations listed below during the year.

- Deputy Lieutenant of Derbyshire
- Chair, Florence Nightingale Derbyshire Association

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 which has been linked into the Board Capability Review conducted by Deloittes as part of the Burton collaboration work. A revised plan has been produced which is being monitored by 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 for the merger 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 & Performance 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 is a wholly owned subsidiary. This has its own Board as do its operating subsidiaries

- Clinicians Connected
- Pride Pharmacy
- Derby Healthcare

During the year STRIDE which is a joint venture with moved across to UHDB as part of the merger with Burton Hospitals.

Usually 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 howver due to the merger and the reviews that were undertaken to meet the requirements of NHSI and CMA.

The Board continues to hold Strategy Time Out sessions 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. Following the merger on 1 July 2018 the membership of this was reviewed with the following changes:
Dr John Davies took over as Chair of the Committee from Sir Stephen Moss.
Leaving
Pat Coleman
Joining
Dr Stephen Goode, Dr Magnus Harrison

During the 2018/19 there were 11 meetings of the committee with 3 taking place before the merger and 8 after and this is reflected in the attendance figures.

Name	Title	Attendance out of 11
Sir Stephen Moss	Non-Executive Director & Committee Chair	8
Dr John Davies	Non-Executive Director & Committee Chair	8
Mrs Patricia Coleman	Non-Executive Director until 30 July 2018	1
Dr Stephen Goode	Non Executive Director	8
Professor Avril Drummond	Non-Executive Director	10
Mr Gavin Boyle	Chief Executive	3
Dr Magnus Harrison	Executive Medical Director	8
Ms Cathy Winfield	Executive Chief Nurse	10
Miss Sharon Martin	Executive Chief Operating Officer	8
Dr Neil Pease	Director of Workforce	8
Mrs Tosca Fairchild-Moyo	Director of Governance and Communications	7

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. During the year the committee met as a committee in common with the Nominations & Remuneration Committee from Burton Hospitals to appoint the Executive Directors to the prospective Board which became the new Board for UHDB on the merger commencement on 1 July 2018.

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	2
Mr Steve Jarratt	Non-Executive Director	4
Sir Stephen Moss	Non-Executive Director	4
Professor Avril Drummond	Non-Executive Director	4
Mr Graham Bragg	Non-Executive Director	4
Mr Paul Doona	Non-Executive Director	1 (2)
Dr Stephen Goode	Non-Executive Director	2 (2)
Dr John Davies	Non-Executive Director	2 (2)
Mrs Joy Street	Non-Executive Director	2 (2)

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.

Following the merger on 1 July 2018 the membership of this was reviewed with the following changes:

Stephen Moss took over as Chair of the Committee from Pat Coleman

Leaving
Pat Coleman
Joining
Dr John Davies, Mrs Joy Street, Dr Magnus Harrison, Mr Peter Moore

During the 201/19 there were 12 meetings of the committee with 3 taking place before the merger and 9 after and this is reflected in the attendance figures.

Name	Title	Attendance (of 12)
Mrs Patricia Coleman	Non-Executive Director to 30 June 2018	1 (3)
Mr Steve Jarratt	Non-Executive Director	10
Sir Stephen Moss	Non-Executive Director	12
Dr John Davies	Non-Executive Director	8 (9)
Joy Street	Non-Executive Director	6 (9)
Dr Neil Pease	Executive Director of Workforce	10
Miss Sharon Martin	Executive Chief Operating Officer	3
Dr Magnus Harrison	Executive Medical Director	6 (9)
Peter Moore	Executive Directory of Strategy and Integration	2 (8)
Cathy Winfield	Executive Chief Nurse	9

Finance, Investment and Performance 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. The Committee changed its name on the merger from the Finance and Investment Committee to the Finance, Investment and Performance Committee.

The membership of the Committee is listed below, along with a record of attendances during the year. Meetings are also attended by members of the Senior Finance Team. Following the merger on 1 July 2018 the membership of this was reviewed with the following changes:
Leaving : Dr Neil Pease

Joining: Dr Stephen Goode, Mr Paul Doona, Mrs Joy Street, Mr Duncan Bedford, Mr Peter Moore

Sir

Name	Title	Attendance (of 12)
Mr Graham Bragg	Non-Executive Director & Committee Chair	11
Mr John Rivers	Trust Chairman	11
Mr Paul Doona	Non Executive Director	5 (9)
Mrs Joy Street	Non Executive Director	9 (9)
Dr Stephen Goode	Non Executive Director	9 (9)
Mr Steve Jarratt	Non-Executive Director	10
Mr Kevin Downs	Executive Director of Finance & Performance	12
Miss Sharon Martin	Executive Chief Operating Officer	8
Dr Neil Pease	Executive Director of Workforce	3 (3)
Mr Peter Moore	Executive Director of Strategy and Integration	6 (9)

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 2018-19 the following issues were considered by the Committee as significant in relation to the financial statements, operations and compliance.

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 Combined Trust has an internal audit function, provided by 360 Assurance and KPMG, supporting the Trust in identifying key business risks and gaining assurance that they are being managed effectively, through its Team Manager and associated specialists. Meetings are attended by the Director of Finance and Performance, representatives from the Trust's Finance Department, the Trust's External and Internal Auditors, Director of Governance and Communication, and Executive Chief Nurse.

Internal and External auditors provide progress reports to each Audit Committee meeting highlighting key issues such as progress on the internal audit

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 receives a full report on the BAF to all of its meetings where it reviews the actions taken to strengthen the overall oversight of the risk management process and its links to the Trusts strategic direction. It reviews the work of the Risk and Compliance Committee and its role of monitoring risk managment across the organisation.
Internal Audit annual work programme and reports reviewing recommendations over a wide variety of activities.	The Committee has received a total of 20 audit reports over a wide range of subjects. In the period following the merger with BHFT 2 Internal Audit companies were reviewing the work of the Trust 360 Assurance who were the lead auditor and KPMG who provided additional support. The audit plan outlined specific work for each organisation and both reported to each audit committee meeting. The Head of Internal Audit opinion will take account of both organisations work but will be compiled by 360 Assurance
Reviews of completed and outstanding management actions relating to internal audit reports.	The Committee review all outstanding management actions to ensure compliance with the recommendations was being achieved and where issues were identified additional reports were requested to confirm action being taken.
Counter Fraud – Fraud, Bribery and Corruption Plan and changes to NHS Protect.	The Counter Fraud Work Plan is progressively reviewed and assessed throughout the year in order to ensure the counter fraud risk assessment reflects all current risks affecting the Trust. The NHS Counter Fraud Authority has continued to set Standards, in 4 strategic areas, which the trust is expected to be able to evidence compliance with through the Self Review Tool. The deadline for submission of this year's SRT is 31 April 2019 and the outcome will be reported to Audit Committee for assurance of the Trusts continued commitment to the NHS Counter Fraud Strategy.

plan and for the external auditors items such as the year-end financial transaction, value for money, going concern and availability of capital

Name	Title	Attendance (out of 6)
Stephen Jarratt	Non Executive Director	6
Sir Stephen Moss	Non Executive Director	4
Paul Doona	Non Executive Director	3
Dr John Davies	Non Executive Director	2
Kevin Downs	Executive Director of Finance and performance	6

Membership of the Audit Committee is listed above along with a record of attendances during the year. Following the merger on 1 July 2018 the membership of this was reviewed with the following changes:

Joining
Dr John Davies, Paul Doona

During the 2018/19 there were 6 meetings of the committee with 2 taking place before the merger and 4 after and this is reflected in the attendance figures.

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
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.

Following the merger in July 2018 the assets of Burton Hospitals Charity were transferred to Derby Hospitals Charity and the merged charity was re-named Derby and Burton Hospitals Charity. Following the merger the membership of the Charitable Funds Committee was reviewed and the format was altered to include six members of the Corporate Trustee - 2 Exec and 4 Non Exec with other staff members in attendance. The new membership is shown below:-

Membership
Committee Membership
- Joy Street – Chair (NED)
- Graham Bragg, NED
- Steve Goode, NED
- Avril Drummond, NED
- Kevin Downs, Executive Director of Finance & Performance
- Dr Neil Pease, Executive Director of Workforce & Organisational Development

Other appropriate officers of the Trust and Charity will be invited to attend each Committee meeting as "In Attendance" as follows:
- Council of Governors Observers x 2
- Assistant Director of Finance – Financial Services or Representative
- Charity Manager
- Staffside Representative x 1
- Charity Accountant
- Events and Community Fundraiser

The following will be invited to attend as the agenda requires:

- Deputy Director of Research & Development

There was no meeting in July 2018 so the maximum number from April 2018 to March 2019 is three, as shown overleaf.

Name	Title	Attendance (out of 3)
Patricia Coleman	Non-Executive Director & Committee Chair (up to July 2018)	1
Joy Street	Non-Executive Director & Committee Chair (as of July 2018)	2
Sir Stephen Moss	Non-Executive Director (up to July 2018)	1
Prof. Avril Drummond	Non-Executive Director (Vice Chair) (as of July 2018)	2
Mr Graham Bragg	Non-Executive Director (as of July 2018)	2
Dr Stephen Goode	Non-Executive Director (as of July 2018)	1
Kevin Downs	Director of Finance & Performance	3
Dr Neil Pease	Executive Director of Workforce and OD (as of July 2018)	1
Michael Hayworth	Staff Side Representative	2
Dr Teresa Grieve	Assistant Director of Research & Innovation	1
In Attendance		
Michael Flude	Governor Representative	3
Jenny Ireland	Governor Representative (up to July 2018)	0
Andrew Loades	Governor Representative (as of July 2018)	1
Other		
Mrs Tosca Fairchild-Moyo	Director of Governance and Communications (as of July 2018)	2
Julie Chapman	Charity Manager	3
Tim Diggle	Charity Director	2
Kendre Chiles	Assistant Director of Finance – Financial Services	2
Nolan Salmon	Financial Controller	1
Kerry Brady	Community Fundraiser	2

D-Hive

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 increased and now covers Managed Equipment Services, Professional Services and Event Management, which for the current year has all been on behalf of the Trust. Work has, however, been undertaken to deliver external income throughout 2019/20, increasing its contribution to the group performance. D-Hive Ltd wholly owns three further subsidiaries: Clinicians Connected, Pride Pharmacy and Derby Healthcare.

Clinicians Connected has stabilised its membership base, now having 5 customers in addition to Derby Teaching Hospitals. Performance is reported quarterly to the D-Hive board of directors and its work is positively contributing to the group.

Both Pride Pharmacy and Derby Healthcare Staffing are newer entities incorporated within the financial year 2018/19. Pride Pharmacy is pre-revenue and currently going through the start-up process. It will deliver services to UHDB and its patients. Derby Healthcare Staffing Ltd provides staff to UHDB via its bank service, allowing the Trust to fill shifts flexibly increasing the fill rate and reducing the requirement for agency.

Group revenue 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. The Directors of Clinicians Connected also remain unchanged and are Kevin Downs, Dr Neil Pease and Darren Riley. Pride Pharmacy Directors appointed during the year are Clive Newman, Mo Hussain and Lela Parojcic. Derby Health Staffing appointed directors during the year are Kendre Chiles and Kevin Downs. D-Hive and its subsidiaries are exempt from the requirements relating to the audit of accounts under section 479A of the Companies Act 2006.

STRIDE
STRIDE is a joint venture entered into by BHFT prior to the merger to create UHDB. UHDB owns a 50% share of STRIDE who have a remit to identify and develop estate based opportunities within the Queen's Hospital site. No significant projects have as yet been undertaken.

The Trust's Auditors
Following the merger with BHFT PwC were retained as the auditors for UHDB although Grant Thornton provided significant assistance up to the merger on 30/6/2018. They will also attend meetings to approve the BHFT accounts for the period, which exclude a quality report.

The External Audit fee for 2018-19 is £115k with further detail available in Notes 8 and 11 to the accounts. 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.

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.

PwC were 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 2015 that they were content with the recommendations arising from the process to re-appoint PwC for a three year term commencing 1st April 2016.

A paper was presented to the Audit Committee in February 2019 which detailed a proposal to extend the current term of PWC for a period of 2 years as detailed in the initial contract. This was submitted to the Council of Governors meeting in March 2019 where it was approved. This means that PWC will remain the Trust Auditors until April 2021

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 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. There have been no political donations during 2018-19. Our policy and performance relating to the better payments practice code is disclosed in note 16. 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.

Our new Vision, Values and Objectives

As a new organisation, we recognised that it was really important to start a conversation with our staff to establish where we are now, and where we want to go in the future. We really wanted every person in the organisation to share their thoughts as we know from research that 50% of the great ideas from staff come from the 80% of people who do not normally contribute. This conversation was launched in Autumn 2018, starting with five large events (200 people per day) followed by a series of smaller sessions.

These events were attended by a cross-section of our staff and were then built on through our online engagement platform which enabled all our staff to share and comment on ideas over a three week period. Our strategy has therefore not been developed by one or two individuals; it has been developed by our people, for the population we serve. Through this process our staff developed our new Identity, Vision, Values and Behaviours.

Our Why...

Together We make a difference, We save lives and give excellent care to everyone who needs it. We will become the best place to work, learn and receive care in the NHS by bringing the highest level of skill, knowledge and research.

EXCEPTIONAL Care Together

Our How...

COMPASSION + INCLUSIVITY + EXCELLENCE

Together we are #TeamUHDB

COMPASSION
- We show kindness
- We behave with integrity
- We are thoughtful

INCLUSIVITY
- We behave with respect and value everyone
- We collaborate
- We actively listen and give and receive feedback

EXCELLENCE
- We take responsibility
- We continuously learn and grow
- We push boundaries and challenge ourselves

Our What...

- **P** Putting our patients & our communities first
- **R** Right first time
- **I** Invest our resources wisely & create a safe environment to innovate
- **D** Develop & nurture our colleagues
- **E** Ensure improvement through effective partnerships

Likely Future Developments & System Transformation

UHDB is part of two Sustainability and Transformation Partnerships; Derbyshire and Staffordshire. The Derbyshire STP vision is to 'deliver the most effective and efficient health and social care system for the citizens of Derbyshire delivered through a place-based care system which is effectively joined up with specialist services and managed as a whole' (Derbyshire STP Plan, October 2016). Fundamentally, for the people of Derbyshire we want to keep people:

- Safe & healthy – free from crisis and exacerbation
- At home – out of social and healthcare beds
- Independent – managing with minimum support

...which will be founded on building strong, vibrant communities whereby we will begin to address lifestyle issues related to poor health and will improve access to urgent and routine care with reduced need for bedded care.

Together We're Better – the Staffordshire STP vision, supports the improvement in health outcomes across Staffs and Stoke-on-Trent by seeking to reduce health inequalities, deliver better outcomes for citizens and reduce the impact of the wider determinants of health through four key areas:

- Prevention
- Service Transformation (Enhanced Primary & Community Care, Urgent and Emergency Care, Planned Care, Mental Health, Children & Young People and Maternity, Specialised Commissioning, Cancer)
- Productivity (System-wide productivity and efficiencies, Whole system cost reduction portfolio)
- Enablers (Digital, Estates, Workforce, OD & leadership, Governance, New Commissioning and delivery models)

Our Trust plans support the delivery of the agreed STP priority transformation programmes for 2019/20, which focus on end to end clinical pathway transformation to improve care for the people of Derbyshire and Staffordshire and support the financial recovery of the system.

The priority programmes build upon what people have told us about the changes they want to see, and opportunities identified through Right-care, Getting it Right First Time (GIRFT) and Model Hospital data analysis. The work to date supports our system journey towards becoming an Integrated Care System (ICS), as well as the STP refresh which will be undertaken in quarters one and two of 2019/20.

Strategic Alliances and Relationships with Local Commissioners / Stakeholder Relations

One of the key motivations of the Trust is to ensure that through working together, we improve the health and wellbeing for the population we serve; especially when considering improving the health of those patients with the most complex needs. We recognise that patients will at times have to travel further to the most specialist centres to realise the best outcomes but we also acknowledge that there are instances where such services can be provided more locally.

A key intention of the new organisation therefore, is to provide specialist care, locally, but also to work with regional partners to improve pathways and ensure links to tertiary (specialised) centres enhance the patient experience. We will achieve this through:

- A consistent provision across the Derby and Burton population.
- Working with other acute hospitals to ensure our existing services deliver the highest quality and are sustainable.
- Extending the range of specialist services we provide.

Our Integration Strategy (being developed in 2019) describes our new approach to managing our external relationships. Drawing from our improvement programme we will make sure we focus on our patient's best interests, rather than those of our organisation. Through adopting this new approach with our partners we will seek solutions that improve patient's outcomes and operate in a fair and transparent manner.

Our part in an Integrated Care System includes how we will strengthen our relationship with primary care (including the emerging primary care networks) to manage patients proactively, supporting case management for patients with long term conditions and enabling the broader prevention agenda. Our role will also be to support and configure our inpatient and community hospital resources to deliver the change in the models of care where we see an increase in patients being treated closer to home (including diagnostics and elective care), with a reduction in unplanned admissions to hospital.

Our University Hospital Status

Developing ourselves as a true learning and research organisation is fundamental to our approach at UHDB and this is a clear commitment in being a University Hospital. To do this we will develop our teaching and research capability. We will share our learning as effectively as we can to attract the most innovative new staff and being part of the most exciting research is central to the development of our University Hospital Status. To do this we will develop a world class research centre which:

- Ensures the very best clinical trials unit maximising learning from as many of our interactions with patients as possible.
- Extend into new areas of research; organisational behaviour, preventative medicine, social sciences (needs better specifics)
- Develops a reputation or academic rigour as demonstrated in our publications
  ◊ Best practice in managing cohorts of our population
  ◊ Leading research into surgical procedures
  ◊ Establishing the optimum standardised work around key surgical interventions including pre and post op care
  ◊ Supporting as many of our population with home or placed based care as we can
- Shares our learning with our partners through our Integrated Care System

We will also expand our teaching and training capability through working in partnership with supporting University's and Technical colleges and other health and social care providers. This will

- Design new teaching models to help our staff deliver new models of care including community.
- Innovate in teaching of junior doctors to share our learning through our improvement practice.
- Create exciting nursing opportunities
- Embed our local, national and international recruitment channels for the health systems in which we operate.

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

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 terms and conditions of employment. 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 2018-19 Executive Directors received a 1.1% 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.

From 1 July 2018 the are two members of the Executive Directors who are paid more than the Prime Minister (more than £150,000) being:
- Gavin Boyle – Chief Executive £224,575
- Dr Magnus Harrison – Executive Medical Director £179,105 with an additional £35,881 of this directly attributed to his medical role.

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.

John Rivers CBE DL
Chairman
11 June 2019

Gavin Boyle
Chief Executive
11 June 2019

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
- 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

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 61 . During the year the committee met as a committee in common with the Governors Appointments and Remuneration Committee from Burton Hospitals to appoint the Non Executive Directors to the prospective Board which became the new Board for UHDB on the merger commencement on 1 July 2018.

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.

Name	Title	Attendance (Out of 2)
Nick Seed	Public Governor & Chair of the Committee	1
Maura Teager	Public Governor	2
Bill Whitehead	Appointed Governor	2
Andy March	Staff Governor	1(1)
Shirley O'Sullivan	Public Governor	1
Samantha Mills	Staff Governor	1(1)

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 the 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 2019, for more than £245 per day and that last for longer than six months	Number
No. of existing engagements as of 31 Mar 2019	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 2018 and 31 Mar 2019, for more than £245 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 2018 and 31 Mar 2019	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.	9

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

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.

Name	Assignment	Salary (bands of £5000)	Pension RP (bands of £5000)	Salary (bands of £5000)	Pension related benefits (bands of £2500)	Pension related benefits (bands of £2500)	Total (bands of £5000)	Total (bands of £5000)
		31.3.19	31.3.19	31.3.18	31.3.19	31.3.18	31.3.19	31.3.18
Executives		£000	£000	£000	£000	£000	£000	£000
Gavin Boyle	Chief Executive	210-215	15-20	195-200	47.5-50	82.5-85	275-280	280-285
Kevin Downs	Executive Director of Finance and Performance	145-150	0-5	140-145	67.5-70	52.5-55	215-220	195-200
Sharon Martin	Chief Operating Officer	145-150	5-10	140-145	52.5-55	212.5-215	205-210	350-355
Cathy Winfield	Executive Chief Nurse	140-145	15-20	95-100	(7.5-10)	55-57.5	160-165	155-160
Dr Neil Pease	Executive Director of Workforce and Organisational Development	135-140	5-10	130-135	65-67.5	50-52.5	210-215	180-185
Peter Moore	Executive Director of Strategy and Integration (from 23.07.2018)	75-80	0	0	285-287.5	0	360-365	0
Duncan Bedford	Executive Managing Director (from 01.07.2018)	85-90	0	0	10-12.5	0	100-105	0
Magnus Harrison	Executive Medical Director (from 01.07.2018)	155-160	20-25	0	0	0	180-185	0
Arthur Stephen	Acting Executive Medical Director from 01.04.2018 to 30.06.2018	20-25	0	0	0	0	50-55	0

Pension Restructuring Payment

For any individuals employed by the Trust who are breaching lifetime or annual tax allowances in relation to pension taxation, the Trust has an approach which allows individual to apply for a discretionary Pension Restructuring Payment. This payment is equal to the employer's contribution to the NHS Pension Scheme, paid net of employer's National Insurance contribution and other income tax treatments. This is a financially neutral model for the Trust. The Chief Executive and several executive directors applications for a pension restructuring payment was approved by the Trust's Remuneration Committee in March 2019.

Name	Assignment	Salary (bands of £5000)	Pension RP (bands of £5000)	Salary (bands of £5000)	Pension related benefits (bands of £2500)	Pension related benefits (bands of £2500)	Total (bands of £5000)	Total (bands of £5000)
		31.3.19	31.3.19	31.3.18	31.3.19	31.3.18	31.3.19	31.3.18
Non-Executives		£000	£000	£000	£000	£000	£000	£000
John Rivers	Chairman	45-50	0	40-45	0	0	45-50	40-45
Patricia Coleman	Non Executive Director (retired 31.07.2018)	0-5	0	10-15	0	0	0-5	10-15
Stephen Moss	Non Executive Director	15-20	0	10-15	0	0	15-20	10-15
Avril Drummond	Non Executive Director	10-15	0	10-15	0	0	10-15	10-15
Graham Bragg	Non Executive Director	10-15	0	10-15	0	0	10-15	10-15
Stephen Jarratt	Non Executive Director	10-15	0	10-15	0	0	10-15	10-15
Joy Street	Non Executive Director (from 01.07.2018)	10-15	0	0	0	0	10-15	0
Paul Doona	Non Executive Director (from 01.07.2018)	10-15	0	0	0	0	10-15	0
Stephen Goode	Non Executive Director (from 01.07.2018)	10-15	0	0	0	0	10-15	0
John Davies	Non Executive Director (from 01.07.2018)	10-15	0	0	0	0	10-15	0
Chris Hole	Non Executive Director	0-5	0	10-15	0	0	0-5	10-15

Salary & Pension Entitlements of Senior Employees

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. Magnus Harrison opted out of scheme in 2016. Tosca Fairchild opted out of scheme.

Name	Assignment	Real increase in pension at age 60 (bands of £2500)	Lump sum at aged 60 related to real increase in pension (bands of £2500)	Total accrued pension at age 60 at 31st March 2019 (bands of £5000)	Lump sum at aged 60 related to accrued pension at 31st March 2019 (bands of £5000)	Cash Equivalent Transfer Value at 31st March 2019	Cash Equivalent Transfer Value at 31st March 2018	Real Increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
		£000	£000	£000	£000	£000	£000	£000	£000
Gavin Boyle	Chief Executive	2-2.5	0-2.5	60-65	150-155	1226	1035	160	0
Kevin Downs	Executive Director of Finance and Performance	2.5-5	0	45-50	0	864	715	128	0
Cathy Winfield	Executive Chief Nurse	0–2.5	2.5-5	50-55	125-130	883	759	102	0
Dr Neil Pease	Executive Director of Workforce and Organisational Development	2.5-5	0-2.5	30-35	55-60	509	400	98	0
Sharon Martin	Chief Operating Officer	2.5-5	0-2.5	65-70	185-190	1429	1220	172	0
Duncan Bedford (from 01.07.2018)	Executive Manging Director	0-2.5	0-2.5	35-40	110-115	856	744	68	0
Peter Moore (from 23.07.2018)	Executive Director of Strategy and Integration	7.5-10.0	0	15-20	0	212	34	122	0

Directors Expenses

A total of £32,699.42 was paid as expenses to Executive and Non-Executive Directors in 2018-19 (£25,784.13 in 2017-18). The number of directors who held office during 2018-19 was 16 (2017-18 was 14).

Directors Remuneration and Other Benefits

	2018/19 £000	2017/18 £000
Directors Remuneration	1209	896
Employer Contributions to Pension Scheme	90	113

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 (2017-18 nil).

Average monthly number of persons employed

	Group Accounts	
	2018-19	2017-18
	WTE	WTE
Medical and dental	1,214	953
Ambulance Staff	7	0
Administration and estates	2,245	1,510
Healthcare assistants and other support staff	2,718	1,709
Nursing, midwifery and health visiting staff	3,159	2,498
Nursing, midwifery and health visiting learners	5	0
Scientific, therapeutic and technical staff	1,046	1,507
Healthcare Science Staff	279	222
Subsidiaries	11	1
Total Staff Employed	**10,684**	**8,400**

Median Remuneration

The median salary of the Trust was £27,146 (£26,565 in 2017-18). The mid-point range for the highest paid Senior Manager was £222,500 (£197,500 in 2017-18) which is 8.20 times the median salary (7.43 times in 2017-18).

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.

Staff Costs

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.

	Group Accounts	
	2018-19	2017-18
	£m	£m
Salaries and wages	391.690	291.468
Social security costs	36.542	27.321
Apprenticeship Levy	1.844	1.406
Agency staff	15.349	8.755
Pension Costs	45.928	34.570
Subsidiaries	0.611	0.196
Total Gross Staff Costs	**491.964**	**363.716**
Recovery from DHSC Group Bodies in respect of staff working elsewhere	(3.424)	(6.402)
Total Staff Costs	**488.540**	**357.314**

John Rivers CBE DL
Chairman
11 June 2019

Gavin Boyle
Chief Executive
11 June 2019

Staff engagement report

Staff Survey

The latest national NHS Staff Survey (2018) results show that the Trust is above average for staff engagement, which measures staff motivation, involvement and advocacy. Staff engagement is being used to improve employee perception of the Trust. As a result of being engaged and involved it's hoped that staff will feel able to speak highly of the Trust to friends and family, with happier staff in turn leading to happier patients. As part of this work the Trust is continuing to highlight all the ways available to staff to report any concerns, including highlighting the role of the Freedom to Speak Up Guardian across the Trust.

Co-creating vision and values

In 2018, following the merger, the Trust started off a process of co-creating the new vision, values, and objectives of the new organisation. Following a series of large-scale events colleagues were invited to contribute their comments using crowd sourcing technology. This method is often used to ensure that quieter voices and a more diverse range of colleagues can contribute. The validated data will then shape the vision, behavioural framework and key objectives for UHDB.

Staff report

Throughout 2018, the Trust has continued to provide a variety of staff forums, which have included:

- Staff reference groups to discuss the proposed merger (prior to July 2018)
- Divisional Engagement Forums (following merger July 2018)
- Staff engagement group
- Staff survey focus groups
- Wide breadth of service/professional time outs
- Working with us event
- Working For Longer Staff Forums
- Leadership Community Forums
- Wellbeing Roadshows
- Non-Executive Director drop-in surgeries
- Freedom to Speak Up drop-in roadshows
- Schwartz Rounds (forums in which staff can reflect on their experiences of providing healthcare)
- Management visibility programmes, back to floor, board to ward
- Lead Ambassador (colleagues working together to promote compassionate leadership, 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.

NHS Staff Survey

The NHS Staff Survey takes place annually. The results will now (from 2018 onwards—shown below) be presented with results from questions grouped to give scores in ten indicators. The indicator scores are based on a score out of 10 for certain questions,

Theme	2018 score UHDB Trust	2018 Acute trust average	Comment
Equality, diversity and inclusion	9.1	9.1	Average
Health and wellbeing	5.9	5.9	Average
Immediate managers	6.7	6.7	Average
Morale	6.2	6.1	Better than average
Quality of appraisals	5.2	5.4	Worse than average
Quality of care	7.4	7.4	Average
Safe environment - bullying and harassment	8.0	7.9	Better than average
Safe environment - violence	9.4	9.4	Average
Safety culture	6.7	6.6	Better than average
Staff engagement	7.1	7.0	Better than average

with the indicator score being the average of those. The response rate to the 2018 survey among Trust staff was 38% (4501 staff) against an average for acute trusts of 44%. This compares to response rates of 47% in Burton for 2017 and 42% for Derby (against a 2017 average of 44%). For the full details please visit http://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2018-Results/

Historical data is not available for UHDB in theme groupings as the Trust is a newly-merged organisation; however, it is worthwhile noting the following scores for comparison purposes, looking at the two former legacy trusts:
Analysis of national NHS staff survey benchmarking themes shows the Trust is better than average for morale, safe environment (bullying & harassment); safety culture and staff engagement. Other positive strengths include the score for recommending the Trust to family and friends, for which the Trust is in 19th place, out of 89 trusts in the country.
Areas for concern and action planning include looking in depth at how to encourage staff to report, whether this is errors/near misses or incidents or any experience of violence or harassment. Good communication between senior management and staff will also be a focus, as will exploring the quality of appraisals.
Questions
Individual questions on which the Trust is most

improved from the last survey (using a 'UHDB' 2017 score amalgamating the 2017 scores from both Burton and Derby legacy trusts) are:
- Organisation treats staff involved in errors fairly
- Satisfaction with level of pay
- Satisfaction with recognition for good work
- Appraisal/performance review; definitely left feeling work is valued
- Satisfaction with extent organisation values my work

Questions where the Trust is least improved from last survey are:
- Disability: organisation made adequate adjustment(s) to enable me to carry out work
- Had non mandatory training, learning or development in last 12 months
- Organisation definitely takes positive action on health and wellbeing
- In last month have not seen errors, near misses incidents that could hurt patients
- Not felt unwell due to work related stress in last 12 months

In the area of staff health and safety, 'hotspots' have been identified and divisional health and safety leads, together with senior managers, are putting together appropriate action plans to address the main issues. Continuing monitoring of these action plans will be

	Burton 2016	Derby 2016	Acute trust average 2016	Burton 2017	Derby 2017	Acute trust average 2017	UHDB 2018	Acute trust average 2018
Staff engagement	3.80	3.92	3.81	3.78	3.90	3.79	3.85	3.80
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	65%	84%	70%	67%	84%	71%	79%	71%
I would recommend my organisation as a place to work	59%	73%	62%	61%	74%	61%	70%	63%

undertaken by the operational H&S steering group on a quarterly basis.

The areas for improvement from the national NHS Staff Survey 2018 will be further explored with focus groups across all sites and within various forums, including the Patient Experience Committee and the Inclusion group, as well as by the Lead Ambassadors and the Staff Engagement Group. The People Committee will receive the annual staff survey results along with the appropriate level of assurances that credible actions are in place to make any required improvement. Assurance over divisional actions will be via Divisional performance management meetings.

Counter Fraud

The Counter Fraud Specialist is responsible for ensuring risks identified through the counter fraud risk assessment, proactive work and investigations are appropriately addressed in order to safeguard the Trusts control framework from fraud. They ensure compliance with the NHS Counter Fraud Authorities Standards for Providers by completing annual and risk based work in four areas; Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account. This work specifically includes the review of all policies which are either directly or indirectly affected by fraud risks to ensure there is a suitably robust control framework in place.

Equality, Diversity and Human Rights

Our Executive lead for Equality, Diversity and Human Rights is the Executive Director of Workforce and Organisational Development. As a forward-thinking NHS organisation, the Trust takes its responsibility for inclusion and diversity extremely seriously and expects all staff to take responsibility, in line with the Trust values, 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 offer exceptional care together to enable the provision of the best possible healthcare for the local community. Understanding the makeup of the local communities provides a real opportunity to put patients at the centre of Trust services and decision making. It is recognised that involving diverse groups enables the Trust to prioritise and address health inequalities in

the community. During 2018-19 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 97% of Derby Teaching Hospital staff had completed the Trust's Equality & Diversity Training. The compliance rate of 92% in the merged organisation is reflective of staff who are due to receive the 3 year refresher training in 2018-19 and who have undertaken the revised training package, launched in May 2018.

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 achieve the same for Workforce Disability Equality Standard in 2019/20.

Operating as a merged organisation, the process has begun of reviewing the priorities within the Inclusion Framework to reflect a vision for the new organisation. The key actions and priorities for the next 3 years are being updated and these will act as an enabler to the 'Developing Our People Strategy'. During 2018-19 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.

EDS 2 Goal	Rating
1. Better health outcomes for all	Developing
2. Improved patient access and experience	**Achieving**
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. Annually, the Trust undertakes the national 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 Inclusion Committee, along with relevant feedback gained from focus groups and other forums, where we aim to have a broad representation from across the workforce.

The following table provides a high level summary of the diversity of our workforce in context:
The following table shows a breakdown at year end

	Male	Female	Total
Executive Directors	6	2	8
Non-Executive Directors	7	2	9
Senior Managers*	69	69	138
All other staff	2,297	9,997	12,294
Total	**2,379**	**10,070**	**12,449**

of the number of male and female directors, other senior managers and employees.

Age	Number of Staff	% of Staff
16-19	107	0.92%
20-29	2,308	20.12%
30-59	9,200	73.21%
60-69	795	5.53%
70+	39	0.21%
Ethnicity	**Number of Staff**	**% of Staff**
Asian	1,406	11.99%
Not Specified	198	1.56%
White Other	482	3.97%
White British/Irish	9,410	74.33%
Mixed	213	1.71%
Black	364	3.08%
Other Ethnic Group	376	3.36%
Gender	**Number of Staff**	**% of Staff**
Male	2,379	21.01%
Female	10,070	78.99%
Disability	**Number of Staff**	**% of Staff**
Yes	408	3.24%
No	9,430	76.65%
Not Declared	2,448	18.81%
Prefer Not To Answer	2	0.01%
Unspecified	161	1.29%

*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.

Staff policies

The Trust continues to implement the Equality Delivery System2 and this is monitored through the People Committee, which is a sub-committee of the Board. As part of this the Trust ensures compliance with the Equality, Diversity and Human Rights Policy and the Dignity at Work Policy by adopting procedures that do not allow discrimination against future or current employees in all aspects of the recruitment process or their employment. The Trust's policies, including the Recruitment Policy and the Developing Our People Policy, ensure that training, career development, and promotion opportunities are equally available to the Trust's disabled employees by taking all reasonable steps to make adjustments and remove barriers that put disabled workers at a disadvantage. These policies are formally consulted upon and agreed in conjunction with our staff side colleagues. The Trust has the government's Disability Confident Employer status, which helps the organisation to make the most of the talents disabled people bring to the workplace, and to successfully recruit and retain disabled people and those with long term health conditions.

The Staff Survey has enabled the Trust to recognise that a priority area of work is to make more accessible career progression for, and development of, our disabled and BAME (Black, Asian and Minority Ethnic) employees.

The Trust has a key responsibility to ensure that promoting equality and inclusion, and valuing diversity is central to all Trust policy making, service delivery, employment practices and community engagement. All levels of staff are required to undertake regular training in Equality, Diversity and Inclusion, and thus understand the principles of this.

Trade Union Facility Time

 Meetings with union officials prior to and post the merger have been extensive, with discussions not only on the overall position and progress of the merger but also on the specific areas around TUPE. Review and update of policies for the combined organisation was progressed so they were in place for the merged organisation. Full details of

the Trade Union Facility Time disclosures are not available for this period due in part to the extensive additional and sometimes ad-hoc meetings that took place. However, the table below shows the Facility Time information as reported in July 2018, prior to when the merger occurred.

Number of employees who were relevant union officials during the relevant period.	28 employees
Percentage of time spent on facility time	0% - 6 employees
	1% – 50% -20 employees
	51% - 99% - 2 employees
Percentage of total pay bill spent on facility time	0.025%

Our Slavery and Human Trafficking Statement 2018/19
The Trust supports the Government's objectives to eradicate modern slavery and human trafficking and is committed to ensuring that there is no modern slavery or human trafficking in any part of the organisation's business, in so far as is possible, to requiring our suppliers hold a corresponding ethos.

To identify and mitigate the risks of modern slavery and human trafficking, the Trust has established robust recruitment procedures and complies with national NHS Employment Checks and CQC standards. All external agencies providing staff have been audited and approved through the NHS CPP (Collaborative Procurement Partnership) or HTE (Health Trust Europe) National Staffing Framework Agreements or they have issued a Human Trafficking Policy making explicit the standards expected of all their suppliers.

When procuring goods and services, the Trust adheres to the Standard NHS Terms and Conditions for the Supply of Goods and Provision of Services and will ensure via Supplier Warranties and the standard Selection Questionnaire, its supplier base and associated supply chain, have taken the necessary steps to ensure modern slavery is not taking place.

The Trust's policies on Safeguarding Adults and on Safeguarding Children incorporate modern slavery. In addition, the Trust policies on Dignity at Work, Grievance & Disputes Resolution and Freedom to Speak Up give a platform for employees to raise concerns about poor working practices.

Modern slavery is also referenced within the Safeguarding Children and Adult mandatory training, which applies to all staff, as appropriate to their roles and responsibilities. Further guidance for staff coming into contact with cases of modern slavery is available on the Trust intranet.

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 £392k on consultancy during the year.

Health and Wellbeing of Our Workforce
In January 2018 the Occupational Health and Wellbeing Department at Derby Teaching Hospitals and Burton Hospitals merged to form a single service. This action was taken to ensure that the appropriate services were in place to support staff prior to and through the process of merging into University Hospitals of Derby and Burton and beyond.

The primary objective of this action was to ensure that a cohesive support service was in place for all staff across the five sites by the 1st April 2018. These services included access to:
- Comprehensive Occupational Health Service
- Mental Health and Physiotherapy Services
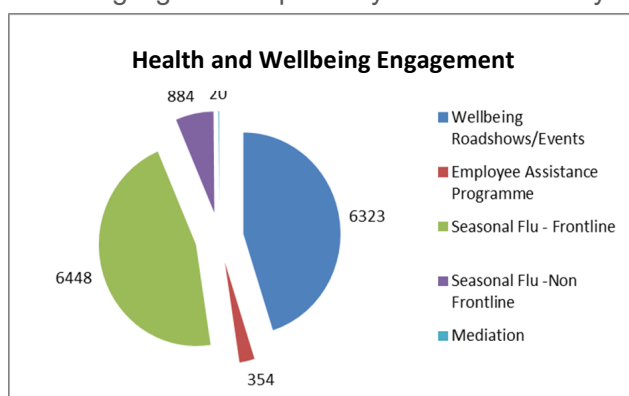- Mediation
- Employee Assistance Programme

Running parallel to the stream lining of the core services listed above, the Wellbeing Programme was also reviewed to ensure that the Trust was delivering an equitable approach to pro-active health and wellbeing initiatives.

This review took into consideration workforce intelligence (sickness absence, staff survey results and workforce demographics), alongside National Guidance (NICE, Stevenson and Farmer review – Thriving at Work etc.) and resulted in the following campaigns being delivered:
- Get Ready for Summer – Take a break and rehydrate
- Winter Wellness – Take a break and rejuvenate
- New Year and Beyond – Take a break and reinvigorate

Outcomes

Through these services and campaigns the Trust has been able to demonstrate the positive impact for individuals as well as improved organisational effectiveness. In particular levels of engagements in wellbeing events have increased from 35% to 52% (exc. seasonal flu) of the total workforce. The chart below highlights the uptake by service or activity:

Health and Wellbeing Engagement

- Wellbeing Roadshows/Events — 6323
- Employee Assistance Programme — 354
- Seasonal Flu - Frontline — 6448
- Seasonal Flu - Non Frontline — 884
- Mediation — 20

Feedback from these events has been overwhelmingly positive and demonstrates the impact these Wellbeing Programme has made for individuals and the organisation as a whole.

CQUIN - Seasonal Flu

The national target for seasonal flu for 2018-19 was to achieve a 75% uptake in frontline healthcare workers by February 2019. By the end of the campaign, the Trust had exceeded the national target and 81.7% (6448) of frontline healthcare workers were vaccinated.

Priorities for 2019 -20

A key priority for 2019 – 20 is to maximise the opportunity to meet shared objectives in relation to employee and organisational wellbeing through the following programmes of work:

- Health and Attendance
- Recruitment and Retention
- Compassionate Leadership
- Mindful Employer
- Inclusion
- Health and Safety

Sickness Absence

The sickness absence data for the Trust is outlined below. Please note the figures given are in calendar years (January 2018 to December 2018).

Statistics Published by HSCIC from ESR Data Warehouse		
FTE Days available	**FTE days recorded sickness**	**% of recorded days available**
2017/18	2,693,875	110,125	4.09
2018/19	3,801,454	167,048	4.90

Exit Packages

	Compulsory Redundancies		Other Departures		Total	
	Number	Cost £000	Number	Cost £000	Number	Cost £000
<£10,000			1	5	1	5
£10,001-£25,000					0	0
£25,001-£50,000	2	85			2	85
£50,001-£100,000					0	0
£100,001-£150,000					0	0
£150,001-£200,000					0	0
>£200,000			1	431	1	431
Total Average Numbers	2	85	2	436	4	521

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 bargaining 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 2018-19, the Trusts developed joint partnership working (both prior and post-merger) to reflect the enlarged UHDB Trust. 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

The central Employee Relations team provides support, advice and guidance for all employee relations (case) work across the Trust. The team were established to 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, terms and conditions, raising concerns and employment tribunals.

Following the new UHDB management structures the ER team were restructured to provide appropriate support to the Divisional structures. This development ensured consistency and resilience in service delivery with improved team oversight of the caseload, and is led by the Head of Employee Relations who works closely with Divisional Business Partners and their Divisional Management Teams.

The table below demonstrates the volume of this work based on data during the 2018/19.

A new system (ER Tracker) was introduced in 2018/19 to support the management of monitoring and recording of all ER casework, including health and attendance management.

Case Type	Volume of cases pre merger UHDB	Volume of cases post merger Derby and Burton
Short term sickness (numbers of staff with 4+ episodes of sickness in rolling 12 months)	1,112 average staff per month	1,455 average per month
Long term sickness (Numbers of staff off sick over 4 weeks)	173 average staff per month	227 average staff per month
Disciplinary Investigations	25 new cases	32 new cases
Disciplinary dismissals	4	5
Grievances (formal)	10 new cases	12 new cases
Dignity at Work	10 new cases	8 new cases
Employment Tribunal / ACAS Early Conciliation Cases	12 cases during the year	

Retaining our Workforce

The Trust faces an ongoing challenge to recruit and retain staff across a number of shortage occupations including nursing, allied health professional roles and medical staff. Staff Retention is a feature across the entire recruitment journey from first contact with the Trust as the Employer of Choice, from selection to job offer, through to remaining with the hospital and promoting it as a place to work and be treated.

The Trust has been pursuing a range of retention initiatives that are transferable to the wider workforce and align to the People Strategy, as well as the Retention Framework, Health & Wellbeing Framework, and Inclusion Framework.
Identifying the workplace conditions that support job satisfaction and retention for the 5 generations in the workplace is key to the employment bargain:

- Attracting young people to careers in healthcare via increasing opportunities for apprenticeships.
- Acknowledging the value that an ageing workforce can contribute by working for longer or returning to work post retirement with wraparound support.
- Consistent good employment practices supported by rigorous time to hire metrics.
- Job chat conversations known as 'Itchy Feet' to understand why staff may want to leave the Trust and explore opportunities to retain skills and experience.
- Internal Job Transfer Scheme enabling a number of Nursing and Health Care Assistants to move and work in a different specialty, developing as well as sharing skills.
- Wrapping Health and Wellbeing around staff with team events such Get Ready for Summer, Take a Break and Rehydrate and Winter Wellness.

Looking forward, we will explore:

- Adopting a recruit to retain approach via the creation of a streamlined recruitment and marketing strategy for all roles across the Trust.
- Reviewing the extent of our engagement with starters as well as increasing our understanding of the reasons for leaving the Trust.
- Focus on the Allied Health Professional workforce by creating a sense of possibility through the exploration of band run through to support career and professional development.

Organisational Development

Organisational Development (OD) has a wide remit including leadership development, team dynamics,

coaching and staff engagement. During 2018-19, OD has prioritised supporting the merger process as people are appointed to new roles and new teams start to form within UHDB.

The following section is a summary of the key interventions that have taken place during 2018-19:

- Interview skills, resilience and change workshops, as well as 1:1 coaching, have been offered to all staff affected by the management of change process.
- All divisional triumvirates have undertaken team coaching sessions to help them align and function effectively as a team.
- The Trust has worked in partnership with crowdsourcing technology developed by Clever Together to enable all staff to be involved in the co-creation of the identity, vision values & behaviours and key objectives for the newly-formed UHDB. This consultation resulted in over 73,000 words of data which were used to create the new strategic framework.
- In 2018/19 OD provided bespoke facilitation for 1300 colleagues, nearly 200 people have or are undertaking formal leadership training and over 500 people have accessed leadership masterclasses.
- OD is continuously increasing the number of training internal coaches and helping match these people with colleagues to provide coaching support. The coaching offer also includes training clinicians to undertake clinical coaching with patients.

The key priorities for 2019-20 include:

- Developing a staff engagement brand so that colleagues see a consistent approach from the Trust where they may currently perceive a collection of different initiatives. This project will include ensuring that the staff survey is part of the conversation 12 months a year so that people know their feedback is making a difference.
- The newly co-created values & behaviours will need to be embedded in the organisation and be clearly visible throughout the full employment life cycle for every person. This will include using the values & behaviours for recruitment, selection, appraisal, development as well as in the wider HR processes. The Trust could also use the values & behaviours as a framework to patients to articulate what they should expect from the organisation; this would enable us to have a framework for

complaints and compliments.

- OD will assume the lead for the Schwartz Rounds and extending the offer across both RDH and QHB.
- The 'business as usual' priorities will include coaching for individual and teams, development sessions for teams to support them as they merge, leadership development courses and leadership masterclasses.

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:

		Board commencement	Notice Period
Mr Gavin Boyle	Chief Executive	7 March 2016	6 Months
Mr Kevin Downs	Executive Director of Finance & Performance	1 April 2015	6 Months
Ms Cathy Winfield	Executive Chief Nurse	1 May 2013	6 Months
Dr Magnus Harrison	Executive Medical Director	1 July 2018	6 Months
Miss Sharon Martin	Executive Chief Operating Officer	1 August 2016	6 Months
Dr Neil Pease	Executive Director of Workforce and Organisational Development	1 June 2015	6 Months
Mr Peter Moore	Executive Director of Strategy and Integration	23 July 2018	6 Months
Duncan Bedford	Executive Managing Director	1 July 2018	6 Months

Statement of Compliance with the NHS Foundation Trust Code of Governance

University Hospitals of Derby and Burton 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.

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. It is also aware of the recommendations from the Kirk review and will be looking to address these in the forthcoming year.

Board, Nominations Committee, Audit Committee & Remuneration Committee

Details of membership and meetings held by these committees is covered in the Directors report on page 31.

Council of Governors

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 significant/ statutory transactions and approving changes to the Constitution.

The role of approving significant/statutory transactions was key during the lead up to the merger with BHFT where the Council of Governors had briefings and discussions on the proposed merger to ensure that they received assurance that due process had been followed and that they were happy in approving the transaction. This involved several meetings with their colleagues at Burton before each Council met independently to approve the transaction to allow the merger to proceed.

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.

Structure and Council Members

The Council during April 1 to June 30 inclusive comprised of 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. Following the merger to form UHDB the Council of Governors was increased in size to 41 members and the representations from the constituencies was changed so it better reflected the area covered and the demographics of the new organisation. The members of the Council of Governors who served during the year are as follows:

Derby City	
Mrs Valerie Haylett	
Miss Anne Johnson	
Mr Douglas Sice	
Mr Rangit Singh Dhanda	
Mr Bob MacDonald	(Resigned April 2018)
Mrs Shirley O'Sullivan	
Mrs Rita Merrison	
Miss Beverley Martin	(until 30.09.18)
Mrs Anne Hinks	(from 01.10.18)

Appointed Governors		
Prof John Alcolado	University of Nottingham	
Cllr Joanna West	Derby CC	
Cllr Linda Chilton	Derby CC	
Ms Kath Cawdell	Derby CVS	
Ms Karen McGowan	SDCCG	(until 30.10.18)
Dr Bill Whitehead	University of Derby	
Cllr Bernard Peters	Staffs CC	(from 01.10.18)
Mrs Elaine Day	Staffs CVS	(from 01.10.18)
Mrs Heather Johnstone	ESCCG	(from 01.10.18)
vacany	SDCCG	(from 01.11.18)

Amber Valley	
Mrs Maura Teager	
Mr Andrew Loades	
Ms Jenny Ireland	(until 30.09.18)
Mr Paul Garrud	(until 30.09.18)

Tamworth and Lichfield	
Mrs Pam Dhanda	(from 01.10.18)
Mrs Denise Baker	(from 01.10.18)
Vacancy	(from 01.10.18)

Dales and South Derbyshire
Mrs Catherine Devonport
Mr Nick Seed
Mr Barry Appleby (from 1/10/18)

Rest of England/NWL
Vacancy

Erewash	
Mr Michael Flude	
Mr Nigel Horridge	(until 30.09.18)

East Staffordshire	
Mr Graham Lamb	(from 01.10.18)
Mrs Louise Walker	(from 01.10.18)
Mr David Lindop	(from 01.10.18)
Mr Paul Walker	(from 01.10.18)

During the period 1 July 2018 to 30 September 2018 which is when the secondary phase of Governor elections took place and to ensure effective representation across the increased geographic area Contributory Observers from the former BHFT Council of Governors joined the UHDB Council of Governors. These were:

Bernard Peters	until 30.09.18
Graham Lamb	until 30.09.18
David Dundas	until 30.09.18
Elaine Day	until 30.09.18
Cathy Brown	until 30.09.18
Amanda Scott	until 30.09.18
David Rogers	until 30.09.18
Susan Williams Jones	until 30.09.18
Pam Dhanda	until 30.09.18
Denise Baker	until 30.09.18
David Hanson	until 30.09.18
John Anderson	until 30.09.18

After the elections in September 2018 the following joined the expanded Council of Governors:

Public
Mr Barry Appleby
Mr Graham Lamb
Mrs Louise Walker
Mr David Lindop
Mrs Anne Hinks
Mrs Pam Dhanda
Mrs Denise Baker
Mr Paul Walker
Staff
Dr Samantha Mills
Mrs Cathy Brown (until 30.06.21)
Mrs Amanda Scott (until 30.06.21)
Mrs Susan Williams-Jones (until 30.06.20)
Mr Amit Goyal
Appointed
Cllr Bernard Peters (Staffs CC)
Mrs Elaine Day (Staffs CVS)
Mrs Heather Johnstone (ESCCG)

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. During the period leading up to the merger the Council of Governors held additional meetings to ensure they were up to date in terms of developments and information around the merger. This was extremely important as the CoG would have a formal vote on the merger as it was classified as a statutory decision. The attendance record is as follows:

Public		COG Meetings Attended
Mr Paul Garrud	until 30.10.18	2 of 3
Mr Nigel Horridge	until 30.10.18	2 of 3
Ms Jenny Ireland	until 30.10.18	2 of 3
Ms Beverley Martin	until 30.06.18	1 of 1
Mr Bob MacDonald	resigned April 2018	0 of 0
Ms Karen McGowan	until 30.10.18	2 of 3
Ms Lorraine Horobin	until 30.10.18	3 of 3
Mr Andy March	until 30.10.18	2 of 3
Mrs Elaine Norton	until 30.10.18	3 of 3
Mrs Maura Teager		6 of 6
Mr Andrew Loades		6 of 6
Mr Barry Appleby	from 01.10.19	2 of 3
Mrs Catherine Devonport		5 of 6
Mr Nick Seed		2 of 6
Mrs Anne Hinks	from 01.10.19	3 of 3
Mrs Rita Merrison		4 of 6
Mrs Valerie Haylett		5 of 6
Miss Anne Johnson		4 of 6
Mr Douglas Sice		6 of 6
Mr Rangit Singh Dhanda		5 of 6
Mrs Shirley O'Sullivan		6 of 6
Mr Graham Lamb	from 01.10.19	3 of 3
Mrs Louise Walker	from 01.10.19	1 of 3
Mr David Lindop	from 01.10.19	3 of 3
Mr Paul Walker	from 01.10.19	1 of 3
Mr Michael Flude		3 of 6
Mrs Pam Dhanda	from 01.10.19	3 of 3
Mrs Denise Baker	from 01.10.19	1 of 3
Staff		
Dr Samantha Mills	from 01.10.19	3 of 3
Mr Rob Bradley		4 of 6
Mrs Anne Woodhouse		3 of 6
Mrs Alison Booth		4 of 6

Staff		COG Meetings Attended
Mr Amit Goyal	from 01.10.19	2 of 3
Mr Ben Smith		3 of 6
Mrs Cathy Brown	from 01.10.19	3 of 3
Mrs Amanda Scott	from 01.10.19	2 of 3
Mrs Susan Williams-Jones	from 01.10.19	3 of 3
Appointed Governors		
Cllr Bernard Peters	from 01.10.19	2 of 3
Cllr Joanna West		0 of 6
Cllr Linda Chilton		4 of 6
Mrs Elaine Day	from 01.10.19	2 of 3
Ms Kath Cawdell		5 of 6
Mrs Heather Johnstone	from 01.10.19	2 of 3
Prof John Alcolado		2 of 6
Dr Bill Whitehead		5 of 6

The Chairman and Chief Executive attend all meetings. Other Executive Directors attend as required. Non-Executive Directors voluntarily 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. As part of the merger the Governors have also been involved in the Board to Ward visits as well as in the collaboration discussions with Burton Hospitals Foundation Trust.

The Chairman invited Governors to regular briefings on the progress of the collaboration as well as 1-2-1 sessions, an additional opportunity to exchange views. 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 committees as observers to allow them to view and understand the working of the governance structure reporting this back to the full Council of Governors. Governors have written articles for the UHDB news 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.

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.

Prior to the merger the ARC had met as a committee in Common with its counterpart at BHFT to appoint the Chairman and Non Executive Director of the Prospective Board which became the new Board of UHDB on the 1 July when the combined Trust came into existence.

The Council of Governors' Membership Group

The Membership Group consists of ten members and is primarily concerned with membership activities and membership communication and development. The membership group met six times during 2018-19, 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.

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 normally take place on an annual basis and newly or re-elected Council representatives take up their appointments with effect from 1 July however, due to the merger, an additional election took place in October to allow the CoG to expand and be fully representative of the enlarged geographical area. The standard term of office is three years. The maximum term of office is three times three year consecutive terms. However, 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.

Nominated Lead Governor

Under existing NHS Improvement guidance, all Foundation Trusts are required to provide details of a Nominated Lead Governor. Mrs Maura Teager 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).

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.

Governor	2018-19	2017-18
Andrew Loades	£816.40	£529.05
Beverley Martin	£296.67	£1,153.66
Catherine Devonport	£115.00	£169.35
Elaine Norton	£0.00	£119.25
Jenny Ireland	£236.70	£637.44
Margot Keats	£0.00	£0.00
Maura Teager	£891.00	£278.22
Michael Flude	£151.20	£117.00
Nick Seed	£24.30	£272.70
Rita Merrison	£185.40	£169.20
Bob MacDonald	£0.00	£21.00
Anne Johnson	£326.25	£0.00
Vincent Kenny	£0.00	£81.09
Valerie Haylett	£223.47	£0.00
Elaine Day	£574.85	£0.00
Graham Lamb	£180.00	£0.00
Barry Appleby	£95.90	£0.00
Cathy Brown	£42.70	£0.00
Pam Dhanda	£320.85	£0.00
Amit Goyal	£21.15	£0.00
David Lindop	£178.20	£0.00

Independence of the Non-Executive Directors
Refer to the Director's report, page 30.

Skills & Balance of the Board
Refer to the Director's report, page 30.

Chair's Other Significant Commitments
Refer to the Director's report from page 30.

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 2018-19, 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.

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.

Internal Audit Function
Refer to the Directors' report on page 33.

Audit Committee
Refer to the Director's report on page 33.

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 2019, there were 12,449 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 9,227 at the beginning of April 2018 to 15,104 by the 31 March 2019. Following the merger 6,213 members of BHFT transferred across to become members of UHDB. Staff membership has increased from 7,528 at the beginning of April 2018 to 12,449 by the 31 March 2019, mainly due to the merging of the 2 trust workforces. Total membership has therefore increased from 16,755 at the beginning of April 2018 to 27,553 by the 31 March 2019.

The overall Membership position at the 31 March 2019, by constituency is as follows:

Constituency	31-Mar-19	31-Mar-18
Amber Valley	1,357	1,496
Dales & South Derbyshire	2,453	1,255
Derby City	4,915	5,076
E Staffs	3,085	
Erewash	805	818
Lichfield and Tamworth	1,449	
Rest of England and North West Leicestershire	1,040	582
Staff	12,449	7,528
	27,553	16,755

Public Membership Analysis

Public membership can be analysed as follows:

Public constituency	Number of members	
	31-Mar-19	31-Mar-18
Age(years):		
0 - 16	15	11
17 - 21	185	151
22+	14,273	8,726
Unknown	671	339
Total	15,104	9,227
Ethnicity:		
White	11,846	7,051
Mixed	66	41
Asian	742	530
Black	208	177
Other	34	41
Unknown	2,208	1,387
Total	15,104	9,227
Gender analysis:		
Male	5,585	3,057
Female	9,449	6,144
Unknown	70	26
Total	15,104	9,227

Membership Development

Recruitment of members continues in line with the Trust's revised Membership Development Strategy with all Governors being 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 2018-19 to raise its profile, membership and to keep members advised on the progress of the merger with Burton Hospitals NHS Foundation Trust and the development of UHDB.

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
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
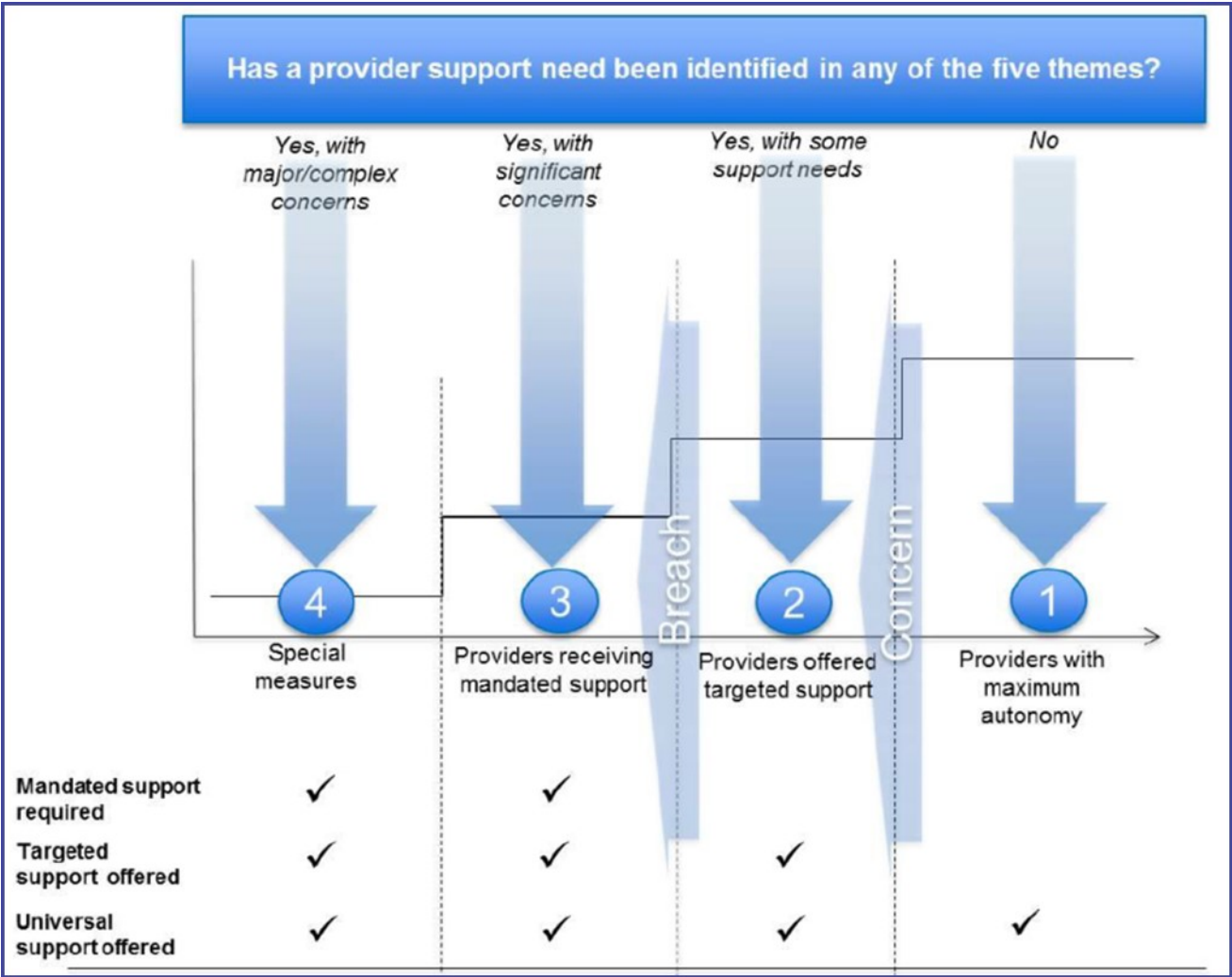
providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence. The Single Oversight Framework applied from Quarter 3 of 2016-17 and was updated in November 2017.

This segmentation information is the trust's position as at 31 March 2019. 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	2018-19 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

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.

During March 2019 NHSI issued a new set of Enforcement undertaking and these were reviewed by the Trust Board on 12 March 2019. 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 which on 1 July became the University Hospitals of Derby and Burton 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 and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements,
- 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 and Social Care 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
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy 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
11 June 2019

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 University Hospitals of Derby and Burton 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 University Hospitals of Derby and Burton NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

Capacity to handle risk
The risk management processes are led at Board level by the Trust's Executive Chief Nurse. The Trust had adopted a comprehensive approach to risk management with structures and processes in place to successfully deliver its risk management objectives. Risk issues are discussed and escalated across the committee structures including via the Risk and Compliance Committee (RCC) and Trust Operational Group (TOG).

All staff are required to undertake Risk Management training and, where necessary, appropriate staff are trained in risk assessment and investigation techniques. A standard approach for the identification, assessment and management of all risks, using specified processes and reporting ensures effectiveness. This is through the identification, analysis and control of risks, which are reported and managed through a central database. This is managed and led locally within the Business Units. In addition, extreme risks and those with a consequence rating of catastrophic 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 whether more could be done 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 organisational impact but what good practice can be learnt and shared. Good practice also comes from IA reviews and recommendation, which are seen by the committee.

The risk and control framework
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 the Risk and Compliance Committee. Overall, the Divisional Directors are responsible to the Board's Executive Chief Operating Officer. The principal risks faced by the Trust during 2018-19 where categorised using the Trust's PRIDE objectives:
- Putting Patients first
- Right First Time
- Investing our resources wisely
- Developing our People
- Ensuring Value Through Partnership

Board Assurance Framework
The Board continued to monitor and review the risks within its Board Assurance Framework (BAF). The risks within the BAF were collectively agreed as the areas that would have a direct impact on the Trust's ability to deliver its priorities and objectives. Strategic risks were reviewed and reassessed with Board Committees considering the strategic risks relevant to them as well as the high scoring operational risks that

may pose a threat to strategic objectives, challenging and monitoring the risk mitigation actions in place. The highest scoring BAF risks were all rated as Extreme (16) these were:

- Failure to achieve and maintain national performance targets - 4 Hour Emergency Standard; 18 week RTT; 62 day, 31 day and 2 week wait cancer treatment target; seven day services.
- Failure to deliver required financial benefits of our Transformation programme and delivery of CIP,
- Failure to deliver the 2018/19 operational or financial plan in relation to Capital. The Trust has no internally generated source of Capital funding, therefore any replacement of business as usual equipment and strategic developments requires NHSI and DoH approval prior to expenditure being committed. Impact of assessment criteria being applied by the Sustainability and Transformation Partnerships will fundamentally affect the ability of the Trust to obtain capital.

During 2018-19 a new BAF was developed for the combined organisation utilising risks that had come from the sovereign organisations BAF as well as those that were directly linked to the new organisation. The RCC and the TOG met monthly reviewing all the high, extreme and catastrophic risks across the Trust along with the Board Assurance Framework (BAF). The RCC reports to TOG on a monthly basis identifying any new risks or rating changes that have occurred escalating these to Trust Board as necessary.

The risks on the 2018/19 BAF will be reviewed and then closed with a new BAF being established for 2019/20 linked to the strategic objectives and risk appetite of UHDB. 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 2019-20.

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. The NHSR CNST Incentive Scheme (NHSR) has been launched in its second year and all Maternity Trusts will be required to evidence compliance of the 'top ten' safety criteria.

Trusts that can demonstrate they have achieved all of the ten safety actions will recover the element of their contribution to the CNST maternity incentive fund and will also receive a share of any unallocated funds. Trusts that do not meet the ten-out-of-ten threshold will not recover their contribution to the CNST maternity incentive fund, but may be eligible for a small discretionary payment from the scheme to help them to make progress against actions they have not achieved.

Submission of compliance is required by 12 noon on Thursday 12th August 2018, following prior sign off of the evidence by the Trust Board. All ten safety actions have been assigned leads and progress is being monitored through Divisional Governance and Quality Review Group.

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. An inspection was undertaken during February and March 2019 but the outcome of this is not yet known. We anticipate receiving a report in May 2019.

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 2018-19. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period

Cyber Risk
The Trust is fully aware of the risks of cyber-attacks and has implemented a number of contingency

measures to limit the risk on our IT infrastructure as well as having detailed business continuity plans in place. A work plan is now underway to upgrade the Trust PCs to Windows 10 over the next 12 months to further ensure the security of the Trusts IT Infrastructure. Cyber security remains high on the priority for the Trust and the Board is regularly updated on all matter relating to Cyber security and the prevention of attacks. The monitoring and intrusion detection system in use at Derby is being extended to the Burton sites.

Corporate Governance Statement

A Board Capability Review was conducted by Deloittes in 2017 as part of the collaboration work with Burton Hospitals NHS Foundation Trust and builds on the Internal Well led assessment which raised no governance concerns with Significant Assurance being identified. This was further supported by the Reporting Accountant's report issued by Grant Thornton in 2018 which was conducted as part of the Governance 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.

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 2018-19 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 every Audit committee

meeting with Counter Fraud reporting to alternate meetings. There are two private meetings with Auditors in April and August. Additionally there are quarterly meetings of Committee chairs to allow potential overarching issues to be discussed in detail. More detail of the issues identified are noted in the section on the Audit Committee on Page 33.

The Single Oversight Framework is designed to help NHS providers attain, and maintain, CQC ratings of 'Good' or 'Outstanding'. The Framework does not 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 4 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 update NHSI on it's 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.

Equality and Diversity

Our Executive lead for Equality, Diversity and Human Rights is the Executive Director of Workforce and Organisational Development. As a forward-thinking NHS organisation, the Trust takes its responsibility for inclusion and diversity extremely seriously and expects all staff to take responsibility, in line with the Care values, 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 offer exceptional care together to enable the provision of the best possible healthcare for the local community.

Understanding the makeup of the local communities provides a real opportunity to put patients at the centre of Trust services and decision making. It is recognised that involving diverse groups enables the Trust to prioritise and address health inequalities in the community. During 2018-19 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 97% of Derby Teaching Hospital staff had completed the Trust's Equality & Diversity Training. The compliance rate of 92% in the merged organisation is reflective of staff who are due to receive the 3 year refresher training in 2018-19 and who have undertaken the revised training package, launched in May 2018.

Workforce

Following the merger of Derby and Burton Trusts we are now progressing with the harmonisation of our workforce policies, processes and systems and this work is part of our workforce Post Transaction Implementation Plan. This work is monitored through our Workforce Review Group which reports directly into the People Committee. Our People Strategy inclusive of our Workforce Plan sets out our commitment of ensuring that our staffing processes are safe, sustainable and effective and these comply with national guidance. The Foundation Trust has implemented the electronic Declare system and has published an up to date register of interests for decision making staff within the past 12 months, as required by the Managing Conflicts of Interest in the NHS guidance.

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. More information on the assurance the Board receives can be found in the Staff Engagement Report on Page 50.

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 Data Security & Protection Toolkit ("the Toolkit"), which is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data, systems and networks must use this Toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. The Toolkit replaces the Information Governance Toolkit, which had for many years been used by the Department of Health to assess organisations' compliance with Information Governance requirements.

The change from the Information Governance Toolkit to the Data Security and Protection Toolkit is more than a change in name. There is an increased focus on technology and cyber-security, Dame Fiona recognising the importance in these areas even in advance of the subsequent Wannacry attack in May 2017.

Serious Information Governance Incidents must be reported through the Data Security & Protection Toolkit (DSPT). The DSPT has an Incident Reporting module. The previous scoring process for IG incidents (level 2 being classes as serious) has been removed. The Toolkit asks a range of questions around the data involved, number of individuals involved and the potential impact/consequences for the individuals to decide on the seriousness of the incident. Serious incidents reported through the DSPT are escalated to the ICO and Department of Health & Social Care as appropriate.

Serious Incidents 2018-19

There have been six Information Governance serious incidents between April 2018 and March 2019. Incidents classified at a severity rating of one have been aggregated and reported in the format below. Incidents rated 0 are not included in the Annual Report.

The Trust has been issued with audit reports that give limited 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 compliance with the DSPT, 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 Senior Independent Responsible Officer (SIRO). This ensures a consistent approach to information risk management. This group reports to Audit Committee and TOG.
- 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. The Trust reached the 95% compliance level required within the DSPT for March 2019 toolkit submission.

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 22 publicly elected governors, 10 staff governors and 9 appointed governors who receive reports relating to risk management issues, including complaints. Governor observers attend all the Board committees and hear the discussions regarding the review of risks assigned to the Committees which are discussed bi monthly.

The Trust also has a Patient Experience and Engagement Group which 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 Core Regulation Governors are actively involved in working with the Trust to ensure its quality standards are met carrying out detailed audits of clinical areas, monitoring any actions arising and providing assurance to the Council of Governors.

Visible Leadership

There have been 50 Board to Ward (B2W) sessions undertaken throughout this financial year.
These involve a Governor from the Core Regulations Group as well as Executive and Non-Executive Directors. Twilight visits and unannounced visits have also continued and access to ward rounds has been made available to Governors.

The Chief Executive regularly visits areas across the Trust talking to staff and patients about their roles

Date	Site	Incident	Reported to ICO
Apr-18	QHB	Clinical correspondence intended for GP Surgery sent to Residential Address.	Yes – no further action required
Jul-18	RDH	Documentation relating to 3 patients was left in the boot of a hire car.	Yes – no further action by ICO, however a full review of measures/processes to prevent another similar incident.
Jul-18	RDH	Medical records relating to 30 patients were found fly-tipped by Stafford Council. This was information retained at home by an ex-employee.	Yes – no further action by ICO, however review of what documentation is taken off site by our clinicians.
Sep-18	RDH	An envelope containing sensitive information relating to 5 patients via Royal Mail went missing	Yes – no further action by ICO. Envelope did eventually arrive at its destination.
Dec-18	QHB	Bag stolen from a doctor's car which contained patient documentation. 16 patients were fully identifiable	Yes - No further action by the ICO. However, recommended we investigate the causes of this incident and what steps we need to take to prevent it from happening again.
Feb-19	RDH	Patient information stolen - A visiting doctor parked her car on her house drive and left the documentation locked in the boot of the car. The car was later stolen from the drive.	Yes - No further action by the ICO based on the information we have recorded about the breach.

and experiences. These are reported in his weekly Blog. The Executive Medical Director and Executive Chief Nurse carry out regular safety rounds along with other Senior Nursing and Medical 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 and its membership includes four further Non-Executive Directors and four 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. Creation of a new governance structure to support the new Trust was a key priority following the merger.
- The Board has regular time-outs to appraise themselves on more detail of certain issues including the Trust Quality Governance and Reporting Structure. In addition members of the Quality Committee and the Governors who are members of the Core Regulations Group meet to discuss Quality issues including the Quality Strategy and progress of the priorities.
- The delivery of the Trust's Quality Strategy has remained high on the Trust agenda, with priorities from both sovereign Trusts' amalgamated and monitored through a merged Quality Dashboard.

Transformational Risks

In preparing for the merger of Derby Teaching Hospital NHS Foundation Trust (DTHFT) and Burton Hospitals NHS Foundation Trust (BHFT), the respective executive directors agreed a new / single approach to both strategic and operational improvement was needed, one that builds on the existing (collective) improvement capability and capacity across the two trusts.

The new Trust joined a national programme to co-design an Improvement Practice, which will be rolled out across the wider NHS over the coming years. The objectives of the programme include:

1. Supporting organisations to develop a culture of / create the conditions for continuous improvement, which puts patients first
2. Building the capacity and capability for

improvement throughout the organisation (and, in time, the wider System)
3. Continuously focus on the identification and removal of waste (for the benefit of patients and staff)

This new approach will complement existing / legacy transformation programmes during years 1-2, which the organisation is committed to delivering. Where possible, the new tools and principles from the Improvement Practice are being adopted within existing work to de-risk delivery. During 18/19, the Trust ran numerous improvement events with patients and staff which led to a number of benefits.

In terms of governance, a new structure was adopted following merger to oversee this work. The Transformation and Integration Group (TIG) and a number of supporting groups were established to drive the transformation and integration programmes forward. Chaired by the CEO, the TIG is a sub-group of the Trust Board and reports financial benefits resulting from the programme into the Finance, Investment and Performance Committee on a monthly basis.

In line with previous arrangements in the legacy trusts, these improvement programmes are organised into several workstreams, each with an executive lead and programme manager / operational lead responsible for delivery.

The Quality Impact Assessment process has been revised to ensure that it meets the needs of the merged Trust. The Derbyshire wide tool is used for all relevant schemes and a Quality Impact Assessment (QIA) Review Group has been established to provide additional governance to the process to capture incident data.

Incident Reporting

Intelligence is gathered via the Trusts Datix incident reporting system. This system contains 6 modules which allows for detailed reporting and the monitoring of trends. Information is triangulated with the data from a range of other sources to ensure a rich intelligence, with more details being available in section 5 of the Quality reports. The intelligence is validated through the Trust's Quality Governance structure and TOG.

The Trust has a Freedom to Speak Up (Raising

Concerns at Work) policy which is publicised at staff induction by the Chief Executive outlining our commitment to an open and learning culture. It is due to be updated when the new template policy is produced by NHS Improvement later this year.

We have undertaken further campaigns to highlight ways in which staff can report any concerns and feel confident they are listened to including the development of our Datix system for staff to report anonymously, drop in sessions with our Guardian and Non-Executive Director, roadshows outlining the importance of the NHS staff survey with the staff engagement lead and a link to national anti-bullying week. The Guardian also attends some of the Time for Tea events with Board members and staff to listen to staff issues.

The Trust have now recruited 22 Freedom to Speak up Champions from a diverse range of backgrounds ready to attend the National Guardian's Speak up training. They will offer a signposting service to staff, provide soft intelligence to the Guardian and will also be able to raise the profile and awareness of speaking up in their areas.

We undertook a local Freedom to Speak up survey to better understand our current position and used this and other information to do a full review of our Speaking up arrangements as required by NHS Improvement. This was presented to Board in November 2018 and outlined the priorities and actions for the next 12 months which are now underway.

The Speak Up Guardian provides an additional channel enabling staff to raise concerns and reports bi-monthly to the People Committee and bi-annually to the Board. The Guardian also attends the People committee monthly to ensure triangulation of information. During 2018-19 the Safe Working Guardian for Junior Doctors continued to provide a clear link for Junior Doctors to report concerns and engage in discussions. The Guardian provides a quarterly report to the Trust Board.

Staff and public engagement
In the lead up to the merger there was significant public and staff engagement including specific events at all the Trust locations as well as Executive Staff meeting with local MP's and health and wellbeing Boards to ensure the complete Health economy was

aware of the situation. This was especially important for staff so they were aware of what was occurring and the potential impact on their roles.

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 reports, and the Annual Report and Review. Governors also attend all the Board committees as observers so they are aware of the challenge and decision making within the Trust and are able to report this information to the Council of Governors meetings.

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 interact with key staff from specialities across the Trust.

Annual Quality Report
The Directors are required under the Health Act 2009 and the National Health Service (Quality reports) Regulations 2010 (as amended) to prepare Quality reports 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 DoH and NHSI. Operational responsibility for the development of the quality

report and report lies with the Executive 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 report 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 2018-19 is included at Part 3 of the Annual Report and includes detail on how the Trust assures the quality and accuracy of the data. 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
Both Derby and Burton trusts previously published a Quality Improvement Strategy setting stretching objectives to achieve measurable improvements in quality of care. The focus this year has been on aligning the priorities from the two trusts, identifying where structures and processes require review and understanding where the similarities and differences exist.

The Quality Dashboard enables progress against KPI's to be measured and monitored. There are a number of systems and processes from which we

obtain data which are detailed in the Quality report and these are subject to rigorous scrutiny prior to reporting both internally and externally.

The new Quality Improvement Strategy for 2019/20 has been developed during this financial year, following consultation with a range of stakeholders. In comparison with the previous strategies of both sovereign Trusts this strategy puts much greater emphasis on the 'how' quality improvement is delivered, as opposed to the 'what'. Whilst the 'what' is clearly still important, a consistent and well understood approach to the 'how' will support the implementation of a Trust wide commitment to a learning and improvement culture. The 'what' will change according to emerging priorities but change won't happen effectively and consistently without a Trust model continual dynamic improvement.

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 Improvement Strategy and priorities for improvement along with the 2019-20 priorities can be found in the Quality report 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 reported Group deficit for the year ended 31 March 2019 is £19.1m (overleaf). This position includes the Trust, its wholly owned subsidiaries and the Derby and Burton Hospitals Charity. The position includes a £51.3m "gain from transfer by absorption". This is the accounting entry required for the Trust to

merge on the 1 July 2018. It represents the audited closing balance sheet of the Burton Hospitals NHS Foundation Trust at the 30th June 2018.

The newly merged Trust was given a financial control total by NHS Improvement that was the sum of the control totals allocated to the two sovereign trusts, less the actual Quarter 1 position of the Burton Hospitals NHS FT in 2018-19 that has been accounted for separately.

If the Trust achieved the compliance deficit of £37.399m, it would be eligible for Provider Sustainability Funding (PSF) totalling £15.350m that would result in achievement of the £22.049m control total. The final revenue outturn position, shown in the Statement of Comprehensive Income (below), has been reconciled to the performance against the

control total. This also adjusts the position to show compliance excluding PSF.

The Trust's actual position against control total compliance is a deficit of £69.146m. This position includes subsidiaries but is adjusted to exclude the charity, impairments, donations, and the effect of the transfers by absorption of the former Burton Hospitals. The position is therefore £31.747m adverse variance to the compliance target. The Trust was compliant during Q1 and so received £1.337m of PSF but was not eligible to receive PSF in the other three quarters. The Trust received a further £4.000m PSF at year end as part of the general distribution.

Whilst the Trust under-delivered against an ambitious Cost Improvement Target of 5%, it still

University Hospitals Of Derby and Burton FT 2018/19	Trust Including Subsidiaries £'000	Charity Consolidation £'000	Group £'000
Operating income from patient care activities	652,132	0	652,132
Other operating income	71,603	2,361	73,964
Operating expenses	(775,124)	(3,621)	(778,745)
Operating Surplus / (Deficit)	(51,389)	(1,260)	(52,649)
Finance income	160	338	498
Finance expense	(18,063)	0	(18,063)
Net Finance Costs	(17,903)	338	(17,565)
Other gains/(losses)	(320)	130	(190)
Share of profit/(loss) of associates/ joint ventures	0	0	0
Gains/(losses) from transfers by absorption	51,308	0	51,308
Surplus/(Deficit) on Continuing Operations	(18,304)	(792)	(19,096)

Control Total Compliance (before Charity consolidation)	Including PSF £'000	Remove PSF £'000	Excluding PSF £'000
Surplus/(deficit) for the period/year	(18,304)	(5,337)	(23,641)
Add back all I&E impairments/(reversals)	4,796		4,796
Adjust (gains)/losses on transfers by absorption	(51,308)		(51,308)
Surplus/(deficit) before impairments and transfers	(64,816)	(5,337)	(70,153)
Remove capital donations/grants I&E impact	1,007		1,007
Adjusted financial performance surplus/(deficit)	(63,809)	(5,337)	(69,146)
Control total including PSF	(22,049)	(15,350)	(37,399)
Variance against control total	(41,760)	10,013	(31,747)

achieved 3.5% overall, which was a greater figure than either pre-merger organisation could have delivered alone. The Trust entered in to a significant transaction involving the Trust Charity toward the end of the financial year, full details of which are contained in the notes to the accounts.

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 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 2018-19 contains more detailed information with regards outcomes from clinical audits and key actions being taken forward.

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 undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust has recognised receipt of another Loan not from the Department of Health and Social Care (DHSC) 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.

Conclusion
Other than the issues specifically noted in the previous section of the annual governance statement in relation to the NHSI licence, there are no significant internal control issues which have been identified.

Gavin Boyle
Chief Executive
11 June 2019

Quality Report 2018/19

COMPASSION + OPENNESS + EXCELLENCE

Contents

Part 1: Statement on Quality from the Chief Executive

I am delighted to introduce our Quality report for 2018-19 which outlines the steps we are taking to continually improve the quality of our services. The most significant development this year has been the merger between Derby Teaching Hospitals and Burton Hospitals to form our new organisation, the University Hospitals of Derby and Burton NHS Foundation Trust on 1 July 2018.

This was a clinically led process seeking to use the opportunity of the new enlarged organisation to deliver better care for the communities we serve in Staffordshire and Derbyshire. In particular, our goals were to sustain and improve local general hospital services at Queen's Hospital Burton; to use the scale of the new Trust to support the development of our tertiary services at Royal Derby and to grow our role as a research and education provider; and also to work in partnership with the wider health and care systems in Staffordshire and Derbyshire to support the development 'place based' models of care, providing a greater range of services close to people's homes in community settings including maximising the opportunities at our three community hospitals in Derby, Tamworth and Lichfield.

Following the merger I launched the #TeamUHDB Big Conversation to give every member of staff the chance to shape the future of the organisation – to share their ideas on our 'Why?' that's to say our fundamental purpose, our 'How?' or rather the way we do things, our values and the behaviours that flow from them, how we treat each other as colleagues, how we care for our patients and their families and how we work as a partner. We also wanted to listen to the 'What?' or the actions we're going to take to make this a reality.

Five large-scale events were held across the Trust to begin this conversation meeting face to face with over 1,000 colleagues, facilitated by Clever

Together, an organisation which specialises in helping people use their voice, connect with a larger conversation and be listened to, using innovative technology.

What our people have told us will form the basis of our long term organisational plan and central to this is our Quality Improvement Strategy which sets out how we will systematically work to deliver better care for patients over the coming years.

The new Quality Improvement Strategy for the merged Trust will be published early in 2019/20, with the aim of supporting and enriching the delivery of the Trust's overarching strategic aims and values in relation to delivery of care;

"Exceptional Care Together"

'Together we make a difference; we save lives and improve health, caring for everyone who needs us. We will be the best place to work, learn and receive care in the NHS applying the highest levels of skill, knowledge and research.'

Both sovereign Trusts had previously published a Quality Improvement Strategy setting stretching objectives to achieve measurable improvements in quality of care. Whilst the new Strategy has been in development we have focused on continuing to deliver against the priorities set out in the Quality Improvement Strategies of the two former Trusts. We identified very early on in our journey that the priorities for the two Trusts were similar, making it a relatively straightforward transition.

One of the first achievements following the merger was the development of a comprehensive quality governance structure for the new Trust, setting out the groups and committees that provide robust governance arrangements for the delivery of quality across the whole organisation.

During 2018/19 UHDB became one of only 7 trusts in the country taking part in the NHSI 3 year LEAN programme – Vital Signs. LEAN is an approved method which promotes the engagement of patients and staff in redesigning and improving how we deliver care. Building on previous NHS programmes in partnership with the Virginia Mason Institute, the programme introduces and embeds LEAN training, tools and materials. This is so that members of the

Trust can work together to provide a better service, reduce waste be more efficient, and lead positive change for themselves.

In February 2019 we underwent our first CQC inspection as the new Trust. We are yet to receive our final report but the focused work undertaken to prepare for, and respond to, this has helped us identify areas of improvement and thus shape our priorities for the future.

Despite all this change, and the continued challenge of high levels of demand for services, the first staff survey results for UHDB have been encouraging. Nine of 10 key indicators are equal to or above national average with Quality of Care, Safety Culture and 'Care of patients is my organisation's top priority' scoring above the national average. The most important areas of "I would recommend my organisation as a place to work" and "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation" were well above the national average.

This statement summarises University Hospitals of Derby and Burton NHS Foundation Trust's view of the quality of the NHS services that it has provided or subcontracted during 2018-19. 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 report document.

Gavin Boyle
Chief Executive

11 June 2019

Priorities for Improvement during 2019-20

The Quality Improvement Strategy for the new organisation will be launched early in 2019/20, with an emphasis on 'how' the Trust delivers continual quality improvement. Over the next 3-5 years there will be a focus on achieving the following:

- Implementation of a Faculty of Quality Improvement – pool of champions, trainers and experts.
- Introduction of Apprenticeship model for those staff wanting to gain a qualification in quality improvement.
- Development of an Intelligence framework to support identification of areas of practice requiring improvement or focus.
- Positive culture - Human Factors practitioner post implemented, Human Factors on induction plus 'essential to role' training and use of Human Factors methodology for investigations, 'Just culture' embedded

The evidence of success in achieving these goals will be seen in areas such as:

- Our CQC rating from hospital inspection.
- Complaints – an increase in improvements and learning from complaints.
- SIs – reduction in number over the next 5 years.
- HLIs - reduced level 4 and 5 incidents over the next 5 years.
- Staff – an increase in positive feedback in NHS staff survey results.
- Patients – Continual improvement in Friends and Family test
- Never events – stepwise reduction in year on year for the next 5 years (aiming for zero every year)

Consultation has been made with patients, the wider public and staff. During 2017 and 2018 extensive work was undertaken into the benefits of merging the 2 organisations to become UHDB. During this time, there were staff forums, deep dives for core services, public forums and a business case signed off by the Competition and Mergers Authority which outlined these benefits. In addition, please refer to the Annual Report and Accounts document, and within the accountability sections details consultation through the Council of Governors is outlined. Staff continue to be engaged as ongoing work continues with the #CleverTogether organisation. During 2019/20 the quality improvement approach will be to underpin work to deliver improvements in the following areas:

Vulnerable patients
- Mental Capacity Act assessments and treatment patients in their best interests
- Caring for patients with Dementia
- Meeting the specific needs of patients with mental health needs and learning disabilities.

Patient Experience
- Providing positive End of Life experiences
- Reducing unwarranted clinical variation to ensure best possible outcomes.

Reducing avoidable harm
- Reduce the numbers of patient falls, Hospital Acquired infections and pressure ulcers
- Ensure patients with a suspected diagnosis of Sepsis receive appropriate and timely interventions.
- AKI
- Staff are able to identify and escalate patients whose condition is deteriorating.
- Deliver the Maternity Safety plan

Learning when things go wrong
- The Trust can evidence that learning from Deaths, SIs and Never Events is identified, actioned and embedded.
- When things go wrong patients receive an appropriate apology and are informed of the outcome of any investigation as per its obligations under Duty of Candour.

Clinical Governance
- Ensure a robust programme of Clinical Audit which supports achievement of quality improvement.
- All clinical guidelines are up to date, NICE compliant and are used to ensure delivery of safe, evidence based care.
- The Trust Quality Governance Structure is used to provide a framework which supports delivery of the quality agenda
- All service transformation schemes are subject to a Quality Impact Assessment to ensure and risk to quality are identified and mitigated against – or where there is no suitable mitigation, the scheme is abandoned or revised.

In addition, we have undertaken work to as part of a newly merged organisation and with the engagement of staff the following have been established to support the delivery of our priorities (overleaf)

Together we are #Team

As a new Trust we wanted to bring all five hospitals and 12,500 team members together. *We'* looked at our **'Why?'**, our fundamental purpose, the thing that guides all we do. *We'* looked at our **'How?'**, the way we're going to behave - with each other, our patients, partners and the public we serve. *We'* looked at the **'What?'**, the big steps we must we take in the future. **We did this through Big Conversations…**

" Together *We* make a difference
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care to everyone who needs i
We will become the best place
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COMPASSION   OPENNE

Together we are

…You said

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8,447
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1,000
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ESS | EXCELLENCE

#TeamUHDB

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have with integrity
e thoughtful

e inclusive; we respect and value everyone
llaborate
tively listen and give and seek feedback

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ntinuously learn and grow
sh boundaries and challenge ourselves

Our What...

P — *Putting our patients & our communities first*

R — *Right first time*

I — *Invest our resources wisely*

D — *Develop & nurture our colleagues*

E — *Ensure improvement through effective partnerships*

uel Johnson
CHFIELD

Sir Robert Peel
TAMWORTH

London Road
DERBY

How progress will be Monitored, measured and reported by UHDB

Whilst we have set out our priorities for 2019/2020 it is key to continue to monitor, measure and report these. In the first instance we have maintained our pride values, which can be seen in greater detail on page 82. These describe how and why we will continue to achieve our priorities for 2019/20. In addition to this we have a robust Quality Governance structure, which is outline below:

Quality Governance Structure
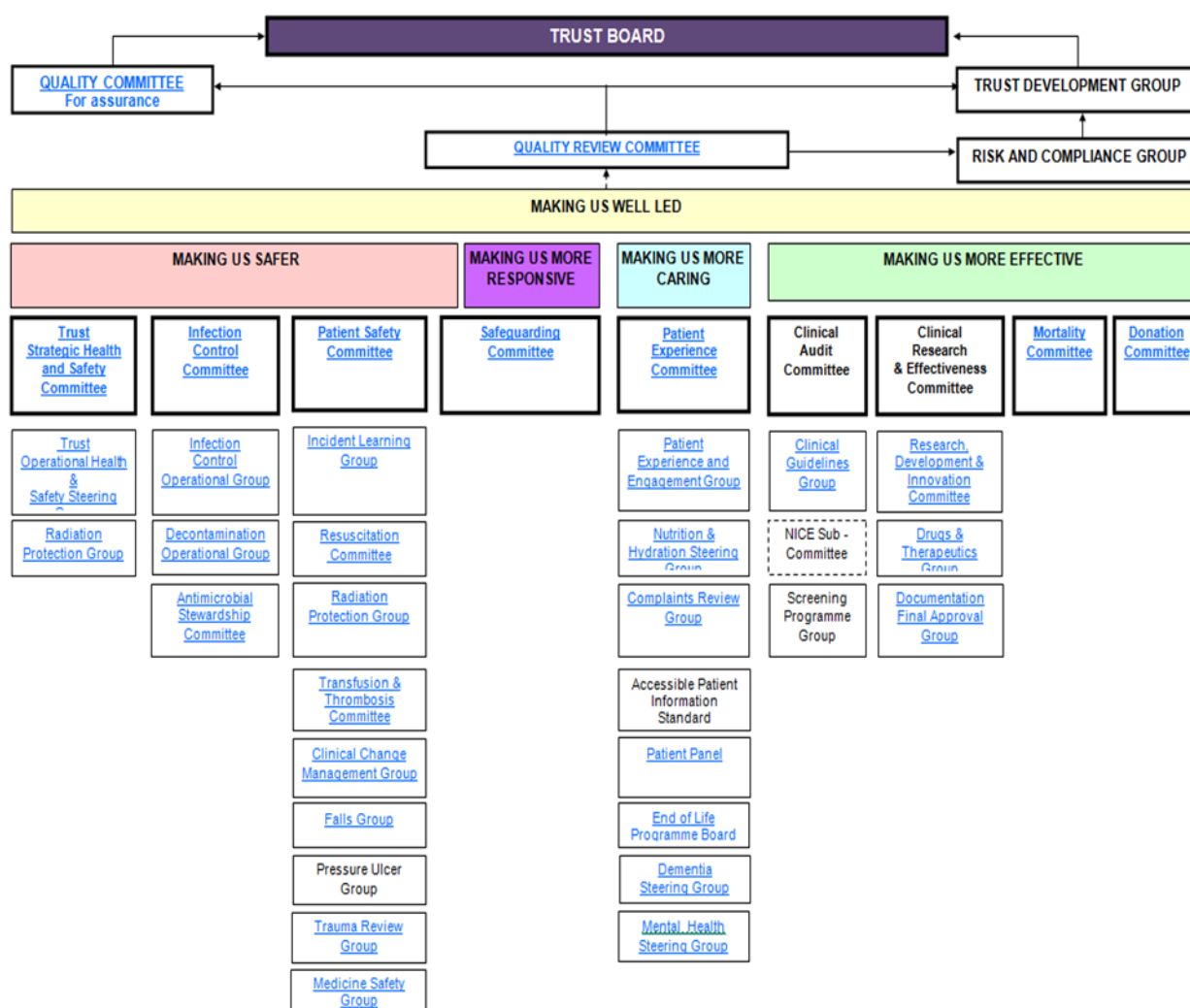
Quality Performance Governance Arrangements

The Trust has a robust structure of groups and committees (see quality governance structure above) 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 Group (QRG) 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 PWC.

Part 2: Priorities for improvement and statements of assurance from the Board for 2018-19

This account covers the financial year of 2018-19 across Derby Teaching Hospitals NHS Foundation Trust and Burton Hospitals NHS Foundation Trust for the first Quarter of the financial year. The account will also cover across University Hospitals of Derby and Burton NHS foundation Trust for the remainder of the financial year following the two NHS trusts merging on July 1st, 2018.

The first part of the quality report details how we performed against last year's quality report and our agreed priorities, followed by an overview of organisational quality and patient safety, as well as our performance against national and local metrics in 2018-19.

Given that the merger between the Trusts did not complete until July 1st, 2018 the first quarter of data will include performance against the priorities of the two trusts prior to the merger. The final three quarters of the financial year will include performance against all priorities under the newly formed organisation.

The priorities for 2018-19
Derby Teaching Hospitals NHS Foundation Trust
- 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 safety concerns

Burton Hospitals NHS Foundation Trust
- Frailty
- The implementation of an adapted ward assurance tool
- Improving discharge

As the priorities identified by the two sovereign Trusts were felt to be still relevant to the new Trust performance against this is described for the merged Trust regardless of which of the two Trusts it was a previous priority for. In addition it should be noted that due to the merger of this organisation at

this time we have been unable to provide benchmarked or historic data for all areas. This has been included where available.

The priorities for 2018-19 were developed after consultation with a range of staff, patients, the Council of Governors, carers, and the wider public. These were agreed based on national and local priorities, and those chosen were deemed to have a high degree of impact in the 3 key areas of Safety, Patient Experience and Effectiveness. The priorities have been identified as being linked to the following indicators:

- Clinical Effectiveness
- Patient Safety
- Patient Experience

Performance against priorities for 2018-19

Priority 1 (DTHFT)
Recognise patients who are clinically deteriorating and start appropriate treatment
Linked to indicators:
- Patient Safety
- Clinical Effectiveness

Why is this a priority area?
This is a priority to ensure patients in our care are monitored effectively, to identify those whose health may become worse suddenly and to then ensure they receive the appropriate care. This priority aims to reduce the risk of patients needing to stay longer in hospital, not recover fully or dying. The number of emergency attendances is increasing year on year and the average age of patients is increasing. These patients are likely to have a number of chronic health issues and will be susceptible to acute on chronic deterioration. Ensuring that clinical teams are aware of how to assess and manage deteriorating patients is vital in safely caring for these individuals and reducing avoidable harm. It is also key to ensure the Trust delivers the standards as set out by NICE (National Institute for Clinical Excellence).
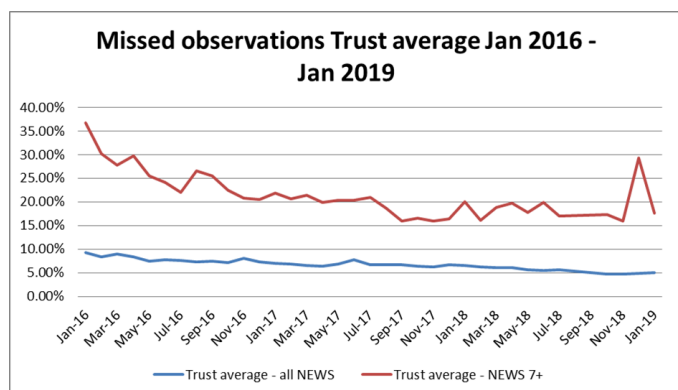
What have we done so far?
Derby site uses an electronic observations system (Patientrack) this ensures that the information inputted provides an early warning score from a

suite of clinical parameters to support management of the deteriorating patient. This provides an indication to the clinical team of how unwell a patient currently is and a trend analysis of their vital signs over hours or days. This allows ward nursing staff to ask for urgent medical or senior nursing review of patients in order to change or make a management plan to treat any deterioration.

Following release of guidance on NEWS2 and the Patient Safety Alert the organisation implemented NEWS2 in December 2019. The system has increased visibility of observations across the hospital, mandatory fields ensure that NEWS2 is calculated accurately and subsequent observations are scheduled according to policy and national guidance. Neurological observation assessment in Patientrack is also used across all wards.

Compliance reports pulled from Patientrack are reviewed every 2 months at the Patient safety committee and indicate wards frequently missing observations (for all scores and scores of 5 and above) with a view to improve practice. The graph below indicates that over the last 2 years this has shown to be the case.

Missed observations Trust average Jan 2016 - Jan 2019

— Trust average - all NEWS   — Trust average - NEWS 7+

The increase in December 2018, is in line with Derby site implementing NEWS2, with increased observations to ½ hourly when scoring 7 or more, which was a change to practice. Burton site implemented NEWS2 in quarter1 2018/19, with quarterly audits undertaken by Patient Safety Team, with results fed back to divisions for actions.

What Will UHDB do moving forward?
Patientrack
Improvements to the system are on-going; the company works with the hospital following incident

reviews in a timely manner. Over the last year observation charts now open up automatically following submission of observations data ensuring trend lines are viewed more frequently. We are also working towards making the target SpO2 range more visible. When Derby site moved over to NEWS2 in December 2018 we took the opportunity to improve the colour coding in particular around a score of 3 in 1 parameter, this step was taken to improve escalation of patients who are scoring highly in one parameter.

In 2019 it is anticipated that we will upgrade the system to allow us to use extra functionality where the system will actively prompt nurses to escalate when the score dictates, aiming to improve escalation.

At present there are a number of wards using fluid balance in Patientrack, this will be implemented across all wards during 2019. To improve visibility further there is a plan to provide Patientrack dedicated screens to all wards; this is pilot at present, after resolving a few issues this will also roll out. The screens are being provided to improve communication of deteriorating patients amongst ward teams and to further improve on observation compliance. This programme is fully embedded at Royal Derby Hospital, excluding Emergency Department, this should have been rolled out in April 2019 but has been delayed to June 2019. There is a plan to pilot the introduction of Patientrack to clinical areas at Burton in 2019 with a view to full implementation by end-2019.

Deteriorating Patient Group
The trust has an established Deteriorating Patient Group going forward will jointly chaired by ED Consultant at Derby and Intensive Care Consultant at Burton. The meeting is well attended with representation from across trust, with clear terms of reference and reports into Patient Safety Group.

Deteriorating Patient Policy
The Deteriorating Patient Policy is currently under review and will cover all sites, as part of this escalation is being reviewed in line with NEWS2 and aligning processes across the Trust.

Training
Currently there are different Acute Care Study Days being offered at Derby and Burton sites. At Derby,

the training is run over 5 days and nurses are rostered off to enable them to attend the full course. The course is delivered by the Critical Care Outreach Team and is very well attended and highly rated. A study day was run at Burton – Recognition of Deteriorating Patient, which was poorly attended, therefore currently no further dates although an Acute Care Study has been developed which is well attended. Going forward training in relation to deteriorating patients is under review, a meeting has been held with key staff to review current training and align across the Trust.

Recognising patients who are clinically deteriorating and start appropriate treatment or Priority 1, will be monitored by the Lead nurse for patient safety. As the lead for this reports and performance will be monitored in the Deteriorating patient steering group and will feed into regular patient safety meetings. In addition this will then be monitored through the Trusts Quality Governance structure as demonstrated in the diagram on Page 8 of this document.

Priority 2 (DTHFT)
Continue to identify and then start treatment for all patients with sepsis
Linked to indicators:
- Patient Safety
- Clinical Effectiveness

Why is this a priority area?
Sepsis kills at least 52,000 people a year in the UK, early recognition and treatment could save approximately 14,000 lives in the UK alone. There for it is a priority to continue to learn and develop in our knowledge and skills of Sepsis care. The focus on Sepsis is not a priority just locally but also nationally as the last few years have also seen the implementation of NICE Clinical Guidelines and a vast amount of work undertaken by the Sepsis Trust UK.
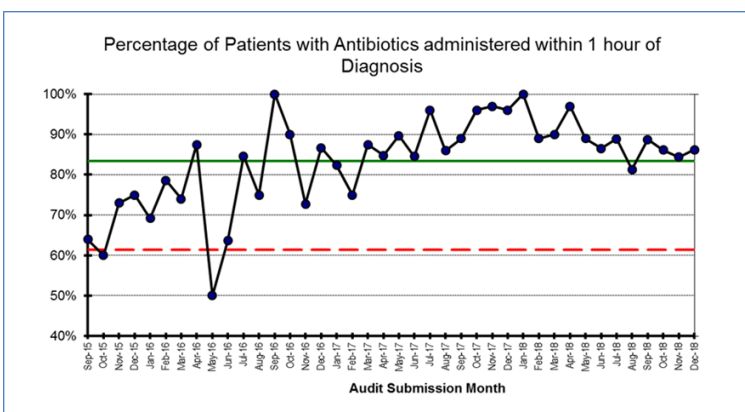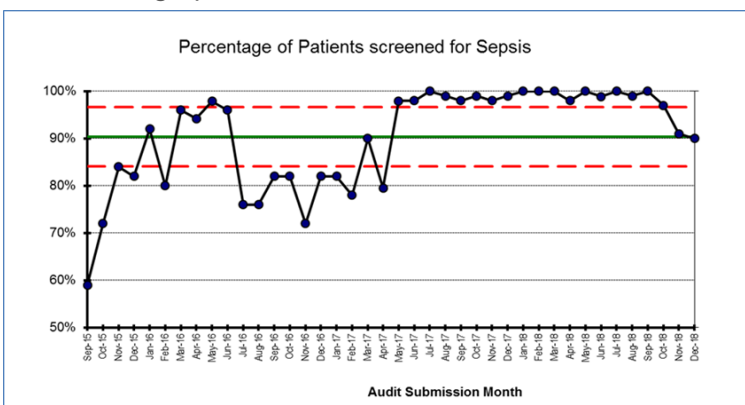
What have we done so far?
Sepsis Audit
Sepsis is included in the Trust's Patient Safety Improvement Plan and is currently a CQUIN for the Derby sites of UHDB. Each month 100 sets of patient records are audited (50 sets of inpatient notes and 50 sets of emergency notes) to find out how many patients were screened for sepsis and how many had antibiotics within one hour.

Paediatric patients are also included in the audit each month.

The audit process has been reviewed to ensure that patients selected for the audit are identified by triggering on NEWS score i.e. 5 or more or 3 in one domain. This change to audit process occurred in December 2018. As the Emergency Department currently do not use Patientrack and still use paper observation charts, a new system was developed whereby patients who trigger on NEWS are identified in the department and included in the audit. These new systems of collating patient lists for inclusion in the audit, have enabled audits to be undertaken one month in arrears so that learning can be acted upon more quickly. This also allows for investigations of non-compliance of antibiotic administration to be carried out in a more timely manner.

During 2018-19 Q3, 92.67% of patients who required screening were screened for sepsis. As CQUIN only applies currently to Derby this is reflected in graphs below .

Percentage of Patients screened for Sepsis

Percentage of Patients with Antibiotics administered within 1 hour of Diagnosis
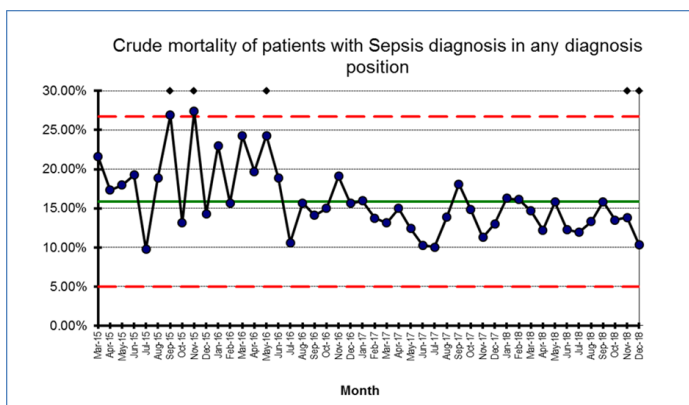
There is a drop in compliance starting in October 2018, this is where the change to auditing commenced, by including all patients that triggered on NEWS score rather than sepsis coding in the first instance.

Patients with sepsis should have intravenous antibiotics within one hour. During 2018-19 Q3, 85.56% of patients who needed antibiotics had them within 1 hour.

Mortality

The Summary Hospital-level Mortality Indicator (SHMI) for November 2017 – October 2018 was 98.08 which means that 14 fewer patients died from sepsis than would be expected. From July 2018 this includes data from Burton sites as well. Crude mortality for Derby site has shown a steady decline and at December 2017 was at 10.49%.

Crude mortality of patients with Sepsis diagnosis in any diagnosis position

Sepsis Screening Tool

For the past few years, the Derby sites have been using a locally developed sepsis screening tool, whilst the Burton sites have been using the nationally recognised Sepsis UK standard tool. Review and consultation of the screening tools has taken place, with decision to have one sepsis screening tool for the trust. This will be the UK Sepsis national tool with plan to roll out in June 2019.

Sepsis Steering Group

The Trust has an established a sepsis steering group which is trust wide, 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.

What Will UHDB do moving forward?

Moving forwards the organisation will continue to undertake audits around the identification and management of sepsis, working with clinical teams to ensure that timely screening and interventions are carried out. It is the Trust's intention to move

Performance achieved against 2017-18 CQUIN schemes – with milestones set throughout the year

Topic	Target date	Target	Achievement
Emergency Department Screening	Quarterly	90%	Q1 – 97.34% Q2 – 100% Q3 – 88%
Emergency Department antibiotics administration	Quarterly	90%	Q1 – 81.94% Q2 – 87.17% Q3 – 85.25%
Inpatient Screening	Quarterly	90%	Q1 – 100% Q2 – 99.33% Q3 – 97.33%
Inpatient antibiotics administration	Quarterly	90%	Q1 – 98% Q2 – 85.34% Q3 – 86.88%

towards using the national tool across the Trust, as it is compliant with NICE guidance and is also considered best practice. The national tool is already being used in all neighbouring trusts and most junior doctors are now familiar with "red flag sepsis".

Where there is non-compliance with screening or antibiotics administered with an hour this followed up with lead clinician to review, where agreed non-compliance, these are reported as an incident (IR1) to enable further investigation and highlight any learning.

The Trust is also working with Derbyshire CCG to take forward the Sepsis Community Project. This has involved the Trust's sepsis clinical lead working with representatives from the community around the taking of patient observations, using the sepsis screening tool and prescribing antibiotics where appropriate, prior to admission to hospital.

Education and training
There is an education and training strategy for nursing and midwifery staff at the Trust. Sepsis training has been reviewed to incorporate use of national tool and has been aligned across the trust. Work is underway to review target audience and essential to role.

Continue to identify and then start treatment for all patients with sepsis or Priority 2, will be monitored by the Lead nurse for patient safety. As the lead for this reports and performance will be monitored in the Deteriorating patient steering group and Sepsis Steering Group they will then feed into regular patient safety meetings. In addition this will then be monitored through the Trusts Quality Governance structure as demonstrated in the diagram on Page 8 of this document.

Priority 3 (DTHFT)
Continue to identify, learn from and reduce preventable deaths
Linked to indicators:
- Clinical Effectiveness

Why is this priority area?
In 2017, the Secretary of State made a commitment to improve the learning from the care provided to patients who die. To support delivery of this a range of requirements for how Trusts should improve their

governance processes was published.

Learning from the care provided to people who die should be a key part of the clinical governance and quality improvement of all Trusts, and ensuring the delivery of the requirements set out in the National Learning from Deaths (LeDeR) Guidance has been carried through as a priority for the merged Trust in 2018/19.

The Trust identified the need to do more to identify suboptimal or poor care, to understand the causes and to reflect the relevant learning in service improvement initiatives. Reviewing care provided to patients who die provides the opportunity to identify organisational learning and prevent recurrence through the sharing of findings and changes to practice.

What have we done so far?
On the back of the national guidance Derby Teaching Hospitals Trust implemented a Trust wide review process using the national structured judgement review tool overseen by the Mortality Committee. Each specialty was provided with a list of deaths each month and local Mortality Leads were tasked with overseeing review of approximately 10 deaths per month using the tool through the local Mortality Review Groups.

Examples of learning were escalated to the Mortality Committee for sharing across the Trust. Burton Hospitals NHS Foundation Trust used a locally developed electronic tool, based on the national structured judgement review tool. Criteria for escalation to a more formal review were agreed, such as death following an unexpected cardiac arrest or surgical intervention. Each of the Clinical Divisions reported details of reviews undertaken to Mortality Assurance Group (MAG). The electronic tool used on the Burton site is currently in the process of being rolled out across the whole Trust.

Sovereign Trusts have been using benchmarked data such as SHMI and HSMR to identify trends of higher than expected mortality in specific patient groups and have provided comprehensive responses to Mortality Outlier Alerts including case reviews and action plans. Both Trusts have supported the national LeDeR programme in relation to deaths of patients with learning disabilities, particularly in relation to identifying

patients and ensuring relevant details are provided to the National Review Team.

Ensuring accurate coding of comorbidities continues to be a priority with a senior member of the Coding Department attending the MAG.

Recognising the different approach fostered by the two sovereign Trusts, the focus for 2018/19 has been on developing a consistent approach to learning from deaths across the merged Trust. As part of the development of a merged quality governance structure a MAG was created relatively quickly. This Group meets monthly and is chaired by the Trust's Mortality Lead.

Departmental mortality review processes have been developed across all the specialties of the Trust. These report via the divisional governance structure and provide reports for the MAG. This Group has an oversight and assurance role. The MAG will review benchmarked data and suggest areas for further review based on national audit reports or mortality alerts. The electronic mortality database specifically asks the reviewer about preventability and it is from this data that the Trust is made aware of any preventable deaths.

Cases are discussed at the MAG if required. Relevant actions are then agreed and form part of the MAG action matrix that is a standing item on the monthly meeting agenda.

What Will UHDB do moving forward?
The Sovereign Burton site mortality database is being rolled out to the Derby site clinical teams from April 2019 along with appropriate training for clinicians. MAG will then have a more in-depth understanding regarding potential preventability across the Trust. This will inform future focus regarding audit, QIP, bespoke reviews of services, clinical pathways or specific disease management to understand the reasons for preventable deaths. Clinical Leads have been identified within departments and, alongside the Mortality Leads, will be co-ordinating local mortality and morbidity meetings and will be reporting via standardised templates any findings from mortality reviews. The Trust has recently appointed 8 Medical Examiners with one of the MEs being appointed as the Trust Lead Medical Examiner.

This new group will provide oversight and scrutiny regarding the Medical Certificate Cause of Death (death certificate) and link in with the Trust clinical governance framework, including MAG, complaints and clinical risk, and will also liaise with the families of the bereaved.

The Lead ME will also attend the monthly MAG meetings to ensure there is organisational learning from both areas. The ME Team will also be linking in with key external stakeholders including HM Coroner, funeral directors and cremation services. In addition, the ME Team will be providing teaching and training to Trust staff regarding the role of the ME and how the process of death certification is changing across England and Wales.

Priority 4 (DTHFT)
Continue to identify unwarranted variations in clinical practice
Linked to indicators:
- Clinical Effectiveness
- Patient Experience

Why is this a priority area?
GIRFT is a priority both locally and nationally. The program is designed to identify changes that will help improve care and patient outcomes, as well as delivering efficiencies such as reducing unnecessary procedures and providing cost savings. It is led by front line clinicians and encourages the sharing of best practice.

What have we done so far?
'Getting it Right First Time'
The Getting It Right First Time (GIRFT) programme aims to bring about higher-quality care in hospitals, 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. 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.

Compelling Case for change Pre-acquisition by merger

Clinical Service	Improvement	Impact	Patients Benefitting
Cardiology	BCIS accreditation for BHFT Single cardiology team	Decrease unnecessary angiograms Reduce risk of duplicated procedures Decreased mortality for Burton patients	1,400 patients
Stroke	Hyper-acute stroke service delivered at DTHFT	Decreased mortality for Burton patients Improved clinical outcomes & recovery Weekend TIA service for BHFT's patients	470-480 patients
T&O	Cohort patients – day cases at BHFT, trauma and >24h electives at DTHFT	Less cancelled operations Best practice followed for all patients Access to ortho-geriatric service for Burton patients	7,000 patients
Imaging	Sustain services at BHFT; single radiology team, ISAS accreditation	Reduce outsourcing More accurate reporting More stable service at QHB	170,000 patient spells
Renal	DTHFT's renal team to cover the whole catchment population	Improve AKI recognition and treatment Increase home dialysis rates Associated with mortality reduction	2,000 patients
Cancer	Simplified pathways for patients requiring complex surgery	Reduce time to definitive surgery Better coordinated treatment – single MDT for patients Larger catchment population – enables DTHFT to maintain tertiary surgery	180-190 patients

Progress so far
- Implementing our clinical plan – progressing new service models in stroke, cardiology, renal, urology, imaging and more… Implementing a fully integrated management structure across all 5 sites.
- Delivering planned integration specific savings - clinical services and 'back office' £23m over 5 years.
- Investing in maternity services -We've approved a maternity business case which will see additional investment in Derby and Burton. Over the next 3 years we will recruit additional midwives, maternity support workers, obstetricians and sonographers.
- JAG accreditation – Our endoscopy service at Sir Robert Peel has received national accreditation, alongside QHB and RDH.
- Increased capacity over winter - We are building two additional 28 bed modular wards, one at the Treatment Centre in Burton and one at Royal Derby Hospital, and an additional 24 bed ward at London Road Community Hospital.
- Big Conversation – We are using online technology to engage our 12,500 voices in shaping our vision and purpose.

UHDB Action plan

Area of improvement	Action Plan
Derby Theatre Productivity	- On both sites locally developed Theatre dashboards and 'NHSI/Four-eyes' data is currently being analysed to identify areas with further improvement opportunities. - Clinical & non clinical teams are meeting to discuss opportunities to make further improvements to targeted speciality theatre pathways & processes. - RDH cancelled op's – New report requested to provide information at patient level for interrogation and thematic analysis – to mirror Burton info. - RDH – SMS reminder system due to be implemented at the end of Jan 2019 – conservative 30% reduction estimated initially for Q4 18/19. - Scheduling tool on the RDH site & dashboard development with communications and engagement plan. - Extended operating sessions in T&O – 3 session days - Pre-operative assessment – RDH – Implementation of Anaesthetic review service and Pre-Op Triage pathway to improve patient experience, safety, reduction in cancellations. - RDH – Currently part way through a roll out plan in Theatres, - Trial period of an interim Roster tool in use.
Emergency Readmission 30 days	- Agreed that readmissions will be governed through Bed Utilisation work stream meeting to direct work in future - Derbyshire-wide Sepsis project working on improving support during and after discharge for patients who've had sepsis. Plans include a discharge leaflet, support group and sepsis follow-up appointments. Planned to roll out to Staffordshire in future. Current rate 16.3% for Derby - Respiratory infections team providing supported early discharge for patients with community-acquired pneumonia has shown a 9.5% reduction in 30-day readmission - Diabetes Specialist Nurse service extended to 7 days a week and shown to reduce 28-day readmission rate by 3% in 17/18 vs 16/17 - Fast Track facilitator appointed following red day data is focusing on improving quality and family communication for fast track discharges to reduce readmission rates - Acute and community Therapy teams developing ways of sharing communications and handling plans to support patients moving safely at home following discharge, therefore reduce chance of falls - We are refining our model of Discharge to Assess to allow patients to be assessed in the best location and provided with all the care they need to prevent readmissions from incorrect support at home
Did Not Attend (DNA) rate	- Text Messaging Reminders to patients of upcoming appointments - Patient Portal development for High DNA clinics i.e. Diabetes - Young Adults - WNB reduction (Paediatrics – 'was not brought') dedicated contact centre offering telephone reminder service with option to rearrange appointment if necessary - Communications campaign with posters in waiting rooms re: cost of missed appointments

Non-elective Length of Stay	• See elective LOS slide for info on Red2Green, electronic handovers and ward accreditation
	• From Red2Green data, Fast Track referrals and imaging have been identified as key themes for red days:
	    - The paperwork and responsibilities for Fast Track referrals have been simplified and a Fast Track facilitator appointed to speed up Fast Track decision making
	    - Electronic referrals have been trialled for Imaging to improve communication and reduce missed slots
	• The Trust have been focusing on long stay patients and seen a 20% reduction in beds occupied by super stranded patients. In Medicine, fortnightly confirm and challenge meetings are held to review super stranded patients. A list of stranded patients is circulated to matrons each week for investigation
	• An Outpatient Antibiotic Therapy service is in place to allow patients on long-term IVs to receive them at home. Infusion clinics, admission avoidance pathways and patient self-administration is being developed to increase capacity
	• A joint physical/psychological clinic has been trialled for high volume users of gastro services and shown reductions in attendances and inpatient stays. Business case being developed for psychological support in ED/assessment units to reduce admissions and improve quality for these long-stay patients
	• Respiratory Infections Team have reduced LOS for community-acquired pneumonia patients from 7.0 days to 4.2
	• Diabetes Specialist Nurse service extended to 7 days a week and LOS reduced by 30% in 17/18 compared to 16/17
	• Flu point of care testing has been introduced at Derby due to evidence in Sheffield showing reduced LOS. If trial is successful will be rolled out to Burton next year
	• We are developing a front door model of admission avoidance to build on our current frail and elderly assessment model
	• We are also focusing on the effectiveness of the discharge team to ensure discharge delays don't impact length of stay

Pre-procedure Non-elective bed days	• Non-elective patients who require emergency theatre will be booked into emergency theatre as soon as possible. In cases where non-elective patients cannot or do not need to be operated on immediately (e.g. fractures that are too swollen to operate) our standard practice is for patients to go home and return on the day or surgery.
Elective Length of Stay	• Red2Green has been implemented across both Derby and Burton sites to promote ward focus on completing the 'plan for the day' for each patient on that day, and escalating any delays • At the Derby site an electronic handover template has been implemented in 4 business units and has saved time with handovers and improved MDT communication, supporting fewer delays due to miscommunications. It is rolling out across Derby and Burton are adapting for the different IT system • A ward accreditation is being rolled out to motivate wards to achieve best practice principles in areas that support patient experience and quality and reduced LOS. They include ward and board rounds, discharge planning, the SAFER principles and patient communication • As part of the national 7 day services programme, patients are reviewed by a senior doctor every day including weekends to move care forward and enable weekend discharges • In Surgery, super stranded patients are flagged to matrons and reviewed daily with senior sisters to identify and escalate blockers
Pre-procedure elective bed days	• As a matter of routine practice, elective patients do not normally stay overnight pre-procedure. The few exceptions to this will be based on clinical need, e.g. for warfarin monitoring (which is decreasing with the growing use of NOACs) or for major head and neck procedures that require anaesthetic monitoring and stabilisation. • The Trust has a dedicated 24 bed Elective Procedures Unit which provides same day treatment for the majority of patients.

Carter Action Plan

The Trust has been using Carter / the Model Hospital (along with numerous other sources of information) for a number of years. The opportunities highlighted by Carter help frame the Trust's improvement plans – the Trust does not maintain a separate Carter Action Plan but monitors key performance indicators through the overarching transformation programme, which reports into a CEO chaired group attended by executive directors and other senior leaders (the Transformation and Integration Group, TIG). Over recent years, comparative information has become more accessible to organisations and front line staff, helped by the advancements of the Model Hospital.

As a result, the Trust is promoting a much more data driven approach with emphasis on waste measures, linked to the CQC Use of Resources domain / indicators / 21 KLOE. At the request of clinical and operational teams, the Trust has developed a specialty level dashboard (designed around the 21 KLOEs) to further cement this type of information into the divisional teams as part of

business as usual. The dashboard has been developed to both inform planning and to monitor in year progress as the Trust seeks to improve efficiency and effectiveness. Progress against the waste / inefficiency indicators (opportunities) will be monitored by a subgroup to the TIG, also attended by the CEO and executive directors.

The Trust has a Model Hospital Ambassador who liaises with the national team. The model hospital ambassador has worked with the national team to undertake substantial validation of the data. UHDB will help to pilot the collection of patient level cost data with the national team throughout 2019/20, monthly reporting of specialty level cost per weighted activity units will be introduced in 2019/20, a live dashboard replicating the model hospital KLOE's is being developed for 2019/20. The table above shows some of our benchmarked data around the Model hospital Work that has been underway.

	Derby		Burton		UHDB	
Metric	**Period**	**Value**	**Period**	**Value**	**Period**	**Value**
Clinical services						
1. Pre-Procedure elective bed days					Q2 18/19	0.07
2. Pre-procedure non-elective bed days					Q2 18/19	0.42
3. Did not attend (DNA) rate					Q2 18/19	6.52%
4. Emergency Readmission 30 days					Q2 18/19	7.87%
Clinical support services						
5. Top 10 Medicines - % Delivery of savings target	Mar-18	84%	Mar-18	96%		
People						
6. Staff retention rate					Sep-18	88.0%
7. Sickness & absence rate					Aug-18	3.95%
8. Total pay cost per WAU	**17/18**	**£2,197**	**17/18**	**£1,984**	**17/18**	**£2,135**
9. Medical staff cost per WAU	17/18	£582	17/18	£460	17/18	£546
10. Nursing staff cost per WAU	17/18	£765	17/18	£670	17/18	£737
11. AHP staff cost per WAU	17/18	£157	17/18	£107	17/18	£142

Priority 5 (DTHFT)
Create an environment where we continue to support our staff to protect our patients and feel free to report any safety concerns
Linked to indicators:
- Patient Safety
- Clinical Effectiveness
- Patient Experience

Datix
Since the acquisition the decision was made to use Burton Site Datix system due to the Cloud server and the ease of use across all 5 sites of the new Trust. The following modules are currently in use on the Burton Site Datix system:
- Risk Register
- Complaints
- PALS
- Claims/litigation
- Freedom to Speak Out
- Safety Alerts

The Trust has been developing a streamlined incident reporting form using frequent users of the system as well as feedback from Staff Surveys, to ensure ease of reporting incidents, using the dashboards to ensure that staff in departments, matrons, managers, consultants and directors are able to have access to their trends and themes. It is envisaged that the new incident reporting form will go live from 1st April 2019.

Never Events
In 2018-2019 there have been a total of eight Never Events reported with the following details:

Three unintentional connection of a patient requiring oxygen to an air flowmeter
1. Patient was being nursed in a bay and the staff had thought that they had attached the patient to oxygen. When the patient was escorted patient to CT, found patient was actually attached to the air port instead of oxygen.
2. Patient returned from CT scan when it was noticed that the patient had been put onto air rather than oxygen at the wall.
3. Patient received nebulisers through the air port instead of oxygen port

Three wrong site surgery
1. Patient had surgery for Tennis Elbow instead of

Golfers Elbow
2. Patient had incorrect mole removed from their back
3. The case was an excision of sebaceous cyst from the back under local anaesthesia, which resulted in the incorrect cyst being removed.

One retained foreign object post procedure
1. Patient had retained surgical tampon following PPH from emergency caesarean –section

One administration of medication by the wrong route
1. Patient had received Oramorph IV, which had been prescribed orally.

The Never Event process has since been changed to include a Trust Wide Stop Moment to complete an amended 72 hour report. This centres on a Trust wide approach for immediate Trust wide learning and actions to be taken/assurance to be received so that all 5 sites are aware of the incident and immediate actions to be taken.

Trust wide communication is developed and cascaded out following the Never Event 72 hour Meeting for raising awareness of the incident, and identifying any actions which are being undertaken by the Trust.

Education and Training
Education and training plan being developed for 2019-2020 to support staff in their responsibilities on safety across the organisation, reporting incidents, risks management and the High Level Incident/ Serious Incident investigation process.

The Clinical Audit plan for 2019-2020 includes the learning from the Never Events which have occurred in the previous year, to provide assurance on the embedded changes in practice and any further actions to be monitored through the Patient Safety Group and Incident Learning Group.

Freedom to Speak Up Guardian
The Clinical Governance Department has worked with the Trust Freedom to Speak up Guardian to develop an online form using Datix for any staff member to report a concern from all 5 sites across the new Trust. This also enables a smooth extraction of data from the Datix system for any trends/themes internally and for National submission.

Human Factors

A Human Factors Strategy Group has been established, with three work streams reporting into the group.

- Education - Human Factors is now included on Trust Induction at both Derby and Burton sites. Further levels of training are being reviewed and will be essential to role.
- Investigations - Following the Trust merger, investigation processes are being reviewed with consideration to incorporating "The Human Factors Analysis and Classification System (HFACS)" to review all incidents. It has been noted that there is a lot of variability across the divisions on how incidents are investigated and the suggestion of an Investigations Team is being explored further. The inclusion of HR investigations under this work stream is also being considered.
- Culture - the culture work stream has been refreshed and is now being led by Organisational Development. The group plans to look at work that is already underway in the Trust around culture and identify what else needs to be done, creating a culture which values safety and learning.
- The Human Factors Strategy Group is currently working to develop a strategy document. This will link in with the overall Trust Strategy and also PRIDE. It is proposed that this will be launched at a half day event at the beginning of May. A business case is being developed for a Human Factors Practitioner in the trust, to further support and deliver the human factors strategy and agenda.

Patient Safety Alerts

The patient safety alerts are co-ordinated by Patient Safety team for the trust, who identify appropriate leads to take forward the actions/recommendations required. The Patient Safety team, support clinicians or leads to take these forward with appropriate actions and communications. Progress is monitored through the monthly Patient safety Group meetings, with exceptions escalated as required.

Priority 5, 'Create an environment where we continue to support our staff to protect our patients and feel free to report any safety concerns,' will be monitored and measured by a number of people and in a number of ways. The Lead Nurse for

Governance will monitor through Datix and investigations. The reports will be shared and monitored within the Trust through business unit and divisional governance meetings and corporately through the Trust's Quality Governance Structure as demonstrated on Page 8.

The Freedom to Speak up Guardian will work with teams and communications to support the role. In addition information will be sensitively gathered and feedback to the executive team to support ongoing work with staff engagement. A lead for Human Factors will be appointed to. The work for human factors will then be monitored through the Human Factors Steering Group and report on via the Trust's Quality Governance Structure as noted on Page 84.

Priority 6 (BHFT)
Frailty
Linked to indicators:
- Patient Experience

Why is this a priority area?
Complex geriatric patients (frail elderly patients) are increasing in the number of older people attending hospital as emergency admission despite community care availability. Those patients, rather than the highly aggressive approach to diagnosis and therapy traditionally used in acute /emergency medicine, need a more supportive treatment focus on improving the quality of life rather than simply prolonging it. In this population the uncertain recovery is more probable and they and their relatives need to be supported in this process.

We can identify 2 main categories of frailty patients, those who need physiotherapy and occupational therapy advice and can be discharged with community support and those who are severely frail for which the physio and occupational intervention is not suitable.

The latter are the patients that have a high chance of deteriorating during a admission hospital, are at higher risk of falls, pressure ulcers and increased confusion caused by a hospital stay. From a patient experience and safety perspective it is widely acknowledged hospital is not best place for these patients.

The front door frailty approach is critical to clinical effectiveness. This is due to the short length of time

during which older persons can recover functional losses, resume their former lives and avoid hospitalization and institutionalisation, if a hospital stay is minimised. The early intervention of a Frailty Consultant can ensure a clear plan is documented which will either follow the patient through their inpatient stay or allow an early and safe discharge.

What have we done so far?

The QHB front door Frailty service is delivered by a team of ACPs, who work across ED, AAC and SSU identifying patients through the use of the Edmonton score and carrying out the Comprehensive Geriatric Assessment (CGA), with input from the Frailty Consultant as required.

The ACP lead service is a 7 day service for 12 hour per day, however currently the Consultant element is only 5 days. The team is well integrated with the local community providers, who attend a Board Round everyday on AAC with the aim of pulling appropriate patients into community services swiftly and effectively. Initial pilot data of this model saw a

reduction in length of stay for this group of patients and a reduction in admission to base medical wards.

The Frail Elderly Assessment Team at RDH remains fully implemented seven days a week providing Comprehensive Geriatric Assessment (CGA) across MAU, ED, 101, SAU and the short stay units. There has been a temporary investment in staffing which has meant the team have been able to be a proactive and visible presence in the ED. The team has reported an increase of 69% of patients seen in the ED and an increase of 84% of patients discharged in the ED (this is by comparison from January 2018 to January 2019)

An electronic version of the Comprehensive Geriatric Assessment (CGA) has been built within the electronic whiteboard. The template is completed by nursing staff, pharmacists and therapists and delivers on all of these aspects of CGA. Once completed this is scanned into the e-case notes and emailed to care coordinators at GP surgeries.
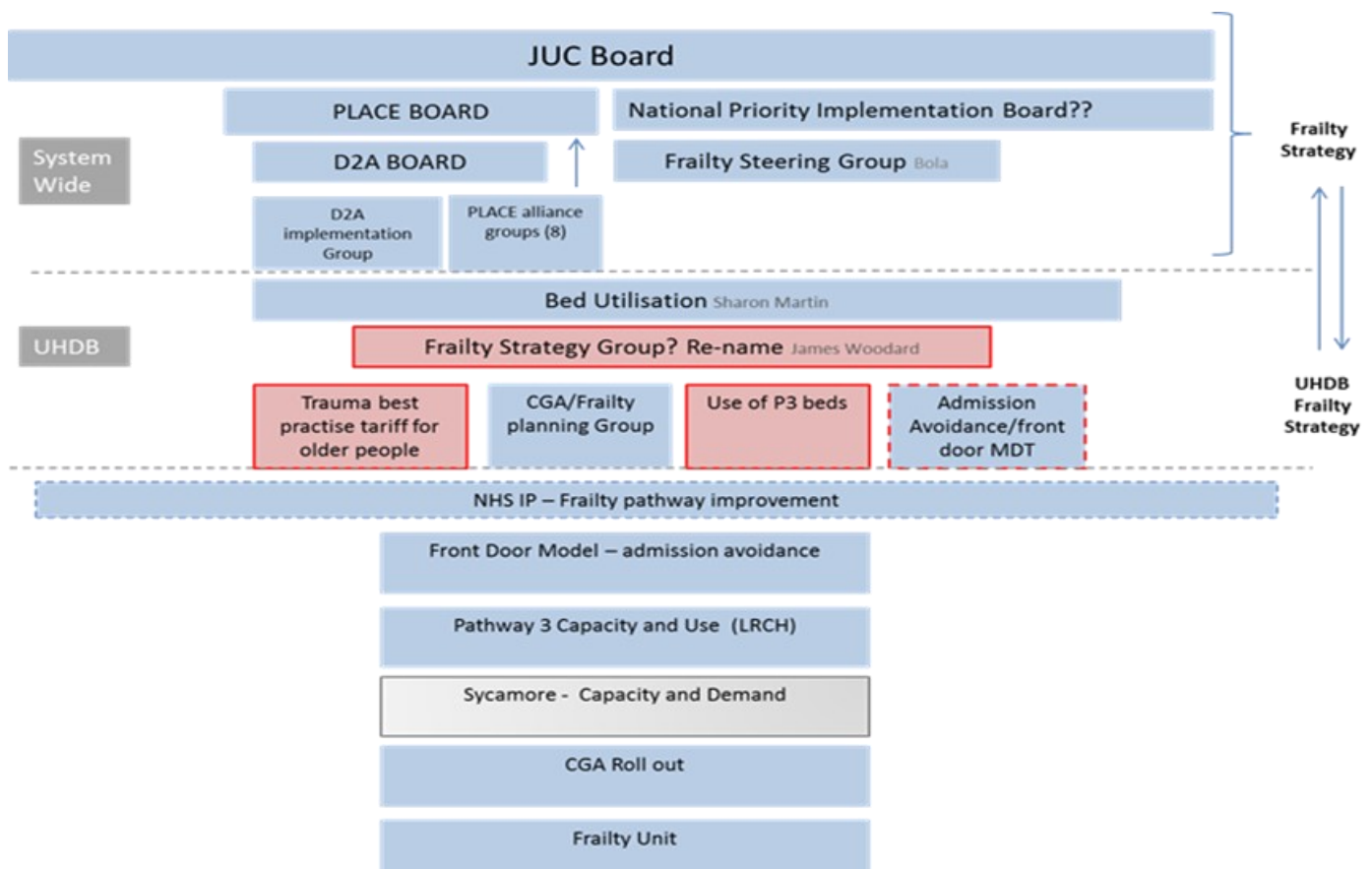
This electronic version of CGA is currently completed for all medically fit patients with frailty in the ED, 101, MAU and ward 306. There are plans for CGA to be rolled out across the rest of the Trust later this year. The CGA completed by the MDT has shown a significant increase in the number of onward referrals completed for patients with frailty to dietetics, continence services, GP care coordinator's and CASOP (Comprehensive Assessment Services for Older People).

How will this be carried forward in the newly formed Organisation?
Both DTHFT and BHFT had their own frailty services prior to the organisations merging. Following the new organisation being formed and new structures being applied, the lead nurse for older persons from BHFT was appointed as the lead nurse for vulnerable adults for University Hospitals of Derby and Burton NHS Foundation Trust. The new organisation will continue to work on developing services across all sites to support the appropriate assessment of frailty and delivery of services to meet the needs of vulnerable patients. The chart below demonstrates the proposed structure for the frailty strategy

At QHB site the focus for 2019/20 will be to improve the resilience of the medical model supporting the Frailty team. Current thinking is to look to provide a Registrar level support to the team to allow expansion to a 6 day service.
There will then be opportunity to explore further models such as the Ambulatory Frailty Model and supporting the prevention agenda in local nursing homes.

Continued work on relations with external partners will be another focus for 2019/20. Good working relations are in place with East and South East Staffordshire services however there is room for improvement with Southern Derbyshire and this will be a focus of 2019/20 working with the RDH FEAT Team.

As demonstrated in the diagram overleaf it is planned that the Lead for Frailty will monitor and report on performance through the Frailty Steering group. This in turn will be escalated via the Trusts Quality Governance Structure.

Priority 7 (BHFT)
The implementation of an adapted ward assurance tool
Linked to indicators:
- Patient Safety

Why is this a priority area?
Ward assurance data covers essential elements of care, which are both important to patients/carers and are identified as a risk to the Trust if there is a failure to meet the minimum standard. Ward assurance data also provides valuable information to support department and leadership teams to identify learning and development opportunities to enhance practice both in their local departments and across the organisation.

Ward assurance can also provide an indicator as to the experience of patients and staff members. Ward Assurance includes questions that explore quality, safety and experience. Questions are asked that cover the care documented and the environment in which the care is provided and the manner in which staff communicate with patients. The questions (for all the sites) also explore patient understanding and opinions in relation to a range of subjects including food, hygiene, pain, planning towards discharge and medications. The reports from Ward Assurance are displayed in dashboards adjacent to Friends and Family Test scores and other ward metrics to give the rounded view. Wards display the scores for the public to see in various ways.

What have we done so far?
The adapted ward assurance tool has been in use at BHFT legacy sites since April 2017. This tool was introduced following a review of the previous ward assurance tool and it was identified that the previous tool no longer provided the assurances that were required. In addition to this the previous tool did not support in highlighting learning opportunities and potential risks for clinical teams and leaders. The new tool also had a stronger focus on engaging patients in the ward assurance process.

At RDH a full review of Ward Assurance was undertaken to make sure that the questions were contemporaneous and to ensure the questions were applicable to as many areas as possible. This was undertaken via wide consultation including ward areas and those undertaking the audit. The input

system was also upgraded to make the process of recording Ward Assurance more intuitive and quicker to reduce wasted time. These changes were positively received. This produced 1 adult version for all adult wards, a paediatric version and midwifery subsets. This has been constantly maintained and minor alterations have been made when question logic and format have been highlighted. This all feeds in to the Business Intelligence Portal and is available via this and the dashboard. A corporate report is also produced with other vectors added for the divisions to use and to inform the contractual commitments.

Month	target %	Trustwide % 17/18	Trust wide % 18/19
April	95	95.07	97.22
May	95	95.51	97.58
June	95	96.12	97.34
July	95	96.43	97.78
August	95	96.73	97.95
September	95	96.32	97.82
October	95	96.76	97.61
November	95	97.29	97.95
December	95	96.53	98.23
January	95	95.9	96.2
February	95	96.84	
March	95	97.04	

Table 2 (above) Burton ward assurance target percentage and data for 17/18 & 18/19

Month	Target %	Trustwide % 17/18	Trust-wide % 18/19
April	95	96.41	95.88
May	95	95.56	97.32
June	95	96.52	97.04
July	95	96.69	97.19
August	95	96.45	97.32
September	95	95.79	97.22
October	95	95.77	97.10
November	95	95.33	96.78
December	95	95.84	96.57
January	95	94.87	96.59
February	95	96.01	96.78
March	95	96.35	

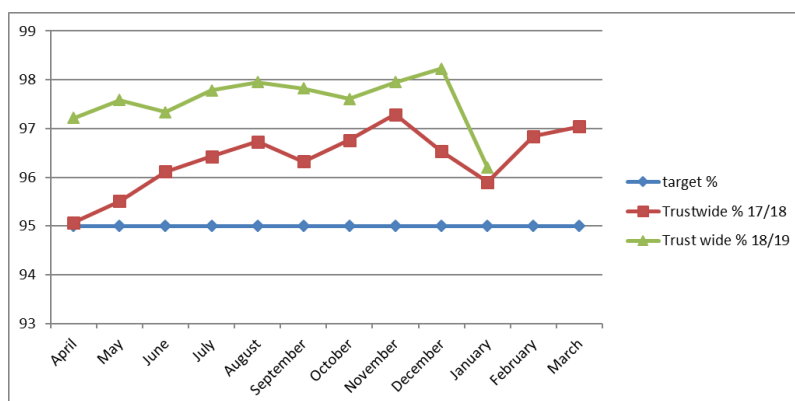Table 3 (above) Derby ward Assurance target percentage and data for 17/18 & 18/19

Chart above shows ward assurance percentages and trend for 17/18 & 18/19 (Burton legacy wards only, QHB, SJCH & SRP)
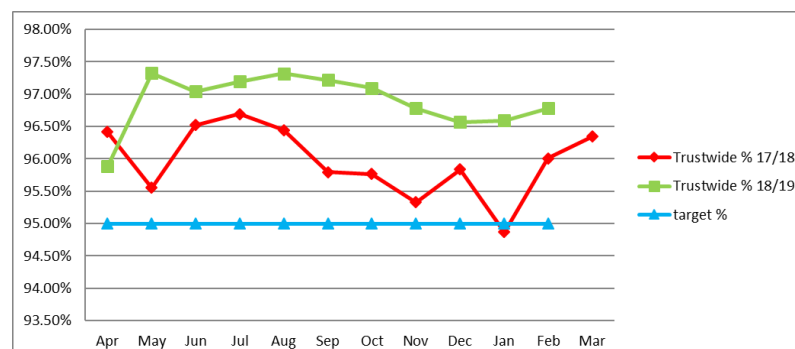
Chart above shows ward assurance percentages and trend for 17/18 & 18/19 (Derby legacy wards only)

All areas that fail to achieve 95% have to complete an action plan for improvement. At the end of 17/18 financial year a review of the previous 12 months ward assurance data was undertaken and specialist teams and others were consulted to ascertain whether their experiences of the clinical areas matched with data collected through the ward assurance process. In addition to this changes were made to questions and audit requirements within the ward assurance process as identified.

What will UHDB do?

Following the merger between DTHFT and BHFT there has been ongoing work to review the best of all ward assurance tools and planning how to bring the tools together. Work is currently underway to create a new organisation wide ward assurance tool that delivers the quality of data required across all sites to assist teams in highlighting and undertaking

actions to improve patient experience. Methodology and approach will also be considered and reviewed. Ward Assurance will be monitored at a business unit and divisional level. Any ongoing concerns will be escalated through the PMM reporting approach as per the Trust's Quality Governance Structure.

Priority 8 (BHFT)
Discharge
Linked to indicators:
* Patient Experience

Why is this a priority area?
Effective and safe discharge is a key priority in ensuring appropriate utilisation of Hospital beds and capacity to place patients in the right place at the right time.

It is acknowledged that many of the patients we care for are in their last 1000 days and due to this Time is the most important currency. Every day an older patient spends in hospital is a day we are stealing from their '1000 remaining days.'
What have we done so far?

Implementation of the New Continuing care act has been actioned by the Discharge Team. Time frame for completion of Assessment met and tracking completed, this was implemented in October 2018. The discharge liaison have trained a selection of ward staff with this information which will allow cascade training within the ward areas. Ward Staff were made aware of changes and supported by Discharge Liaison to complete forms.

Department of health CHC check list has been revised and introduced on all three sites, all old paper work has been removed from the wards, new paper work is provided by the discharge Liaison team as required. Discharge Liaison Nurses are supporting ward staff with the completion of these check lists. Ward staff are supported by the Discharge liaison Nurses to complete the checklist this has allowed for continuity and has reduced the positive false assessments. Positive check lists which require a DST are allocated to a Discharge Liaison Nurse who in turn arranges the DST with all parties required, this is then completed and sent within the 28 day notification period.

Daily conference call with multidisciplinary team i.e. County Council Brokerage, social worker, Urgent

care, Virgin Care no longer provides input on this call. Calls take place on daily at 10am, 13.30 on a Monday. The report is run from the Medworxx system which provides a list of all the section 2 and 5 within the three sites.

Anna Ward at Samuel Johnson Community Hospital has been highlighted as a D2A ward. This has been in place since October 2018. A Standard Operating Policy and admission criteria is being developed for the D2A beds. SOP is in place and continues to be reviewed.

Leicestershire have agreed to complete their assessments themselves however the process is taking longer to achieve, they have not breached the 28 day recommendation for completion as yet. No changes with Leicestershire time frame for completion of checklists. They no longer want their patients to be transferred to the community Hospitals, We refer rehab and D2A patients to SPAR however there still remains a delay in patients being repatriated to a Leicester community bed or supported with discharge planning.

We are testing an escalation module within Medworxx which once a delay is highlighted by ward staff a trigger is sent vis e-mail to the appropriate line manager, this will activate a process within the module to formulate further escalation. This could then be monitored with the operational team allowing report formulation and actions.

A new discharge letter template was launched in November 2018 at Queen's Hospital Burton. The MD for Burton led the project team, assisted by nursing, IT and GP colleagues. The rationale for changing the template was as follows:

* Non-user friendly template for inpatient discharge letters pre-November 2018
* This led to poor engagement from clinical teams in typing discharge letters on the day of discharge
* Patients were leaving hospital without a discharge letter
* GP's were not receiving timely and accurate discharge information.

Since implementation over 90% of letters are completed on the day of discharge. The project team continue to meet to refine the process in an

aim to achieve 100% of letters completed on the day of discharge. Local GP's are significantly happier with the new letter, both in content and timeliness of receipt.

Focus on super-stranded patients: ward level daily focus by matrons for patients staying over 6 and over 20 days, plus a weekly challenge meeting in Medicine for the top 10 super stranded patients. A Red2Green improvement project has focused on Fast Track referrals, which has led to a 6 day LOS reduction on particular wards at Derby. The End of Life team are now working to sustain and roll out this improvement further.

A new electronic format of handovers has been introduced at Derby which allows all staff groups to access and update the handover from any PC. Staff have fed back this improves accuracy of communication between teams and reduces time spent face to face in handovers to allow more time for clinical care. On ward 205 by introducing the electronic handover, changing therapy staffing

models and introducing a Discharge Support Officer the team have seen a significant increase in the number of patient contacts by OTs and physios.

KPI impact
The below graphs show year on year performance for UHDB as a joint Trust since FY16/17. Average LOS has reduced year on year, although spikes are still seen in peak winter months, and the number of super stranded patients has reduced significantly. Morning discahrges is an area of focus for us and will be a key part of the Every Day Counts Accreditation launching this year.

What will UHDB do?
Discharge cell
UHDB is one of 7 pilot Trusts working with NHSE to develop a new methodology for improvement based on LEAN principles. The first Improvement Practice focus area is Frailty, and a 5 day 'cell' event was held in April to concentrate on discharge. Over 40 members of staff and 3 patients attended and 12 priority areas were identified to commence
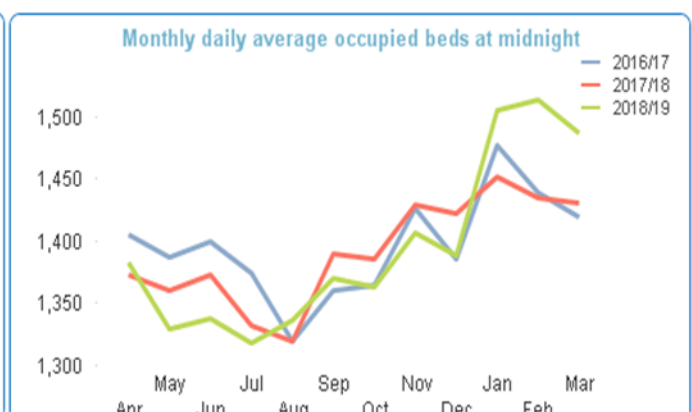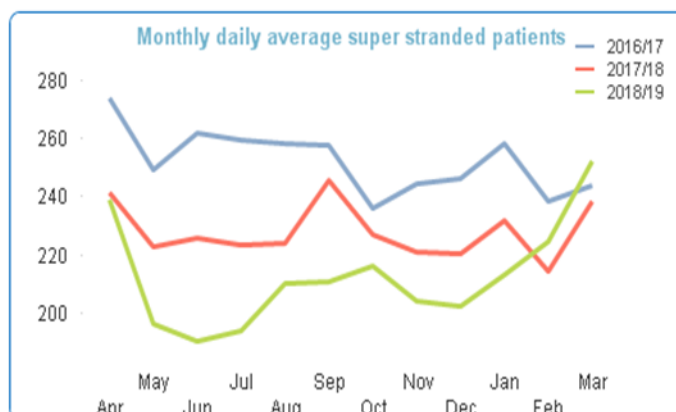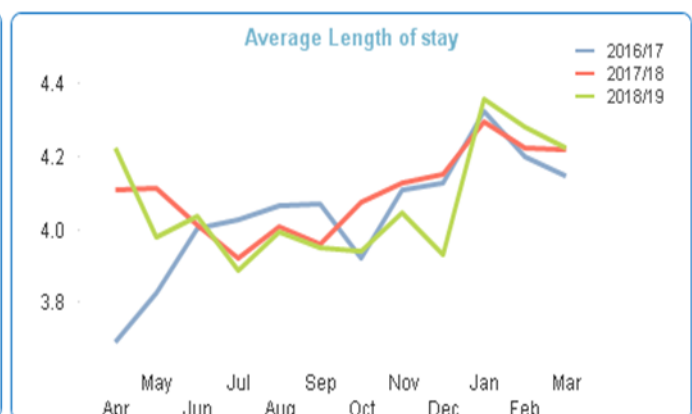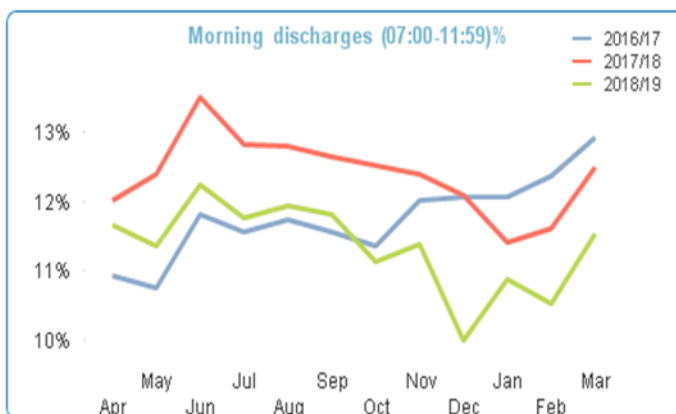
improvements across three of the UHDB sites, related to improving the discharge process for patients with frailty. Following up from this, senior staff from across the trust will be supporting the projects to remove barriers and have oversight of the changes being made. The progress will be reviewed during through the 30, 60, 90 day reviews.

Every Day Counts Accreditation
An accreditation scheme focused around making every day of each patient's stay in hospital count is being developed to embed the SAFER principles and achieve earlier patient discharges. The accreditation has bronze, silver and gold levels and is designed to motivate wards to achieve best practice in several areas that support adding the most value to patients' days – therefore improving patient experience, safety of discharge, staff experience, and flow through the hospital.

The accreditation consists of 8 domains: board rounds, afternoon huddles, morning flow, discharge planning, ward rounds, weekends, patient communication and continuous improvement. The accreditation is in development phase and is being trialled with two medical wards at the Burton site, who have chosen use of estimated dates of discharge and efficiency of board rounds as their first focus areas. The criteria are being signed off by divisional teams ready to launch to the 2 cells who were the focus of the Discharge Cell, and the rest of the organisation in June. It is expected over the next few years that the Every Day Counts Accreditation will provide a mechanism for a culture shift on wards towards more planned discharges – therefore reducing LOS and improving patient experience.

Red2Green/Safer
What is Red2Green?
- The aim of Red to Green is to ensure patients have a plan for the day and that all actions on the plan are completed the same day
- A Red Day is when a patient is waiting for an action to progress their care and/or the patient no longer needs acute care.
- Red days are not bad, they help us identify opportunities to improve– if we don't know about them, how do we make things better?
- A Green Day is when all actions identified for the day are completed
- Red to Green is NOT a management or performance tool.

- It is about the quality of patient experience and not performance management - Patient time as the key metric of quality is best measured from the perspective of the person.
- Time is the most important currency in healthcare – and is frequently wasted. It manifests in patients waiting, duplication and staff running around looking for things

How does it all fit together?
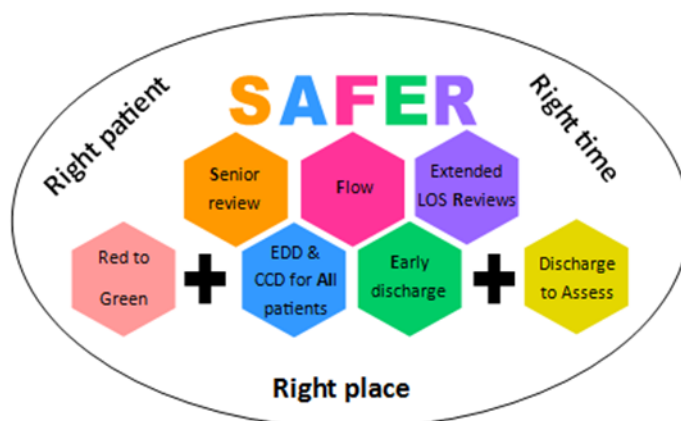
S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting.

F - Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by midday.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (>7 days – also known as 'stranded patients') with a clear 'home first' mind set.

Discharge performance will be monitored, by the wards, business units and divisions. In addition the matron for discharge will continue to monitor length of stay and discharge performance. This is then escalated via the Trusts Quality Governance Structure.

Statement of Assurance from the Board

Schedule 1 – 1.2
Information on the number and types of relevant health services

1.0 During 2018/19 the University Hospitals of Derby and Burton NHS Foundation Trust provided and/or subcontracted 123 relevant health services.

1.1 University Hospitals of Derby and Burton NHS Foundation Trust has reviewed all the data available to them on the quality of care in 123 of these relevant health services.

1.2 The income generated by the relevant health services reviewed in 2018/19 represents 100% of the total income generated from the provision of relevant health services by the University Hospitals of Derby and Burton NHS Foundation Trust for 2018/19.

Schedule 2 - 2.8
Information on participation in clinical audits and national confidential enquiries

Participation in Clinical Audit and Clinical Outcome Review
Clinical Audit is a quality improvement process that is defined in full in "Principles for Best Practice in Clinical Audit" (HQIP 2016). 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.

Schedule 2
During 2018 / 2019, 64 National Clinical Audits and 3 National Confidential Enquiries covered relevant health services that University Hospital Derby and Burton NHS Foundation Trust provides.

Schedule 2.1
During 2018 / 2019, University Hospitals of Derby and Burton NHS Foundation Trust participated in 98% of National Clinical Audits and 100% of National Confidential Enquiries which it was eligible to participate in. The Trust was unable to participate in the National Ophthalmology Audit as participation required further investment in order to purchase the required software and training package as stipulated by the host organisation.

Schedule 2.2
The National Clinical Audits and National Confidential Enquiries that University Hospitals Derby and Burton NHS Foundation Trust was eligible to participate in during the period are as follows:

National Clinical Audit and Clinical Outcome Review	Host Organisation
Adult Community Acquired Pneumonia	British Thoracic Society
BAUS Urology Audits - Cystectomy	British Association of Urological Surgeons
BAUS Urology Audits – Female Stress Urinary Incontinence (SUI)	British Association of Urological Surgeons
BAUS Urology Audits - Nephrectomy	British Association of Urological Surgeons
BAUS Urology Audits – Percutaneous Nephrolithotomy	British Association of Urological Surgeons
BAUS Urology Audits – Radical Prostatectomy	British Association of Urological Surgeons
Cardiac Rhythm Management (CRM)	National Institute for Cardiovascular Outcomes Research (NICOR)
Case Mix Programme (CMP)	Intensive Care National Audit and Research Centre (ICNARC)
Child Health Clinical Outcome Review Programme - Long Term Ventilation in Children and Young People	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Elective Surgery (National PROMs Programme)	NHS Digital
Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service Database	Royal College of Physicians

National Clinical Audit and Clinical Outcome Review	Host Organisation
Falls and Fragility Fractures Audit Programme (FFFAP) – Inpatient falls	Royal College of Physicians
Falls and Fragility Fractures Audit Programme (FFFAP) – National Hip Fracture Database	Royal College of Physicians
Feverish Children (care in emergency department)	Royal College of Emergency Medicine
Inflammatory Bowel Disease (IBD) programme	Inflammatory Bowel Disease Registry
Learning Disability Mortality Review Programme (LeDeR)	University of Bristol
Major Trauma Audit	The Trauma Audit and Research Network
Mandatory Surveillance of Bloodstream Infections and C. Diff Infections	Public Health England
Maternal, Newborn and Infant Clinical Audit Programme – maternal morbidity and mortality confidential enquiries	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, Newborn and Infant Clinical Audit Programme – maternal mortality surveillance	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, Newborn and Infant Clinical Audit Programme – perinatal mortality surveillance	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, Newborn and Infant Clinical Audit Programme – perinatal mortality and morbidity confidential enquiries	MBRRACE - UK – National Perinatal Epidemiology Unit
Medical & Surgical Clinical Outcome Review Programme - Acute Bowel Obstruction	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Medical & Surgical Clinical Outcome Review Programme - Pulmonary Embolism	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)
Myocardial Ischaemia National Audit Project (MINAP)	National Institute for Cardiovascular Outcomes Research (NICOR)
National Asthma and COPD Audit Programme (NACAP) - Adult Asthma	Royal College of Physicians
National Asthma and COPD Audit Programme (NACAP) - COPD	Royal College of Physicians
National Asthma and COPD Audit Programme (NACAP) - Paediatric Asthma	Royal College of Physicians
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation	Royal College of Physicians
National Audit of Anxiety and Depression	Royal College of Psychiatrists
National Audit of Breast Cancer in Older Patients	Royal College of Surgeons
National Audit of Cardiac Rehabilitation	University of York
National Audit of Care at End of Life (NACEL)	NHS Benchmarking Network
National Audit of Dementia	Royal College of Psychiatrists
National Audit of Intermediate Care	NHS Benchmarking Network
National Audit of Seizures and Epilepsies in Children and Young People	Royal College of Paediatrics and Child Health
National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society
National Bowel Cancer Audit (NBOCA)	NHS Digital
National Cardiac Arrest Audit (NCAA)	Intensive Care National Audit and Research Centre (ICNARC)

National Clinical Audit and Clinical Outcome Review	Host Organisation
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	British Society for Rheumatology
National Comparative Audit of Blood Transfusion – Management of massive haemorrhage	NHS Blood and Transplant
National Diabetes Audit – Adults (Core)	NHS Digital
National Diabetes Audit – Adults (Harms)	NHS Digital
National Diabetes Audit – Foot care	NHS Digital
National Diabetes Audit – Pregnancy in Diabetes	NHS Digital
National Emergency Laparotomy Audit (NELA)	Royal College of Anaesthetists
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research (NICOR)
National Joint Registry (NJR)	Healthcare Quality Improvement Partnership (HQIP)
National Lung Cancer Audit (NLCA)	Royal College of Physicians
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists
National Neonatal Audit Programme (NNAP)	Royal College of Paediatrics and Child Health
National Oesophago-gastric Cancer (NAOGC)	NHS Digital
National Ophthalmology Audit	Royal College of Ophthalmologists
National Paediatric Diabetes Audit (NPDA)	Royal College of Paediatrics and Child Health
National Prostate Cancer Audit	Royal College of Surgeons of England
National Vascular Registry	Royal College of Surgeons of England
Non-Invasive Ventilation - Adults	British Thoracic Society
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial consumption	Public Health England
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial stewardship	Public Health England
Sentinel Stroke National Audit programme (SSNAP)	Royal College of Physicians
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	NHS Blood and Transplant
Seven Day Hospital Services	NHS England
Surgical Site Infection Surveillance Service	Public Health England
Vital Signs in Adults (care in emergency departments)	Royal College of Emergency Medicine
VTE risk in lower limb immobilisation (care in emergency departments)	Royal College of Emergency Medicine

Schedule 2.3

The National Clinical Audits and National Confidential Enquiries that University Hospitals of Derby and Burton NHS Foundation Trust participated in during 2018 / 2019 are as follows:

National Clinical Audit and Clinical Outcome Review
Adult Community Acquired Pneumonia
BAUS Urology Audits - Cystectomy
BAUS Urology Audits – Female Stress Urinary Incontinence (SUI)
BAUS Urology Audits - Nephrectomy
BAUS Urology Audits – Percutaneous Nephrolithotomy
BAUS Urology Audits – Radical Prostatectomy
Cardiac Rhythm Management (CRM)
Case Mix Programme (CMP)
Child Health Clinical Outcome Review Programme - Long Term Ventilation in Children and Young People
Elective Surgery (National PROMs Programme)
Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service Database
Falls and Fragility Fractures Audit Programme (FFFAP) – Inpatient falls
Falls and Fragility Fractures Audit Programme (FFFAP) – National Hip Fracture Database
Feverish Children (care in emergency department)
Inflammatory Bowel Disease (IBD) programme
Learning Disability Mortality Review Programme (LeDeR)
Major Trauma Audit
Mandatory Surveillance of Bloodstream Infections and C. Diff Infections
Maternal, Newborn and Infant Clinical Audit Programme – maternal morbidity and mortality confidential enquiries
Maternal, Newborn and Infant Clinical Audit Programme – maternal mortality surveillance
Maternal, Newborn and Infant Clinical Audit Programme – perinatal mortality surveillance
Maternal, Newborn and Infant Clinical Audit Programme – perinatal mortality and morbidity confidential enquiries
Medical & Surgical Clinical Outcome Review Programme - Acute Bowel Obstruction
Medical & Surgical Clinical Outcome Review Programme - Pulmonary Embolism
Myocardial Ischaemia National Audit Project (MINAP)
National Asthma and COPD Audit Programme (NACAP) - Adult Asthma
National Asthma and COPD Audit Programme (NACAP) - COPD
National Asthma and COPD Audit Programme (NACAP) - Paediatric Asthma
National Asthma and COPD Audit Programme (NACAP) - Pulmonary Rehabilitation
National Audit of Anxiety and Depression
National Audit of Breast Cancer in Older Patients
National Audit of Cardiac Rehabilitation
National Audit of Care at End of Life (NACEL)
National Audit of Dementia
National Audit of Intermediate Care
National Audit of Seizures and Epilepsies in Children and Young People
National Bariatric Surgery Registry

National Clinical Audit and Clinical Outcome Review
National Bowel Cancer Audit (NBOCA)
National Cardiac Arrest Audit (NCAA)
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)
National Comparative Audit of Blood Transfusion – Management of massive haemorrhage
National Diabetes Audit – Adults (Core)
National Diabetes Audit – Adults (Harms)
National Diabetes Audit – Foot care
National Diabetes Audit – Pregnancy in Diabetes
National Emergency Laparotomy Audit (NELA)
National Heart Failure Audit
National Joint Registry (NJR)
National Lung Cancer Audit (NLCA)
National Maternity and Perinatal Audit
National Neonatal Audit Programme (NNAP)
National Oesophago-gastric Cancer (NAOGC)
National Paediatric Diabetes Audit (NPDA)
National Prostate Cancer Audit
National Vascular Registry
Non-Invasive Ventilation - Adults
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial consumption
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial stewardship
Sentinel Stroke National Audit programme (SSNAP)
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance
Seven Day Hospital Services
Surgical Site Infection Surveillance Service
Vital Signs in Adults (care in emergency departments)
VTE risk in lower limb immobilisation (care in emergency departments)

Schedule 2.4

The National Clinical Audits and National Confidential Enquiries that University Hospitals of Derby and Burton NHS Foundation Trust participated in, and for which data collection was completed during 2018 / 2019 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 the audit or enquiry:

National Clinical Audit and Clinical Outcome Review	% Cases
Adult Community Acquired Pneumonia	100%
BAUS Urology Audits - Cystectomy	100%
BAUS Urology Audits – Female Stress Urinary Incontinence (SUI)	100%
BAUS Urology Audits - Nephrectomy	100%
BAUS Urology Audits – Percutaneous Nephrolithotomy	100%
BAUS Urology Audits – Radical Prostatectomy	100%
Cardiac Rhythm Management (CRM)	100%
Case Mix Programme (CMP)	100%
Elective Surgery (National PROMs Programme)	100%
Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service Database	100%
Falls and Fragility Fractures Audit Programme (FFFAP) – Inpatient falls	100%
Falls and Fragility Fractures Audit Programme (FFFAP) – National Hip Fracture Database	100%
Feverish Children (care in emergency department)	100%
Inflammatory Bowel Disease (IBD) programme	97%
Learning Disability Mortality Review Programme (LeDeR)	100%
Major Trauma Audit	100%
Mandatory Surveillance of Bloodstream Infections and C. Diff Infections	100%
Maternal, Newborn and Infant Clinical Audit Programme – maternal morbidity and mortality confidential enquiries	100%
Maternal, Newborn and Infant Clinical Audit Programme – maternal mortality surveillance	100%
Maternal, Newborn and Infant Clinical Audit Programme – perinatal mortality surveillance	100%
Maternal, Newborn and Infant Clinical Audit Programme – perinatal mortality and morbidity confidential enquiries	100%
Medical & Surgical Clinical Outcome Review Programme - Pulmonary Embolism	100%
Myocardial Ischaemia National Audit Project (MINAP)	100%
National Asthma and COPD Audit Programme (NACAP) - Adult Asthma	100%
National Asthma and COPD Audit Programme (NACAP) - COPD	98%
National Audit of Breast Cancer in Older Patients	100%
National Audit of Cardiac Rehabilitation	46%
National Audit of Care at End of Life (NACEL)	67%
National Audit of Dementia	84%
National Audit of Seizures and Epilepsies in Children and Young People	70%
National Bariatric Surgery Registry	100%
National Bowel Cancer Audit (NBOCA)	100%
National Cardiac Arrest Audit (NCAA)	100%

National Clinical Audit and Clinical Outcome Review	% Cases
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	100%
National Comparative Audit of Blood Transfusion – Management of massive haemorrhage	100%
National Diabetes Audit – Adults (Core)	99%
National Diabetes Audit – Adults (Harms)	100%
National Diabetes Audit – Foot care	93%
National Emergency Laparotomy Audit (NELA)	60%
National Heart Failure Audit	97%
National Joint Registry (NJR)	100%
National Lung Cancer Audit (NLCA)	100%
National Maternity and Perinatal Audit	26%
National Neonatal Audit Programme (NNAP)	100%
National Oesophago-gastric Cancer (NAOGC)	100%
National Paediatric Diabetes Audit (NPDA)	100%
National Paediatric Diabetes Audit (NPDA)	100%
National Prostate Cancer Audit	100%
National Vascular Registry	100%
Non-Invasive Ventilation - Adults	100 %
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial consumption	Quarterly Submission of overall consumption data, not per pt
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial stewardship	100%
Sentinel Stroke National Audit programme (SSNAP)	100%
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	100%
Seven Day Hospital Services	80%
Surgical Site Infection Surveillance Service	100%
Vital Signs in Adults (care in emergency departments)	84%
VTE risk in lower limb immobilisation (care in emergency departments)	100%

Schedule 2.5-2.6

The reports of 47 National Clinical Audits were reviewed by the provider in the reporting period of 2018 / 2019 and University Hospitals of Derby and Burton NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audit and Clinical Outcome Review	Actions being taken to improve quality
Acute Heart Failure Study (NCEPOD)	The report was reviewed by the audit lead and a resulting actions is: • Local clinical audit to be undertaken to determine compliance with the recommendation for an echocardiogram to be performed for all patients with suspected heart failure within a maximum of 48 hours.
BAUS Urology Audits - Cystectomy	The report was reviewed by the audit lead and no actions were required. The Trust exceeded the benchmark standard in all areas.
BAUS Urology Audits – Female Stress Urinary Incontinence (SUI)	The report was reviewed by the audit lead and a resulting actions is: • Improve number of cases submitted to data-set.
BAUS Urology Audits – Nephrectomy	The report was reviewed by the audit lead and no actions were required. The Trust exceeded the benchmark standard in all areas.
BAUS Urology Audits – Percutaneous Nephrolithotomy	The report was reviewed by the audit lead and no actions were required. The Trust exceeded the benchmark standard in all areas.
BAUS Urology Audits – Radical Prostatectomy	The report was reviewed by the audit lead and no actions were required. The Trust exceeded the benchmark standard in all areas.
Case Mix Programme (CMP)	The report was reviewed by the audit lead and a resulting actions is: • The report to be discussed and reviewed on an ongoing quarterly basis in the monthly ITU meetings in line with the interval reports being produced
Child Health Clinical Outcome Review Programme Chronic Neuro Disability (NCEPOD)	The report was reviewed by the audit lead and a resulting actions is: A review of services is being carried out across the Trust. A baseline tool has been completed for the Burton site to identify areas where service provision could be improved.
Elective Surgery (National PROMs Programme)	The report was reviewed by the audit lead and no actions were required. The Trust exceeded the benchmark standard in all areas.
Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service Database	The report was reviewed by the audit lead and a resulting actions is: • Local clinical audit to be undertaken to assess the follow up of patients 12-16 weeks post fracture as the Trust currently are following patients up approximately 6-8 months post fracture.
Falls and Fragility Fractures Audit Programme (FFFAP) – National Hip Fracture Database	The report was reviewed by the audit lead and some of the resulting actions are: • Local clinical audit to be carried out to assess more recent data, including reasons for delay to theatre, documentation of hip fracture pathway in ED, and review of cases where patients did not undergo a procedure • Inputting of data and data validation to be reviewed with Derby site
Fracture Neck of Femur	The report was reviewed by the audit lead and some of the resulting actions are: • Improvements to the timely assessment of pain and provision of analgesia. SAFECARE 'analgesia' group performing regular PDSAs to improve this area • Improvement in the reassessment of pain - through SAFECARE project. A 'show pain the red card' has been produced and is in use in the department • Improve admission time performance. Improvement project held in November 2018 to review pathway. Some areas for improvement identified • A local audit is to be carried out covering the assessment and management of pain for patients with suspected fractured neck of femur, from ambulance handover to admission to ward.

National Clinical Audit and Clinical Outcome Review	Actions being taken to improve quality
Inflammatory Bowel Disease (IBD) Programme	The report was reviewed by the audit lead and a resulting actions is: More robust reporting with regard to data collected at initiation of biologic to include 3 month reviews and 12 month reviews.
Learning Disability Mortality Review Programme (LeDeR)	The report was reviewed by the audit lead and some of the resulting actions are: • The Trust has engaged in the LeDeR process by training staff to undertake LeDeR reviews who subsequently reviewed deaths as part of LeDeR process. • The Trust has improved the process to identify patients with learning disabilities by highlighting the LeDeR programme to medical staff. The Trust has also worked with the bereavement office and appointed a learning disabilities nurse to support the process • To ensure that reasonable adjustments are put in place to support patents with a learning disability • Diagnostics should not be delayed due to any difficulties encountered with behaviours in relation to patients with a LD • Carers should be listened to and engaged with at all times.
Maternal, Newborn and Infant Clinical Audit Programme – • Maternal Mortality Surveillance • Perinatal Mortality Surveillance • Maternal Morbidity and Mortality Confidential Enquiries	The reports were reviewed by the audit lead and some of the resulting actions are: • Regular local clinical audits have been carried out to assess whether a VTE risk assessment was performed and if this was correct. Regular local clinical audit will continue • A Quality Improvement Project with the aim of targeting the areas demonstrated as needing improvement in local sequential audit, as well as implementing key recommendations from the recent MBRACE report, working across both sites, involving staff from all areas and disciplines is most likely to be effective in achieving improvement • Further education to be provided to all staff groups to raise awareness of the need to assess the need to limit time off anticoagulation.
Myocardial Ischemia National Audit Project (MINAP)	The report was reviewed by the audit lead and some of the resulting actions are: • Review of data collection and data validation processes • Review the data at regular intervals to facilitate local clinical audit / quality improvement initiatives to support the care provision of patients with STEMI and NSTEMI
National Asthma and COPD Audit Programme (NACAP) - COPD	The report was reviewed by the audit lead and a resulting actions is: • The introduction of a working group to look at increasing capacity when the pods are put in place and developing an outreach team.
National Audit of Breast Cancer in Older Patients	The report was reviewed by the audit lead and a resulting actions is: • Documentation audit to be undertaken to ensure future compliance with WHO performance
National Audit of Cardiac Rehabilitation	The report was reviewed by the audit lead and some of the resulting actions are: • Liaise with Information Analyst responsible to ensure audit data is uploaded monthly to NACR • Service review to improve on national average for CABG wait time from post-discharge referral to start of core CR programme for CABG Service to review to improve on national average for MI/PCI wait time.

National Clinical Audit and Clinical Outcome Review	Actions being taken to improve quality
National Audit of Dementia	The report was reviewed by the audit lead and some of the resulting actions are: • Extra med screening tool to be implemented • All carers of patients are encouraged to support their loved ones as required • Nurse training on John's Campaign • Re –launch for John's Campaign 2018.
National Bowel Cancer Audit (NBOCA)	The report was reviewed by the audit lead and no actions were required. The Trust exceeded or fell within the expected benchmark standard in all areas.
National Cardiac Arrest Audit (NCAA)	The report was reviewed by the audit lead and some of the resulting actions are: • Continue to undertake a retrospective review of all cardiac arrests, to try and identify any issues relating to escalation of care or any issues relating to ReSPECT or DNACPR. Report findings to the Trust's Resuscitation Group. • To monitor and analyse Q3 report • To monitor and analyse Q4 report.
National Diabetes Audit – Adults (Core)- Insulin Pump Therapy	The report was reviewed by the audit lead and a resulting actions is: • Improve the documentation of the presence of an insulin pump. Use the departmental records to amend and validate future data.
National Diabetes Audit – Adults (Core)	The report was reviewed by the audit lead and one of the resulting actions are: • Ensure that all staff have appropriate access to the hospital information system to set up annual review screens • To audit the provision and uptake of patient education.
National Diabetes Audit – Adults (Harms)	The report was reviewed by the audit lead and a resulting actions is: Investigate the use of electronic prescribing on wards to reduce medication errors.
National Diabetes Audit – Adult Inpatients	The report was reviewed by the audit lead and a resulting actions is: • Employ a ward based diabetes specialist nurse
National Diabetes Audit – Foot care	The report was reviewed by the audit lead and some of the resulting actions are: • Ensure data collection processes are in place across the Trust to ensure that participation in contributing nationally towards improving the outcomes for patients with diabetic foot disease • Local audit to be undertaken in relation to referral pathways to establish areas of non-compliance and where improvements need to be made.
National Diabetes Audit – Transition	The report was reviewed by the audit lead and some of the resulting actions are: • A review of transition pathways to be undertaken at the Trust • Local audit to be undertaken to determine whether all patients have transitioned into adult services by the age of 19.
National Emergency Laparotomy Audit (NELA)	The report was reviewed by the audit lead and some of the resulting actions are: • Risk of death is now included on the anaesthetic chart and has been steadily improving in the Trust • Local audit to look at documentation errors will be undertaken to establish Consultant Anaesthetist presence in theatre and to address areas of non-compliance where this has not been documented appropriately.

National Clinical Audit and Clinical Outcome Review	Actions being taken to improve quality
National Heart Failure Audit	The report was reviewed by the audit lead and a resulting actions is: • Review of data collection and data validation processes to be undertaken to ensure that case ascertainment is improved.
National Joint Registry (NJR)	The report was reviewed by the audit lead and some of the resulting actions are: • Audit of the records on the NJR unmatched sheet is recommended. Some of these may have been incorrectly coded and may require further investigation • Continue to ensure robust systems are in place to guarantee that a minimum data set (MDS) form is generated for all eligible NJR Procedures • Continue to reinforce to all consultants the importance of completing a MDS form for all eligible NJR procedures including joint replacement performed as a result of acute trauma • Continue using attached action plan template to implement recommendations • Include NJR audit in the hospital annual audit plan.
National Lung Cancer Audit (NLCA)	The focus of NLCA is lung cancer surgery which is not a service that is currently provided by the Trust. The Trust contribute to the initial data collection processes of the audit which capture diagnosis and referral, however patients who require a surgical intervention are referred to another NHS provider.
National Maternity and Perinatal Audit	The report was reviewed by the audit lead and some of the resulting actions are: • A review of data collection processes to be undertaken to ensure that systems are robust to ensure full data sets are submitted • A local audit to be undertaken in relation to elective deliveries prior to 39 weeks without clinical indication.
National Mortality Case Record Review	The report was reviewed by the audit lead and some of the resulting actions are: • Report to be presented at Trust Mortality Assurance Group • The Trust is committed to making appointments to the role of Medical Examiner from April 2019 to support the Trust in learning from deaths and drive systematic improvements.
National Neonatal Audit Programme (NNAP)	The report was reviewed by the audit lead and some of the resulting actions are: • Documentation issue of parents being present on the ward round to be addressed and a local audit to be undertaken to assess progress • Clerical team requested to ensure that the documentation is made • Improve the numbers regarding infants discharged on breast milk. Lead nurse for breast feeding and colostrum package to encourage breast feeding.
National Oesophago-gastric Cancer (NAOGC)	The report was reviewed by the audit lead and no actions were required. The Trust exceeded the benchmark standard in all areas.
National Paediatric Diabetes Audit	The report was reviewed by the audit lead and some of the resulting actions are: • In order to improve HbA1c : further improve education for newly diagnosed type 1 diabetics and to hold a team away day to review guidelines for insulin starting doses, meter settings, management of post prandial peaks, use of CGM • Set up a system with audit support to review outcome data every 3m for particular patient group regularly to identify further developments needed.

National Clinical Audit and Clinical Outcome Review	Actions being taken to improve quality
National Vascular Registry	The report was reviewed by the audit lead and no actions were required. The Trust exceeded the benchmark standard in all areas.
Pain in Children	The report was reviewed by the audit lead and some of the resulting actions are: • Repeat audit within department upon completion of current RCEM audit • Allocation of resources for triage to be investigated. An audit of pain scores and analgesia to be carried out.
Perioperative Diabetes Management (NCEPOD)	The report was reviewed by the audit lead and a resulting actions is: • Local audit to be undertaken to determine compliance with the recommendations regarding handover of patients with diabetes from theatres to recovering ward.
Procedural Sedation in Adults	The report was reviewed by the audit lead and some of the resulting actions are: • Development of combined patient safety checklist for all high risk procedures. Sedation currently has its own individual safety checklist • Documentation of pain assessment at discharge. This to be included on the discharge checklist - this will be included as part of the patient safety checklist • The form is to be redesigned so that it is easier to complete, then transferred to an electronic form.
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial consumption	The report was reviewed by the audit lead and some of the resulting actions are: • To continue to reduce overall antimicrobial consumption by embedding good stewardship practice through the monthly antibiotic audits on the wards • To continue to reduce overall antimicrobial consumption by promoting shorter courses of treatment where appropriate through the antibiotic guidelines and though provision of smaller pack sizes.
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) - Antimicrobial stewardship	The report was reviewed by the audit lead and some of the resulting actions are: • To continue to control carbapenem use through the restricted antibiotic policy • To promote the use of antibiotics from the "Access" group where appropriate through education of prescribers and the antibiotic guidelines.
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	The report was reviewed by the audit lead and a resulting actions is: • The Trust Policy for "The Transfusion of Blood and Blood Components" states the importance of clinical assessment when planning a transfusion and is included in the Blood Transfusion Theory 3 yearly mandatory training. The policy is due for review in February 2019 and the TACO checklist will be added to Process 2: Requesting Blood Components.
UK Parkinson's Audit	The report was reviewed by the audit lead and some of the resulting actions are: • Signposting to information support worker, entitlements etc to be added to annual review proforma • Waiting time from referral to physiotherapy assessment to be no more than 12 weeks. Develop new ways of working e.g. discharging some patients but ensuring patients can self-refer back into MDT • Reports to be sent to referrer for every new patient. Standard Operational Procedure to be written and adhered to • Amend MDT documentation to include goal plan and provide staff education • Evidence of discussion about Home Visit to be included in OT MDT documentation • Discuss importance with Parkinson Disease Nurses, Consultants and Registrars re. ensuring documentation is completed re potential adverse effects in all clinic letters where new medication commenced • Full implementation of FRAX assessment and template letter for Neurology patients.

Schedule 2.7-2.8

The reports of 104 local clinical audits were reviewed by the provider in 2018 / 2019 and University Hospitals of Derby and Burton NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided. Some of the resulting actions from the local clinical audits are:

Local Clinical Audit Topic	Actions to improve quality
Chest Drain Management	An audit was carried out to identify the documentation process, including consent, for chest drain procedures carried out in a non-theatre environment. The audit demonstrated that documentation required improvement in areas such as consent, local anaesthesia used, prescribed analgesics and named doctor performing the procedure. Actions taken: • A new chest drain procedure proforma was designed which supported the input and capture of the key documentation information as identified above. The proforma has been loaded onto V6 so it is accessible to all clinicians.
Current injury to operative fixation time for Unstable Ankle Fractures	An audit was carried out to look at the time taken from injury to operative time for unstable ankle fractures. Not all staff members were aware of the appropriate guidelines. Actions taken: • Aim to prioritise ankle fractures on the trauma list by raising awareness of BOAST guideline • Aim to discharge patients who are delayed for surgery due to swelling and return for theatre • Re audit to assess progress
Management of adults presenting to ED with head injury	An audit was carried out to identify the correct completion of the head injury proforma for those patients presenting to the Emergency Department with a head injury. The audit demonstrated that the head injury proforma was not always being completed, Actions taken: • Management of head injuries to be included in the junior doctor induction • Raise awareness of staff members of the requirement to ensure the head injury proforma is completed • Re-audit in 6 months to assess progress.
Canadian C Spine rules in MIU setting	One of the key factors in the C-Spine protocol is that the assessing nurse must get a second check on the patient. This only occurred in 62% of cases. The nursing notes indicated a variation regarding how the assessment is recorded, some staff put 'from neck' others specifically record what is in the protocol. Therefore the team need to agree that responses should be similar. Actions taken: • From the results the MIU staff have agreed to use the C-Spine guideline for ALL neck injuries and to use and to use the same terminology when recording in the nursing notes C-Spine checked as per C-Spine rule/guide. C-Spine cleared by the second named nurse • New staff members will be trained in C-Spine training.

Food allergy management in Paediatrics	No local guidelines were available therefore the audit was based against an international expert review and Leicester and Derby guidelines.
	Actions taken:
	• The recommendations from the audit was to introduce a formal food challenge guideline and standard operating procedures with a standard protocol for treatment of reaction with clerking doctor to prescribe emergency medications
	• Introduce an information letter for parents
	• Update the appointment letter to parents to include:
	  a. Stopping antihistamines 72 hours prior to the challenge
	  b. 2 hour fast prior to the challenge
	  c. Advice to bring safe snacks.

Local Clinical Audit Topic	Actions to improve quality
Plate position and screw length in volar plates for fractured distal radius	The aim of the audit was to improve the quality of volar radial plate fixation techniques and to assess the prominence of the distal end of the plate. 29/148 patient had screw lengths exceeding the recommended 22 mm. Actions taken • Recommendations were to routinely use the skyline view • Ensure that the plate is proximal to the watershed line. • Drill unicortically and that the screw is no longer than 22mm • Re-audit to confirm these recommendations are being adhered too.
Stop Immediately Before you Block (SIBYB)	The aim of this audit was to reflect the uptake of change in practice since the introduction of a new standard operating procedure following a wrong sided regional block. Actions taken: • Introduce and educate new and existing trainees and theatre staff about the new SOP • Marker pens to be made available in all theatres • Bring about change in practice through promotion of an audio-visual training video.
Re-audit on compliance of measures for prevention of hospital acquired Venous Thromboembolism (VTE)	The aim of this audit was to measure compliance of hospital acquired VTE against the National Institute Clinical Excellence (NICE) Guideline. Actions taken: • Ward based sessions for knowledge and awareness of doctors and other professionals • Inclusion in mandatory oncology sessions during induction for junior doctors • Re-audit to be carried out.
Management of First Seizures in the Emergency Department	Seizures are a relatively common presenting complaint in patients attending the emergency department. The lifetime risk of seizure has been estimated at 8-10%. Clinical guidelines have been produced from NICE (National Institute of Clinical Evidence) and RCEM (Royal College of Emergency Medicine). The aim of this audit was to assess whether the RDH Emergency Department adheres to the standards set out in these guidelines. • Actions taken: • Add first seizure guideline to the intranet • Give patients a driving advice leaflet • Education of staff • Re-audit to be carried out.

Schedule 3
Information on participation in clinical research
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

UHDB 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 2018-19, for studies listed on the UKCRN Portfolio:

• 69 new studies were approved and opened in the Trust,
• making a total of 277 actively recruiting studies in this year.
• The number of patients receiving relevant health services provided by, or sub-contracted by, University Hospitals of Derby and Burton NHS Foundation Trust during the period 1st April 2018 – 17th January 2019 that were recruited during that period to participate in research approved by a research ethics committee is 3,295.

(All data as at 17th January 2019)

Financial Year:	2018 - 2019
Date of Report:	17/01/2019

Portfolio Studies Recruitment Forecast
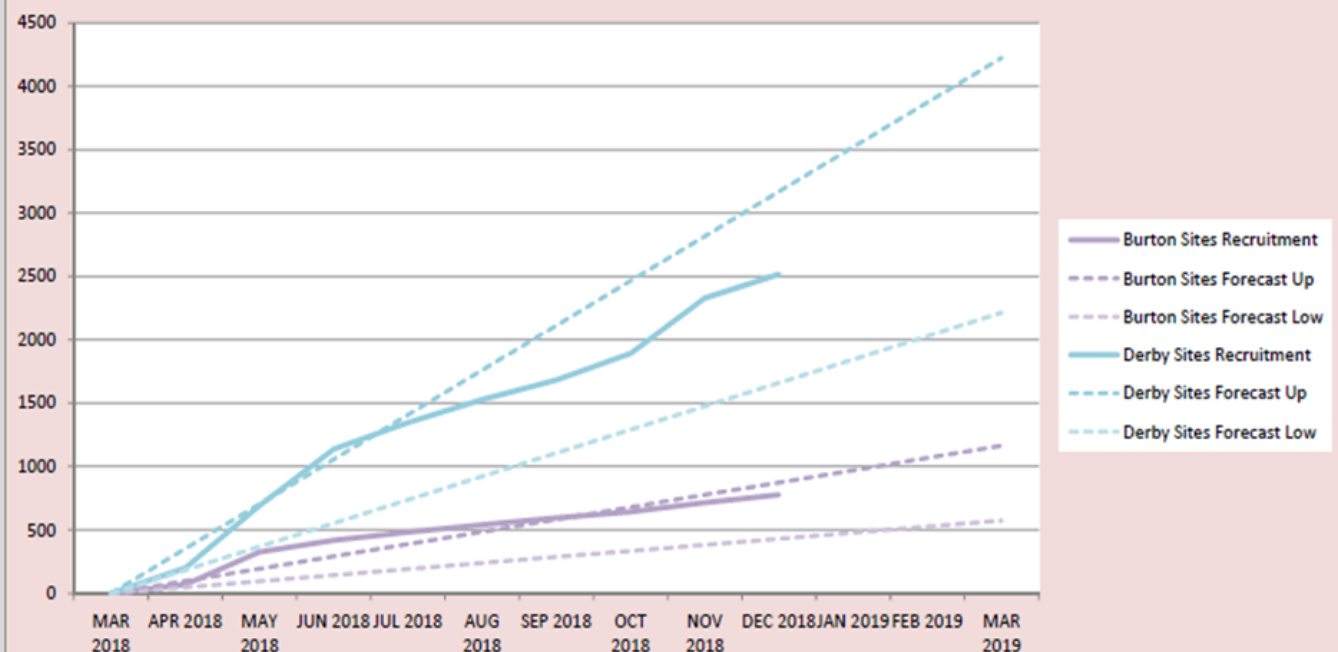
In addition to this, patients were recruited to non-portfolio studies, including commercially-sponsored clinical trials not adopted onto the UKCRN portfolio, local Investigator-led pilot studies and student studies (e.g. Doctor of Medicine (MD), Doctor of Philosophy (PhD), Master of Science (MSc) etc.) all of which support the growth and development of research capacity and capability within UHDB and the wider NHS. In 2018-19, for studies not listed on the UKCRN Portfolio:

- 19 new studies were approved and opened in the Trust,
- making a total of 56 actively recruiting studies in this year.

(All data as at 17th January 2019)

In 2018-19, research studies and clinical trials took place in obstetrics, maternity and gynaecology, renal medicine, diabetes (particularly diabetic foot disease), paediatrics, cardiology, dermatology, hepatology, ageing, gastroenterology cancer and palliative care, lymphoedema, stroke, rheumatology and musculoskeletal disease (including physiotherapy), hand surgery, vascular surgery, orthopeadic surgery, breast surgery, ophthalmology, neurology and Parkinson's Disease, general surgery, respiratory medicine, rehabilitation and accident and emergency medicine.

Chart showing patient recruitment to clinical trials and studies 2018/19 across the range of specialties in UHDB, as at 17th January 2019
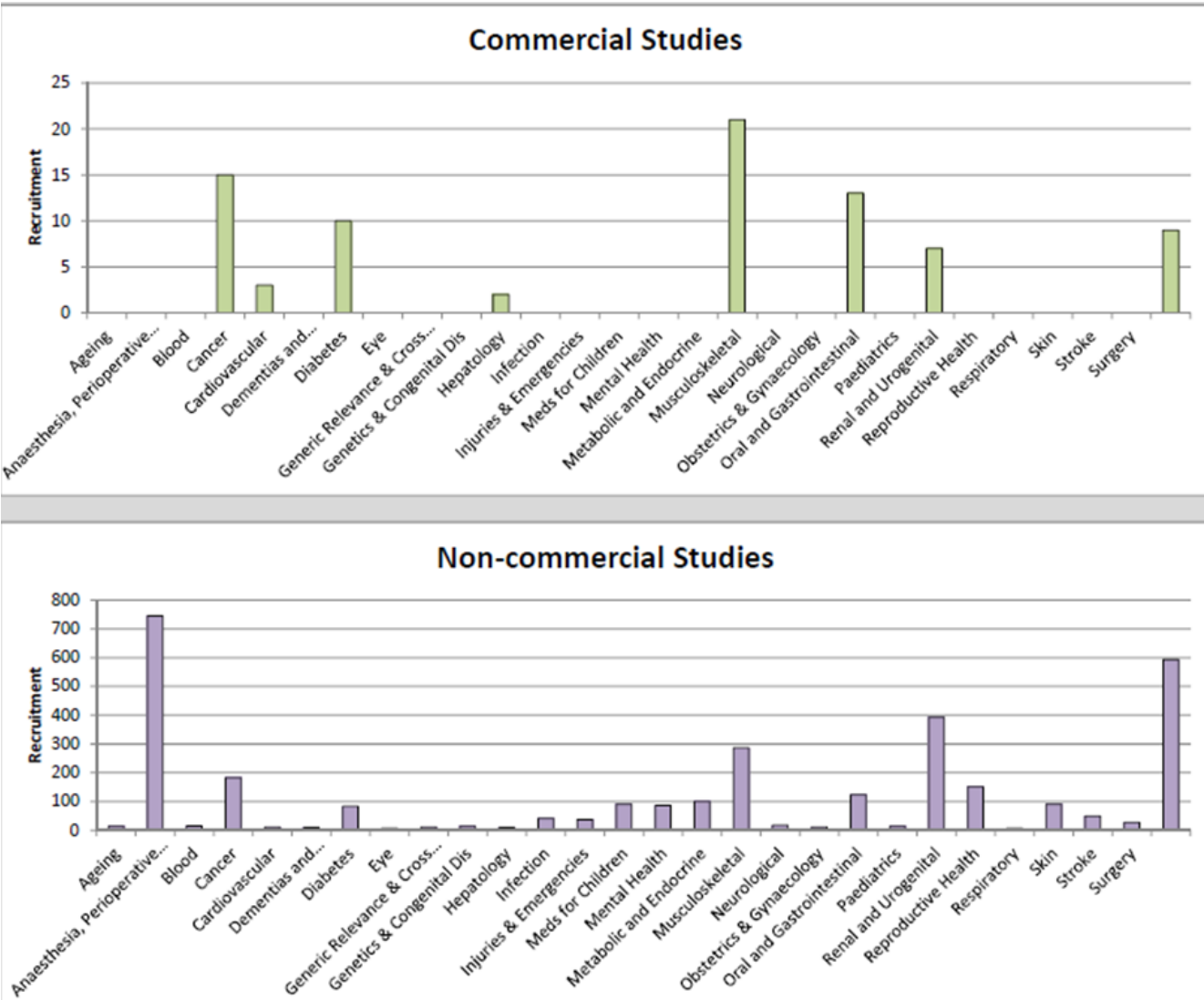
Table showing differences in patient participation in research studies 2017-18 and 2018-19 at Trusts and other Partner Organisations within the East Midlands Clinical Research Network

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

Hospital Trusts	Actively Recruiting Studies 18/19	18/19 Recruitment	Recruitment this time last year	% Difference to last year's recruitment	
Chesterfield Royal Hospital NHS Foundation Trust	38	441	258	▲	71%
Kettering General Hospital NHS Foundation Trust	27	818	1,119	▼	-27%
Northampton General Hospital NHS Trust	51	1,153	673	▲	71%
Nottingham University Hospitals NHS Trust	391	9,871	7,169	▲	38%
Sherwood Forest Hospitals NHS Foundation Trust	72	1,553	1,157	▲	34%
United Lincolnshire Hospitals NHS Trust	62	946	1,095	▼	-14%
University Hospitals Of Leicester NHS Trust	270	8,272	7,327	▲	13%
University Hospitals of Derby and Burton NHS Foundation Trust	136	2,706	-	-	-

The recruitment for University Hospitals of Derby and Burton NHS Foundation Trust is not comparable with recruitment for 17/18 as the merger only occured on 1st July 2018

Mental Health, Community & Ambulance Trusts	Actively Recruiting Studies 18/19	18/19 Recruitment	Recruitment this time last year	% Difference to last year's recruitment	
Derbyshire Community Health Services NHS Foundation Trust	6	85	151	▼	-44%
Derbyshire Healthcare NHS Foundation Trust	33	1,213	448	▲	171%
East Midlands Ambulance Service NHS Trust	3	80	346	▼	-77%
Leicestershire Partnership NHS Trust	39	454	537	▼	-15%
Lincolnshire Community Health Services NHS Trust	3	29	61	▼	-52%
Lincolnshire Partnership NHS Foundation Trust	24	625	318	▲	97%
Northamptonshire Healthcare NHS Foundation Trust	18	224	204	▲	10%
Nottinghamshire Healthcare NHS Foundation Trust	33	1,477	5108	▼	-71%

Primary Care (CCG Region)	Actively Recruiting Studies 18/19	18/19 Recruitment	Recruitment this time last year	% Difference to last year's recruitment	
Derbyshire CCG Region	20	1,017	364	▲	179%
Leicestershire CCG Region	22	7,226	5,108	▲	41%
Lincolnshire CCG Region	14	2,084	531	▲	292%
Northamptonshire CCG Region	23	2,823	1,383	▲	104%
Nottinghamshire CCG Region	27	1,618	1,122	▲	44%

As University Hospitals of Derby and Burton NHS Foundation Trust was formed on 1st July 2018, there is no comparator data for 2017/18. As reported in the 2017-18 Quality report Report for Derby Teaching Hospitals NHS Foundation Trust, there had been a significant improvement in patient recruitment to NIHR Portfolio studies in 2017-18 compared to 2016-17, with DHFT demonstrating a 45% difference in recruitment to the previous financial year. That improvement has been sustained with recruitment at the Derby site being 93 patients ahead of the same time last year and only slightly behind at the Burton site with 59 fewer patients recruited there (as at 17th January 2019).

BURTON SITES	
Actual recruitment from April 2018 to start of this month:	777
Current number of participants ahead of last year:	-59

Financial Year:	2018 - 2019
Date of Report:	17/01/2019

DERBY SITES	
Actual recruitment from April 2018 to start of this month:	2518
Current number of participants ahead of last year:	93

Portfolio Studies Recruitment Forecast
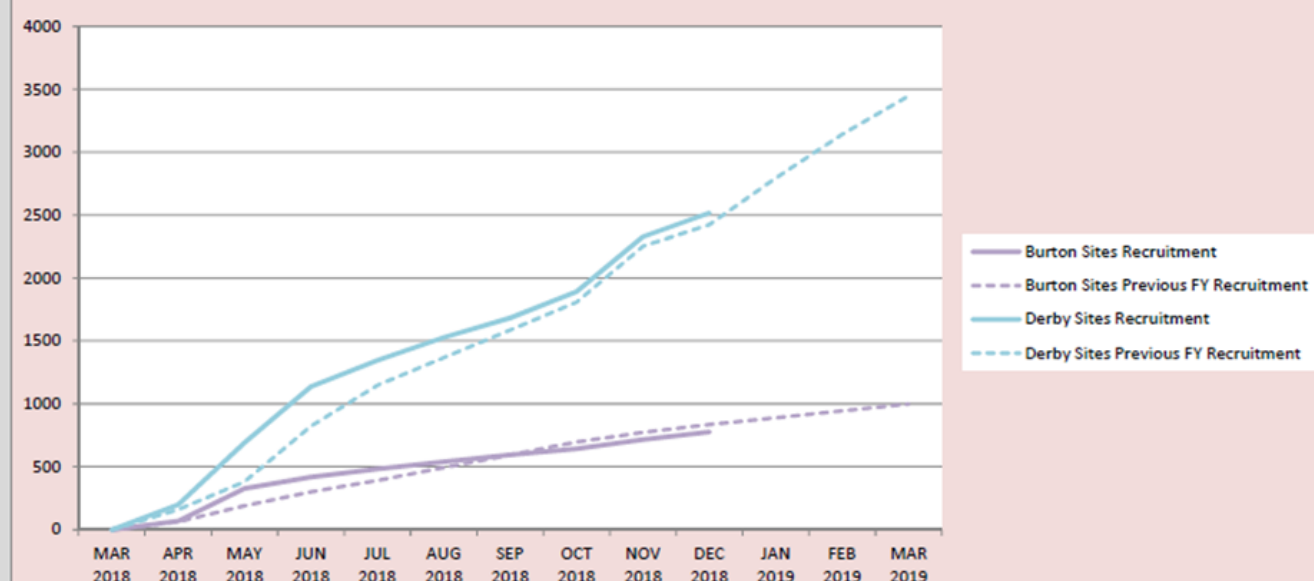
Recruitment to time and target is a NIHR key performance indicator. At UHDB, as at 17th January 2019, 77% of all studies open to recruitment were on course to achieve their recruitment target by the end of the recruitment period. Performance is monitored regularly and corrective actions taken to maximise the number of studies.

Derby Clinical Trials Support Unit

All Studies		
Status (calculated)	**# of studies**	**% of studies**
Green	160	77%
Amber	1	0%
Red	47	22%
Target Missing	0	0%
Dates Missing	1	0%
TOTAL	**209**	**100%**
Number of Principal Investigators		111
Recruitment since April 2018		3295
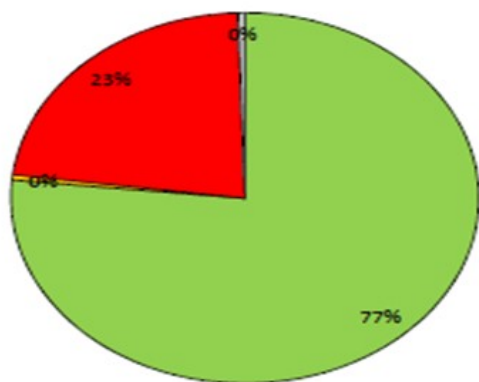
This level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinicians stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes. Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

The Derby Clinical Trials Support Unit (DCTSU) has provisional UK Clinical Research Collaboration Clinical Trials Unit registration. The UKCRC CTU is a network of academic clinical trials units (CTUs) which have been assessed by an international panel of experts in clinical trials research.

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 marked an important milestone in the development of clinical trials and the research culture at University Hospitals of Derby & Burton NHS Foundation Trust. The Unit 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. DCTSU also supports trials initiated by Investigators out with the Trust, including industry sponsors and in doing so supports the UK Life Sciences strategy.

Engineering Better Health
The Trust's R&D Department hosted the first "Engineering Better Health" event on 19th October 2017 at RDH. The success of the initial event led to a further event on 28th June 2018. The purpose of the events 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.

Over 60 delegates attended each of the events 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.

The events have been a great success with a number of discussions taking place and new collaborations and partnerships being forged during the "Speed Networking" session. Some collaborations have already led to successful research grant success and research studies are underway.

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.

- November 2018, Ms Katie Fielding, supported by Derby Clinical Trials Support Unit, was awarded a NIHR ICA Clinical Doctoral Research Fellowship (£233,561) for a study entitled: "A mixed methods study to determine the feasibility of a multi-centre, randomised, control trial to compare patients' experience of buttonhole and rope ladder cannulation of arteriovenous fistulae for haemodialysis".
- November 2018 Mr Benjamin Smith (currently a NIHR ICA Doctoral Fellow) was awarded a further Fellowship, NIHR Clinical Trials Fellowship (£47,335) for one year starting 1st April 2019.

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 D-BARN (Derby-Burton AHP Research Network) and Chaired by Mr Ben Smith, NIHR ICA Research Fellow and Senior Physiotherapist, the group works to raise the profile of research within the AHP communities in the Trust and to encourage and support AHPs to engage in research. Events have included a showcase of AHP research within the Trust and the "personal" research stories of the research-active AHPs. Other events are planned including an evening event to meet experienced researchers from across the Trust (medical and non-medical).

Research Funding
Research funding applications have been made to, inter alia, NIHR RfPB; NIHR i4i; NIHR HTA; NIHR Research Programmes; NIHR Doctorate Fellowships; HEE/NIHR Integrated Clinical Academic Programme; MRC; British Association of Hand Therapists; Kidney Research UK.

As of 29th January 2019, the outcome of six grant applications is yet to be confirmed. 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.The successful grants include:

- Salbutamol for analgesia in renal colic: A prospective, randomised, placebo controlled phase II trial Funded by NIHR Research for Patient Benefit, £149,832. Chief Investigator: Dr Graham Johnson.
- Fluids Exclusively Enteral from Day 1 (FEED1): A randomised controlled trial of full milk feeds versus intravenous nutrition with gradual feeding for preterm infants (30-33 weeks gestational

age). Funded by NIHR HTA £1,590,178. Chief Investigator: Dr Shalini Ojha

Raising the profile of Research
International Clinical Trials Day
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.

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.

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.

Financial Year	Applied	Funded	Outstanding	Potential Max	Success Rate	Funds Requested	Funds Granted	Funds Outstanding i.e. Awaiting outcome
2018 - 2019	12	4	6	83%	33%	£9,853,485	£4,582,364	£2,749,094

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 East Midlands 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 a small number of Derby Clinical Trials Support Unit (DCTSU) staff. The DCTSU and Trust R&D Department have attended this event for the past 7 years and have utilised the display stand to promote the services offered to Small and Medium-sized Enterprises (SMEs) which comprise literature search, statistics, developing funding applications, trial management and research finance advice together with links to specialist clinicians.

Schedule 4 - 4.2
Information on the use of the CQUIN framework
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 University Hospitals of Derby and Burton NHS Foundation Trust's income in 2018-19 was conditional upon achieving quality improvement and innovation goals agreed between the Derby Teaching Hospitals NHS Foundation Trust and Burton Hospital 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 2018-19 are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

The monetary total for income in 2018-19 conditional upon achieving quality improvement and innovation goals was £9.8m for Derby (£0.87m from NHS England and £8.9m from Clinical Commissioning Groups). For the associated payment in 2017-18 the value was £9.8m and we achieved £8.6m. For Burton the value for 18/19 is £3.4m (£2.64m from Clinical Commissioning Groups, £0.64m from Virgin Healthcare and £0.102m from MHS England). A summary of developments and achievements and specific performance achieved against each CQUIN scheme in 2018-19 is detailed in the tables below.

Clinical Commissioning Group CQUINS

Topic	Development and Achievements
NHS Staff Health and Wellbeing *Derby only*	The Trust has introduced several health and wellbeing initiatives covering physical activity, relaxation, stress awareness and management and improving access to physiotherapy for people with MSK issues and had hoped this would be translated into positive results in the staff survey. The CQUIN has also led to a change in the health of the food offered on Trust premises – increasing the proportion of drinks sold that are sugar free, and chocolate and high calorie sandwiches have been replaced with lower calorie alternatives. The Trust has also had a very successful flu campaign with more than 75% of frontline clinical staff taking up the flu vaccination.
Reducing the impact of serious infections (Antimicrobial resistance and Sepsis) *Derby only*	The Trust has continued to use the sepsis care bundle in the Emergency Department and inpatient wards, and has seen an improvement in the number of patients screened for sepsis and with antibiotics administered within one hour, which has demonstrated 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 antibiotic 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 agencies 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. A survey of GPs was undertaken to gain feedback on the quality and responsiveness of the service and agree areas where this can be developed with agreement of the CCG in 2019/20.
Preventing Ill Health by Risky Behaviours *Derby only*	The Trust has introduced screening on admission for alcohol and smoking and where appropriate offering advice and onward referral to services to support cessation to reduce the risk to their health.
STP and risk reserve linked CQUIN	This proportion of the CQUIN value is achieved through actively participating in the Derbyshire / Staffordshire Sustainability Transformation Plan.

NHS England CQUINS

Topic	Development and Achievements
Dose banding of chemotherapy *Derby only*	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 *Derby only*	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.
Spinal surgery network *Derby only*	The Trust has been an integral part of the Trent Spinal Network, helping to develop service specifications and reviewing performance across the Region.

Performance achieved against 2018-19 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	✓
Antimicrobial resistance Reduction in antibiotic consumption	Q4	1%	Expecting achievement	✓
Improving services for people with mental health needs who present to A&E	Quarterly	Report and ECDS Compliance	Partially achieved, not expecting to achieve Q4 at Derby	✓
Advice & Guidance	Quarterly	75% services achieving 85% response within 2 days	Partially achieved and expected to achieve Q4.	✓
Preventing Ill Health by Risky Behaviours Assessment / Brief Advice / Onward Referral	Quarterly	90% (Assessed)	Partially achieved – significantly improved against baseline.	✓
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	✓

2.13 Delivery of National Targets

The following table reflects the national targets the organisation is required to report as part of its Board reporting. Historical data relates to Derby Teaching Hospitals NHS Foundation Trust and 18/19 relates to University Hospitals of Derby & Burton NHS Foundation Trust:

Indicator	2016-17	2017-18	2018-19	Target	Achieved
Referral To Treatment : Admitted	72.05%	77.72%	73.88%	N/A	
Referral To Treatment: Non Admitted	92.28%	90.94%	91.35%	N/A	
Referral To Treatment: Incompletes – 18 weeks	91.92%	92.06%	90.83%	92%	
6 Week Wait for Diagnostics	99.67%	99.10%	98.70%	99%	
Total time in A&E (95% seen within 4 Hours)	88.00%	86.9%	86.56%	95%	
Cancer 2 Week Wait	96.27%	96.81%	95.83%*	93%	
Cancers: 2 Week Wait: Breast Symptoms	97.06%	96.56%	94.24%*	93%	
Cancers: 31 Day Standard	95.70%	96.58%	97.40%*	96%	
Cancer: 31 Day – Subsequent Treatment – Surgery	88.40%	95.27%	96.35%*	94%	
Cancer: 31 Day – Subsequent Treatment – Drugs	98.46%	97.38%	99.00%*	98%	
Cancer: 31 Day – Subsequent Treatment – Radiotherapy	95.28%	95.14%	96.25%*	94%	
Cancer: 62 Day Standard – Urgent Referral to Treatment	78.28%	78.60%	79.10%*	85%	
Cancer: 62 Day Screening	90.36%	93.92%	94.55%*	90%	

*2018-19 includes reported April – February position

The information in the above table shows a difference in the end of year figures for 2017/2018 compared to what was submitted last year. The reason for this difference is because we now have the final figures. Previously we reported April-February for Cancer data in 17/18 (as we have done in 18/19) as the full year data is not available at the time you require.

Assurance over Mandated Indicators
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 patients the Trust records arrival time as the unadjusted booking in time recorded on EDIS. There is no facility to record the ambulance handover time. The Trust is therefore reporting a longer time than required for this measure for ambulance patients.

Derby

2018/19 Figures April - June 2018 only				
percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	Derby Teaching Hospitals NHS FT	National Average	Highest Performing Trust	Lowest Performing Trust
2018-19	88.36%	88.67%	98.53%	73.34%
2017-18	86.85%	89.22%	98.96%	77.29%
2016-17	89.07%	89.35%	98.84%	73.17%

Burton

2018/19 Figures April - June 2018 only				
percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	Burton Hospitals NHS FT	National Average	Highest Performing Trust	Lowest Performing Trust
2018-19	94.29%	88.67%	98.53%	73.34%
2017-18	92.66%	89.22%	98.96%	77.29%
2016-17	89.27%	89.35%	98.84%	73.17%

Combined

2018/19 Figures July 2018 onwards only				
percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	Derby & Burton Combined	National Average	Highest Performing Trust	Lowest Performing Trust
2018-19 * Ⓐ	85.17%	85.48%	97.91%	66.91%
2017-18	87.80%	85.87%	98.26%	70.43%
2016-17	88.96%	87.22%	98.81%	74.84%

* PwC are assuring the full year figure of 83% based on both data sets for Type 1 attendances only, due to no access to Type 3 datasets.

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
This is an indicator chosen by the Governors and subsequently looked at by the external auditors as part of their quality inspection audit.

Detailed descriptor: PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

Data definition: all cancer two month urgent referral to treatment wait

Numerator: number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)

Denominator: total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05).

Criteria for indicator: The total population is based on all patients referred to the Trust with suspected cancer and patients who have not been identified as such have not been considered within the calculation.

It should be noted that the combined Derby and Burton Figure is not a full end of year reflection. The data is only available until February 2019, due to the way it is reported. This information is therefore likely to change in next years Annual Quality Report.

Derby

2018/19 Figures April - June 2018 only				
62 day wait for 1st treatment from urgent GP referral for suspected cancer	Derby Teaching Hospitals NHS FT	National Average	Highest Performing Trust	Lowest Performing Trust
2018-19	77.80%	80.21%	98.03%	48.16%
2017-18	77.51%	82.73%	95.52%	60.50%
2016-17	78.50%	82.80%	95.29%	63.75%

Burton

2018/19 Figures April - June 2018 only				
62 day wait for 1st treatment from urgent GP referral for suspected cancer	Derby Teaching Hospitals NHS FT	National Average	Highest Performing Trust	Lowest Performing Trust
2018-19	82.21%	80.21%	98.03%	48.16%
2017-18	81.60%	82.73%	95.52%	60.50%
2016-17	78.12%	82.80%	95.29%	63.75%

Combined

2018/19 Figures July 2018 onwards only				
62 day wait for 1st treatment from urgent GP referral for suspected cancer	Derby and Burton Combined	National Average	Highest Performing Trust	Lowest Performing Trust
2018-19 *	A 78.73%	80.21%	98.03%	48.16%
2017-18				
2016-17				

* PwC are assuring the full year figure based on local data provided by the Trust and are assuring 75.38% for this indicator.

Additional NHSI requirement ; page 10 NHSI 'Detailed requirements'
Part 1 – 7 Day Services

Survey results comparison: Spring 2017 - Spring 2018
Derby Teaching Hospitals NHS Foundation Trust

NHS England

Table 1: Survey Comparison Spring 2017- Spring 2018

Survey period	CS2 : Time to first consultant review within 14 hours	CS5: Access to diagnostics	CS6: Access to consultant directed interventions	CS8 : Ongoing consultant review
Spring 2018	82	100	100	100
Autumn 2017*	72*	N/A	N/A	N/A
Spring 2017	66	100	100	89

*Autumn 2017 survey only measured clinical standard 2.
www.england.nhs.uk

Source: 7 day self assessment, National published results

Implementing priority standards
Our last audit data from Spring 2018 is very promising for all 4 priority areas, and we are conducting a repeat audit for Feb 2019 which will feed into the final NHSE self-assessment template submission. In light of our recent merger, our Integration team will be supporting specialties to integrate specific pathways across the 2 sites. The next wave of Integration focus will include gynaecology, ophthalmology and diagnostics, and as part of those discussions working across 7 days will be discussed. As the Integration work continues we also expect there will be opportunities in other areas. UHDB are also currently developing a Clinical Strategy framework, which will include guidance for specialties to consider 7 day working as part of their strategy.

CS2 (consultant review within 14h of admission)
Acute Medicine rotas allow for consultant cover 13h/day, 7 days a week with daily handovers, board rounds and post-take evening handovers. For Surgery, a consultant is on-call 7 days a week, conducts morning board rounds and is accessible either through SAU or ED. The gynaecology assessment unit is covered Mon-Fri 08:30 – 17:00 with twice daily weekend ward rounds. In paediatrics, resident consultants are available 09:00 - 23:00 and ward rounds focusing on new patients are conducted 7 days a week

CS5 (access to diagnostics)
All areas are compliant; with the exception that echocardiography is not currently available at weekends at the Burton site. However, focused echo is available for consultants to use themselves to confirm a diagnosis and a cardiology consultant is on call to give advice, with a cardiology resident on site 0900 - 1300. Urgent inpatient requests from the weekend are prioritised according to indication on Mondays.

CS6 (access to consultant-directed interventions)
Complaint for all. Note PCI, cardiac pacing and radiotherapy are available at Derby but not Burton site.

CS8 (ongoing consultant review)
For twice daily reviews - ICU areas have provision for morning and evening rounds, and consultants are available for additional reviews if nurses have concerns. In the renal HDU patients are reviewed daily as part of rounds and MDT meetings. On the respiratory HDU, consultants are job-planned for twice daily ward rounds Mon-Fri and once daily on weekends, with provision for further reviews for patients who require it.

For once daily reviews – in Surgery, there are daily ward rounds usually led by registrars, with capacity to escalate patients who require a consultant review. For Medicine, Derby wards have consultant-led ward rounds at least 3 times a week with capacity for consultant escalation on other days. Burton have 2 consultants on call each weekend to cover post-take ward rounds and escalations/discharges. In paediatrics, all children are reviewed by consultants in morning and evening handovers. Consultants will see new or sick patients as part of the ward round and a registrar-led ward round will review stable patients.

Audit process
- Previous process: twice-yearly audit of 10% of patient notes (emergency admissions) from 1 week
- From Sept 2018: new self-assessment template to provide evidence (e.g. rotas, KPI data) and be signed off by Trust board
- Trial submitted in Feb, official submission June (UHDB will include audit data in June submission)

Good news stories
- Confident with meeting 4 priority standards for 90% of patients
- Trialling a ward accreditation to motivate wards to achieve best practice principles in ward/board rounds, flow, handovers, patient communication etc. Gold standard requires evidence of consistent standards between weekdays and weekends

Areas of challenge to meet standards
- Therapy provision not available across all areas 7 days a week. Business case in development to consistently provide weekend service
- Social care and integrated discharge teams available 5 days a week for Burton site, which may cause delays with discharges at weekends

Additional NHSI requirement ; page 10 NHSI 'Detailed requirements'
Part 2 – Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust.

Speaking up at University Hospitals of Derby and Burton NHS Foundation Trust
UHDB is committed to providing a number of different routes to enable staff to speak up which are outlined in its Freedom to Speak up (Raising Concerns at Work) policy. This gives details of the number of different routes staff can use and what they can expect when they do so. These routes are widely available on posters, on the staff e-noticeboard, leaflets and the staff intranet.
Our commitment to listening to our staff is outlined to all new staff at Induction with the clear message coming from our Chief Executive and other Executive Board members that we encourage a speak up culture.

Staff have a variety of channels they can use to speak up about any concerns including but not exclusive to:
- Their line manager or their management escalation channels
- Trade unions
- Non-Executive Directors
- Freedom to Speak up Guardian
- Freedom to Speak up online reporting form
- Staff Governors
- Freedom to Speak up surgeries

Since the Freedom to Speak up Guardian role was commenced in January 2017 one of the main priorities has been to develop and implement the role to ensure it is suitable and effective for the Trust. The Guardian has delivered awareness raising sessions at a range of different forums and to a wide range of teams as well as using the internal communications channels.

These sessions helped to shape the current service so that it fits what staff and managers feel they need e.g. where staff were raising that there are occasions they would feel safer being able to raise anonymously the Guardian worked with Governance to develop the Datix system to tailor it to Speaking Up. This was launched in September 2018 across all 5 sites and has been used by staff to good effect. It has also been shared with the regional network of Guardians on request as an example of good practice. The system has also been recently updated to capture more accurate Inclusion data and to introduce a risk management system for reporting.

The Guardian also regularly attends the regional Freedom to Speak up Guardian network meeting where issues are shared, good practice is identified and there are links to the National Guardian's office to ensure our practice is line with national guidance. In December 2018, the Trust's Freedom to Speak up Guardian was nominated and selected to be the regional lead for the network and commenced this role in January 2019.

In order to further understand our staff's needs Freedom to Speak up questions have been added to the local surveys and have given more insight into current areas which require development ie a higher profile for the Guardian at community sites. In response to this the Guardian has undertaken some

joint roadshows at the community sites with the staff engagement officer, commenced the joint Speak up surgeries across all sites and has also attended with some of the Executive team to speak to staff.

Concerns raised
In addition to raising awareness the Guardian has worked on over 200 concerns raised by staff in all areas, disciplines and backgrounds. The concerns have raised themes in the areas of both patient safety, culture and bullying and harassment. All concerns are passed to the most relevant levels of management for the level of concern and are monitored and followed up by the Guardian. Feedback is always offered to the staff who raised the concern and they can choose who will offer this and how they wish to receive it i.e. via letter, email, face to face.

On some occasions it has been appropriate to implement a Cultural survey within a department and here the Guardian has worked with the Divisional management and HR to do this. The Guardian has then supported with confidential follow up focus groups to better understand the survey responses. These responses have been collated in to reports which have been used to help develop action plans for improvement.

Governance
To ensure effective governance all concerns are reported in person by the Guardian to the People Committee bi-monthly and then to full Public Board, bi –annually. The Guardian also attends the People and the Inclusion committees as a regular attendee in order to share, triangulate and cross check information and softer intelligence.

Avoiding detriment
UHDB are have committed to ensuring staff who speak up do not suffer any detriment and this is explained within the policy where it is outlined that were this to occur the Trust's response may result in disciplinary action for those causing detriment. Wherever concerns are raised to the Guardian staff are encouraged to report if they feel any detriment has occurred in order to escalate and address this immediately.

Part 3 – Guardian of safe working
The Doctors in Training contract (2016) establishes an obligation for the Trust to appoint a Guardian of

Safe Working Hours. The Guardian must report to the Board, at least quarterly, regarding the Exception Reports submitted by Trainees. In addition, there is a requirement for the presentation of an annual consolidated report summarising the position regarding trainee doctor vacancies and the resulting rota gaps, and the plans to address any such gaps.

The Guardian is reassured that systems are now in place to ensure trainee doctor vacancy data are now collected regularly and can be triangulated. There remains however a challenge in capturing and collecting day-to-day rota gaps that may result from short-term sickness or absence. Currently efforts are made to fill such gaps by swapping shifts, asking doctors to volunteer to cover the gaps or employing short-term locums. A system is not in place to report any gaps that remain unfilled despite these efforts. Data are also not available for gaps that appear as a result of non-training grade doctor vacancies/absences, when trainee doctors share the same rotas or linked rotas.

Clinical specialities are addressing junior doctor vacancies by a number of mechanism including (a) employment of Advanced Clinical Practitioners, (b) consideration of converting some trainee posts into Trust Grade posts, (c) development of posts that are more attractive to recruit into (e.g. Clinical Fellow research posts in anaesthetics that provide time for research)

The Guardian recommends;
α. Work is undertaken to improve the reporting and collecting of all junior doctor rota gap data, including short-term/short-notice gaps, and encompassing both trainee and Trust Grade doctors
β. Divisional Directors and Speciality Leads be asked to develop plans to address junior doctor vacancies and rota gaps as part of their routine service planning and that all such plans are regularly reviewed with escalation to the Chief Operating Officer if required.

Schedule 5 - 5.1
Information relating to registration with the Care Quality Commission and periodic/special reviews
University Hospitals of Derby and Burton NHS Foundation Trust is required to register with the

Care Quality Commission and its current registration status is registered without any conditions. University Hospitals of Derby and Burton NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against University Hospitals of Derby and Burton NHS Foundation Trust during 2018-19.

University Hospitals of Derby and Burton NHS Foundation Trust as a newly formed organisation, is yet to have a CQC report published. The latest information on reports for both BHFT and DTHFT are shown below.

Burton Hospitals NHS Foundation Trust

Our ratings for Queen's Hospital, Burton Upon Trent

	Safe	Effective	Caring	Responsive	Well-led		Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good		Good
Medical care	Good	Good	Good	Requires improvement	Good		Good
Surgery	Requires improvement	Good	Good	Good	Good		Good
Critical care	Good	Good	Good	Good	Requires improvement		Good
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Requires improvement		Requires improvement
Services for children and young people	Good	Good	Good	Good	Good		Good
End of life care	Good	Good	Good	Requires improvement	Good		Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Requires improvement		Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement		Requires improvement

Our ratings for Samuel Johnson Community Hospital

	Safe	Effective	Caring	Responsive	Well-led		Overall
Minor injuries unit	Good	Good	Good	Requires improvement	Requires improvement		Requires improvement
Medical care	Good	Good	Good	Good	Good		Good
Maternity and gynaecology	Good	Good	Good	Good	Good		Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good		Good
Overall	Good	Good	Good	Good	Good		Good

Our ratings for Sir Robert Peel Community Hospital

	Safe	Effective	Caring	Responsive	Well-led		Overall
Minor injuries unit	Good	Good	Good	Good	Requires improvement		Good
Medical care	Good	Good	Good	Good	Good		Good
Surgery	Good	Good	Good	Good	Good		Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good		Good
Overall	Good	Good	Good	Good	Good		Good

Overall rating for BHFT from 22/10/2015 report

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Derby Teaching Hospitals NHS Foundation Trust

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

Schedule 7 – 7.1
Information relating to special reviews or investigations by the care Quality Commission

University Hospitals of Derby and Burton NHS Foundation Trust participated in a Care Quality Commissions Inspection during February – March 2019. This inspection was divided into 3 parts as per the CQC inspection process, which are; Core Service Review, Utilisation of Resources Review and Well-Led Review. The outcome of this review is yet to be published but initial feedback was provided throughout the inspection. This was shared with staff and work commenced on areas identified for improvement at the earliest opportunity.

Immediate actions taken include:
- Ensuring fluids are in locked cupboards in Labour Rooms
- Norovirus policy updated and published
- Infection control signs and banners implemented

at community sites
- Swipe entry system installed in maternity and paediatrics at Queen's Hospital Burton
- A 'what good looks' dummy MCA and DNACPR form created and circulated to all medical staff

Longer term plans have been implemented for key areas of work such as compliance with DNACPR processes, access to correct policies and guidelines and the outpatient model at Queen's Hospital Burton. A consolidated action plan has been drawn up, which is monitored through the Quality Compliance Group, chaired by the Director of Quality and Clinical Governance.

Schedule 8 – 8.1
Information on Secondary Uses service for inclusion in Hospital Episode Statistics

University Hospitals of Derby and Burton Hospitals NHS Foundation Trust submitted records during

April 2018 - February 2019 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: 99.8% for admitted patient care 99.9for outpatient care 99.9% and 99.2% for accident and emergency care, which included the patient's valid General Medical Practice Code as shown in the table below.

Patient's Valid General Medical Practitioner Code

	Trust %
For Admitted Patient Care	99.8%
For Outpatient Care	99.6%
For Accident and Emergency	99.4%

The below tables give details of Derby and Burton combined for April 2018 to February 2019 inclusive. The report for March 2019 inclusive will be published in the new financial year. (Separate reports are no longer available from NHS Digital)

Patients Valid NHS Number

	Trust %	National %
For Admitted	99.8%	99.4%
For Outpatient	99.9%	99.6%
For Accident and	99.2%	97.6%

Schedule 9
Information Governance Assessment Report
The new Data Security & Protection Toolkit (DSPT) does not give a level 1, 2, 3:

Toolkit
The Data Security and Protection Toolkit (DSPT), which was launched in April 2018, replaced the IG Toolkit used in previous years. The DSPT is an online self-assessment tool that allows organisations to measure their performance against the National

Data Guardian's 10 data security standards. All organisations that have access to NHS patient data, systems and networks must use the DSPT to provide assurance that they are practising good data security and that personal information is handled correctly, with an increase in focus on technology and cyber-security. All requirements need to be achieved in order to demonstrate the Trust's compliance with data security requirements and result in a 'standards met' score. Other scores include 'standards not met' or 'standards not fully met (Plan Agreed)'.

University Hospitals of Derby and Burton Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2018/19 was graded as standards met.

Serious Incidents
For the period April 2018-March 2019 6 serious Information Governance incidents have been reported through the DSPT to the ICO.

Schedule 10
Clinical Coding Audit
University Hospitals of Derby and Burton Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of this coding is highly important as the data is used for a range of purposes including:
- Monitoring provision of health services across the UK
- Research and monitoring of health trends
- NHS financial planning and Payment by Results (PbR)
- Clinical governance.

During 2018/19 the Trust implemented the following to improve the Clinical Coding service. This comprised of:
- 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
- Monthly reports regarding Depth of Coding are

now 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
- The monitoring of Key Performance Indicators (KPIs) using the internal Coding Dashboard and the external reports supplied by HED
- Individual Coder Audits are carried out on a regular basis. Any training or problem areas are identified from the Audits and the improvements are monitored.
- The Trust is exploring the option of purchasing the 3M MHA (Medical History Assurance) across all sites and DQA (Data Quality Analytics) at the Derby site. The DQA is currently in use at the Burton site. These are tools to support identification of areas for improvement
- 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 the coding freeze date and attract the appropriate tariff

The Trust has a regular programme of internal clinical coding audit. These are performed by the Trusts Clinical Coding Audit and Quality Assurance Manager and the Clinical Coding Lead both are accredited Clinical Coders and the Clinical Coding Audit and Quality Assurance Manager is a Health and Social Care Information Centre (HSCIC) approved Clinical Coding Auditor. 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 9.0 must be adhered to for any audits during 2018/2019.

All reports and action plans from audits are submitted to the relevant Information Governance groups for approval. Where audits have focussed on the coding of deceased patients these reports are discussed at the Trust's monthly Mortality Assurance Group 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 the Data Quality section of Data Standard 1 in the Data Security & Protection Toolkit. The most recent Data Quality (Clinical Coding) audit took place in February 2019.

Level of Attainment Achieved			
% Diagnoses Coded Correctly		**% Procedures Coded Correctly**	
Primary	**Secondary**	**Primary**	**Secondary**
95	95.3	97.5	95.1

Level of Attainment Required		
	Mandatory Level	**Advisory Level**
Primary Diagnosis	>=90%	>=95%
Secondary Diagnosis	>=80%	>=90%
Primary Procedure	>=90%	>=95%
Secondary Procedure	>=80%	>=90%

Schedule 11
University Hospitals of Derby and Burton NHS Foundation Trust will be taking the following actions to improve data quality:

Burton
- Purchased software to produce a Data Quality dashboard for Burton to monitor improvements/ decline in data quality which will be visible to business units and operational staff
- 1.85 WTE Data Quality Support Officers now located in Burton, previously there was no Data Quality team at Burton
- DQ highlight report updated on a weekly basis
- Audits in line with DSPT

Derby
- A data quality dashboard equivalent to Burton being installed
- A data quality strategy is being written covering both sites

- Six month work plan has been identified
- Project plan implementation

Schedule 27.1
The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.

During 2018/19 3201 patients of Derby and Burton NHS Foundation Trust died.   This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 233 (Burton Sovereign Site) and 566 (Derby Sovereign Site) in the first quarter;
- 713 (UHDB) in the second quarter;
- 810 (UHDB) in the third quarter;
- 879 (UHDB) in the fourth quarter.

These figures exclude still births

Schedule 27.2
The number of deaths included in item 27.1 which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.

By 31/03/19, 170 case record reviews (Level 2 / Higher Review) and 1 investigation (SIs) have been carried out in relation to 3201 of the deaths included in item 27.1. In 1 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 (Level 2 / Higher) or an investigation was carried out was:

- 27 in the first quarter (Burton Sovereign Site) and 13 (Derby Sovereign Site) in the first quarter;
- 66 (UHDB) in the second quarter;
- 29 (UHDB) in the third quarter;
- 35 (UHDB) in the fourth quarter.

Schedule - item 27.3
An estimate of the number of deaths during the reporting period included in item 27.2 for which a case record review or investigation has been carried out which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient (including a quarterly breakdown), with an explanation of the methods used to assess this.

0.03% (representing number as a percentage of

number in item 27.1) 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. In relation to each quarter, this consisted of:

- (0) representing (0 as a percentage of the deaths which occurred in the quarter given in the item 27.1)% for the first quarter (Burton Sovereign Site) and (0) representing (0 as a percentage of the deaths which occurred in the quarter given in the item 27.1)% (Derby Sovereign Site) for the first quarter;
- (1) representing (0.14 as a percentage of the deaths which occurred in the quarter given in the item 27.1)% for the second quarter;
- (0) representing (0 as a percentage of the deaths which occurred in the quarter given in the item 27.1)% for the third quarter,
- (0) representing (0 as a percentage of the deaths which occurred in the quarter given in the item 27.1)% for the fourth quarter.
- These numbers have been estimated using the Datix system and subsequent SIs raised following the death of the patient.

Schedule - item 27.4
Information requirement: a summary of what the provider has learnt from case record reviews and investigations conducted in relation to the deaths identified in item 27.3

For many of the cases reviewed, clinicians have found that there was adequate care and that death was predictable given the patient's co-morbidities and acute illness. Following review, cases are discussed within departmental meetings and if there are any issues advice is sought from other specialties. There is clearly a multi-disciplinary approach to the care of complex patients and discussions regularly centre on the risk-benefit of interventions. Where there are cases of unexpected findings during a patient's admission, the review has centred on whether there were missed opportunities to pick up or undertake investigations earlier in the patient's admission.

- Patient died following a delay in diagnosis of lymphoma of the stomach in spite of multiple endoscopies and percutaneous biopsy. The patient attended eventually with perforated stomach lymphoma and died in spite of surgery
- Death of a patient who had spent 12 hours in the

Emergency Department whose death was inevitable, but management could have been improved. Treatment wise there were no lapses in care; however, where he should have been nursed was an issue

- An 81 year lady with complex comorbidities died in ED in December 2018. A chest drain had been incorrectly inserted
- 85 year old male seen in A&E with history of fall and bruising to head and possible confusion along with a hip fracture. CT of head initially planned but then cancelled after discussions were had with the family who felt he was not confused. Patient then deteriorated intra-operatively with large subdural haematoma and died
- 71 year old female admitted following a hypoglycaemic event and also sustaining a distal tib/fib fracture. The patient was managed in plaster due to their frailty and a good position of the fracture. The patient developed pressure sores related to the plaster combined with her diabetic neuropathy. Due to the patient's poorly controlled diabetes, she had multiple hypoglycaemic events in hospital and was reviewed by the endocrinology team. The patient required debridement of the ulcer over the patella and was seem by plastics / vascular / orthopaedics and it was felt that the best option was an above knee amputation, however due to her low albumin, the patient was not fit enough for this procedure. The patient deteriorated and failed to improve and eventually died. The patient did develop pressure ulcers related to the plaster application and her diabetic neuropathy, however acre was taken when applying the plaster. The only other options would have been an operation with either internal fixation or an external fixator, both of which would have been very high risk and overall
- Response to Care Quality Commission (CQC) following notification from the Dr Foster Unit at Imperial College of a mortality outlier alert for 'Septicaemia (Except in Labour) at Burton Hospitals NHS Foundation Trust'

Schedule – item 27.5
A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period (see item 27.4).

The following actions were taken during the reporting period as a consequence of what was learnt from the above incidents:

- Referral for Upper GI MDT of non-healing stomach ulcers after 2nd endoscopic biopsy and consideration for CT
- Referral for surgical biopsy of non-healing stomach ulcers after 3rd endoscopic biopsy
- Named consultant in-charge of patient treated primarily in endoscopy
- Patients with non-healing stomach ulcers in spite of treatment to be discussed in upper GI MDT after their 2nd MDT
- The ED Chest Drain Patient Safety Checklist has been redesigned. This now states that the ED Consultant must be informed in all cases where a chest drain insertion is being considered, and that a Radiologist report must be obtained with the exception of when a patient is in extremis; clinicians have been informed that not obtaining a radiological report should be exceptional. Further work is ongoing in relation to incorrectly placed chest drains
- The Medicine Division are now monitoring waits in ED over 12 hrs on the Burton site so that End of Life gets picked up
- The 85 year old ED patient was reviewed and it became apparent that the state of the patient when reviewed in ED was normal and as such the CT head was not indicated
- In the case of the 71 year old patient, the plaster did lead to a pressure sore, however it was not felt that there were any good options and the plaster was well padded and still lead to a pressure sore. The case was discussed with colleagues and the Diabetic Team. The only option could have been an external fixator however this would be very high risk

The most current quality improvement initiatives in the sepsis work stream include:

- Introduction of stop clocks in the Emergency Department (ED)
- Introduction of a sepsis trolley in the ED to act as a visual aid but also to reduce delays in administration of antibiotics as all the required equipment is in one place
- Introduction of sepsis stickers in the ED, which highlight patients as having red flag / high risk,

amber flag / moderate risk or no flags / low risk of sepsis, this aids communication when patients are being moved around the department but also acts as a visual aid for staff
- Sepsis lead badges in use in the ED so patients, relatives and colleagues can identify senior members of the nursing team for advice or support to deliver the Sepsis 6 Care Bundle within 60 minutes
- There are around 70 sepsis champions across the Trust sovereign Burton sites.
- Developed a sepsis e-learning package that can be completed by staff of all grades
- UHDB has now have a medical sepsis lead that covers all 5 sites
- Staff attend the joint Sepsis Group
- Completion of Datix and case note reviews of patients identified as not being screened for sepsis appropriately or given antibiotics within 60 minutes
- Refresher sepsis training being completed by patients safety team as part of the NEWS2 chart training
- Screen savers to act as a visual aid and reminder for staff.

The following general learning has been identified::

- Any patient presenting in ED or AAC with fall should have ECG done on admission
- End of life pathway should be started in ED if needed and should not wait for Medical Team to clerk the patient
- During clerking resuscitation status should be documented and if not clear discussed with family / carer
- Referral to Palliative / Amber Care Pathway if clinically indicated
- There has been a continued focus on ensuring that causes of death are discussed with seniors prior to completion of the death certificates and there will be increased focus on this during the introduction of the Medical Examiners Role over the next year.
- Sub specialisation has been raised as an issue in relation to the care of patients with complex chest injuries and the clinical care pathway has been reviewed. The importance of obtaining an early diagnostic ascetic tap for patients presenting with ascites within medical admission units has been highlighted along with early

review of patients with acute pancreatitis under surgical care by the hepatology team.
- Delays in treatment or obtaining blood products have been fed back to clinical teams and major haemorrhage policy highlighted as best practice.

Monthly reports are ran from the Datix system and presented at the MAG. These contain details of deaths resulting in SIs, hi-lighting incident types and lessons learned. Reports can also be run to identify any specific themes. These are then tabled at MAG and shared learning discussed and disseminated and any further action decided.

Schedule – item 27.6
Information requirement: an assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period.
There is evidence to suggest the Trust is making changes to practice as a result of findings from investigations. Where possible immediate actions are taken – for example the ED Chest Drain patient Safety checklist was put in place following the incident in December 2018. Where the greatest impact is evidenced is through the analysis of themes and trends so amalgamating the learning from mortality reviews with outcomes from other investigations such as complaints, serious incidents, Never Events and legal claims to identify the full range of issues is proving essential.

- Non healing stomach ulcers are considered malignant for the all practice purposes and are treated as such. Local audits are regularly undertaken and outcomes discussed and learning disseminated
- Where possible immediate actions are taken – for example the ED Chest Drain patient Safety checklist was put in place following the incident in December 2018
- Delays in End of Life care are avoided
- Patients receive the appropriate care bundle when diagnosed with sepsis.

Schedule – item 27.7
The number of case records or reviews or investigations finished in the reporting period which related to deaths during the previous reporting period but were not included in item 27.2 in the relevant document for that previous reporting period.

0 case record reviews and 0 investigations completed after March 2018 which related to deaths which took place before the start of the reporting period.

Schedule – item 27.8
An estimate of the number of deaths included in item 27.7 which the provider judges as a result of the review or investigation were more likely than not to have been due to problems in the care provided to the patient, with an explanation of the methods used to assess this.
0 representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Trust's Mortality Review Tool.

Schedule – item 27.9
A revised estimate of the number of deaths during the previous reporting period stated in item 27.3 of the relevant documents for that previous reporting period, taking into account of the deaths referred to in item 27.8.
0 representing 0%) of the patient deaths during 2017/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Schedule Item 18 - All Acute Trusts
The data made available to the trust by NHS Digital with regard to the trust's patient reported outcome measures scores for—
ι.　(i) groin hernia surgery – please note that groin hernia surgery is no longer a statutory requirement to submit, therefore is not displayed below.
ιι.　(ii) varicose vein surgery,
ιιι.　(iii) hip replacement surgery, and
ιϖ.　(iv) knee replacement surgery,

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:

- 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. UHDB 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.

UHDB 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.

Derby data

Quality Performance Information 2018-19			
Core Clinical Indicators	**Derby Hospitals**		
	2016-17	**2017-18**	**2018-19**
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			
Varicose Vein Surgery			
Derby Hospitals Score:	0	0	N/A
National Average:	0.092	0.096	N/A
Highest Score:	0.155	0.134	N/A
Lowest Score:	0.008	0.068	N/A
Hip Replacement Surgery (Primary)			
Derby Hospitals Score:	0.429	0.482	N/A
National Average:	0.445	0.47	N/A
Highest Score:	0.537	0.472	N/A
Lowest Score:	0.31	0.458	N/A
Knee Replacement Surgery (Primary)			
Derby Hospitals Score:	0.322	0.369	N/A
National Average:	0.324	0.34	N/A
Highest Score:	0.404	0.368	N/A
Lowest Score:	0.215	0.289	N/A
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	7%	8%	N/A
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%	N/A
National Average:	N/A	N/A	N/A
Highest Score:	N/A	N/A	N/A
Lowest Score:	N/A	N/A	N/A
Responsiveness to the personal needs of patients	**01/07/2016 to 31/07/2016**	**01/07/2017 to 31/07/2017**	
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.	70.8	72.1	N/A
National Average:	68.1	68.6	N/A
Highest Score:	85.2	85	N/A
Lowest Score:	60	60.5	N/A

Burton data

Quality Performance Information 2018-19			
Core Clinical Indicators	Burton		
	2016-17	**2017-18**	**2018-19**
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			
Varicose Vein Surgery			
Burton Hospitals Score:	0.119	0	N/A
National Average:	0.092	0.096	N/A
Highest Score:	0.155	0.134	N/A
Lowest Score:	0.008	0.068	N/A
Hip Replacement Surgery (Primary)			
Burton Hospitals Score:	0.502	N/A	N/A
National Average:	0.445	N/A	N/A
Highest Score:	0.537	N/A	N/A
Lowest Score:	0.31	N/A	N/A
Knee Replacement Surgery (Primary)			
Burton Hospitals Score:	0.386	N/A	N/A
National Average:	0.325	N/A	N/A
Highest Score:	0.404	N/A	N/A
Lowest Score:	0.215	N/A	N/A
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	N/A	N/A	N/A
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	N/A	N/A	N/A
National Average:	N/A	N/A	N/A
Highest Score:	N/A	N/A	N/A
Lowest Score:	N/A	N/A	N/A
Responsiveness to the personal needs of patients	**01/07/2016 to 31/07/2016**	**01/07/2017 to 31/07/2017**	
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.	67.1	68.6	N/A
National Average:	68.1	68.6	N/A
Highest Score:	85.2	85	N/A
Lowest Score:	60	60.5	N/A

Combined data

Quality Performance Information 2018-19			
Core Clinical Indicators	**UHDB**		
	2016-17	**2017-18**	**2018-19**
Patient Report Outcome Measures (PROMS) The Trust's patient reported outcome measures score for:	**No Data Available**	**No Data Available**	
Data Source: NHS Digital Patient > Reported Outcome Measures Statistics			
Health gain score reported			
Varicose Vein Surgery			
Derby Hospitals Score:			N/A
National Average:			N/A
Highest Score:			N/A
Lowest Score:			N/A
Hip Replacement Surgery (Primary)			
Derby Hospitals Score:			N/A
National Average:			N/A
Highest Score:			N/A
Lowest Score:			N/A
Knee Replacement Surgery (Primary)			
Derby Hospitals Score:			N/A
National Average:			N/A
Highest Score:			N/A
Lowest Score:			N/A
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			N/A
National Average:			N/A
Highest Score:			N/A
Lowest Score:			N/A
16 or over			N/A
National Average:			N/A
Highest Score:			N/A
Lowest Score:			N/A
Responsiveness to the personal needs of patients	01/07/2016 to 31/07/2016	01/07/2017 to 31/07/2017	
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.	N/A	N/A	N/A
National Average:	N/A	N/A	N/A
Highest Score:	N/A	N/A	N/A
Lowest Score:	N/A	N/A	N/A

There is a difference noted in the end of year data provided for 2017/2018 this is appears to be due to a typing error in last year's report – Trust and Average have been swopped. The figures in this year's report are correct against the nationally reported figures.

Derby data

Quality Performance Information 2018-19			
Core Clinical Indicators	**Derby Hospitals**		
	2016-17	**2017-18**	**2018-19**
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	6%	7%	6.9%
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	12%	13%	12.2%
National Average:	N/A	N/A	N/A
Highest Score:	N/A	N/A	N/A
Lowest Score:	N/A	N/A	N/A

Burton data

Quality Performance Information 2018-19			
Core Clinical Indicators	**UHDB**		
	2016-17	**2017-18**	**2018-19**
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	12%	13%	13.5%
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	11%	11%	10.8%
National Average:	N/A	N/A	N/A
Highest Score:	N/A	N/A	N/A
Lowest Score:	N/A	N/A	N/A

Combined data

Quality Performance Information 2018-19			
Core Clinical Indicators	**UHDB**		
	2016-17	**2017-18**	**2018-19**
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	Not Available	Not Available	11.2%
National Average:	Not Available	Not Available	N/A
Highest Score:	Not Available	Not Available	N/A
Lowest Score:	Not Available	Not Available	N/A
16 or over	Not Available	Not Available	12.2%
National Average:	Not Available	Not Available	N/A
Highest Score:	Not Available	Not Available	N/A
Lowest Score:	Not Available	Not Available	N/A

Schedule Item 19 - All trusts

The data made available to the trust by NHS Digital with regard to the percentage of patients aged (i) 0 to 15; and (ii) 16 or over, 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. (NHSI additional comment –It has been acknowledged that an error was made in the drafting of the regulations and that the split of patients for this indicator should be i) 0 to 15 and ii) 16 or over; reflected in the revised requirement above. The regulations do refer to 28-day readmissions rather than 30).

A difference has been noted in the 2017/2018 data submitted previously and that within this report. This is due to figures being calculated from our own datasets that are not fixed. Data quality issues are regularly amended in the source tables and therefore queries will bring back different figures each time they are run.

Readmission Rates

UHDB 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.

UHDB 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.

Schedule Item 20 - All Acute Trusts

The data made available to the trust by NHS Digital with regard to the trust's responsiveness to the Patient Experience Champions. As part of Patient Experience Week 2017, we launched recruitment of Patient Experience Champions. Nearly 600 champions have been signed up so far. We have

individuals from a range of roles – doctors, nurses, healthcare assistants, receptionists, scientists, therapists, cleaners, porters, and many more. We hold regular workshops with our Champions with guest speakers – we've had workshops on Dementia, Transition to adult services, and customer service principles.

Go For It fund

We know the best ideas come from staff, so now the best ideas are funded with our Go For It fund, which was launched in November 2018. To date, we have funded 4 projects, as follows:

- Digital Voice Enhancers on respiratory wards to aid hearing
- Community dry blood test kits for Hepatology nurses to reach vulnerable people
- 'Day Room in a Box' to tackle boredom on Step-down Unit
- Snack bar for Stoma patients (high salt snacks to avoid them relying on medication)
- Bedside baby cots in Maternity for high dependency areas
- Vibrating call bleepers for hard of hearing and partially sighted patients in surgical outpatients

Patient Experience Week

In April 2018, we held our second ever Patient Experience Week. The week celebrated all the efforts our staff make towards improving patient experience. We held arts competitions, had a programme of arts activities (singers, musicians and artists), and had market stalls to promote various initiatives to improve

PENNA 2018

We have recently entered into the Patient Experience Network National Awards (PENNA) for 2018. Five entries have been made as follows:

- Sleep Kits for Derby inpatients
- Distraction Therapy for dementia patients at Burton
- 360° virtual tours and Google Streetview at Derby
- QR code information boards (ED STEVE)
- Air Arts 10 year anniversary exhibitions

All five entries have been short-listed, which is a great achievement and the winners will be

announced at an event to be held on 20th March in Birmingham.

Friends & Family Test (FFT) figures

As a Trust, our overall FFT score is 94% - meaning 94% of the patients surveyed would recommend our services. There is some variance between different types of patients. For example, patients in Accident & Emergency or the Minor Injury Units give a lower rating – around 85% of patients would recommend these services. All our scores are on par with national average scores, or slightly above average.

Themes identified from our patient feedback

We currently conduct surveys based on the former sovereign trusts – this will continue until our current contractors cease at the end of March 2019. As such, below are two graphs showing trends on a quarterly basis across all our current surveys. From 1st April, there will be one core survey on one system across all sites.

Surveys across the Burton campus sites give themes a score based on an amalgamation of several surveys (maternity, inpatients, main FFT survey, paediatrics and A&E/MIUs). The key themes across QHB, SRPH and SJH all score at least 95 out of 100 and this is consistent across the three quarters of 2018-19. The lowest scoring theme is continence (supporting patients with toileting), which relates only to Inpatients; however this still scores at least 95 so it is not of major concern. All other themes score at least 97. We did note several themes dipped in Quarter 3 – as we were entering our busiest time of the year. Cleanliness & Environment, Hygiene (supporting patients to wash), Security, Food & Drink, and Communication all reduced in scores. However these drops were not significant (shown overleaf).

On the Derby campus sites, our surveys are carried out slightly different. All surveys contain the same questions, asking patients to rate key themes as 'mainly good' or 'mainly bad'. The only exception is the Paediatrics survey which asks simpler questions (e.g. were staff friendly?). As such, themes are scored based on a percentage of 'mainly good' responses. All themes score at least 90%. The

Recommendation rates 2018-19
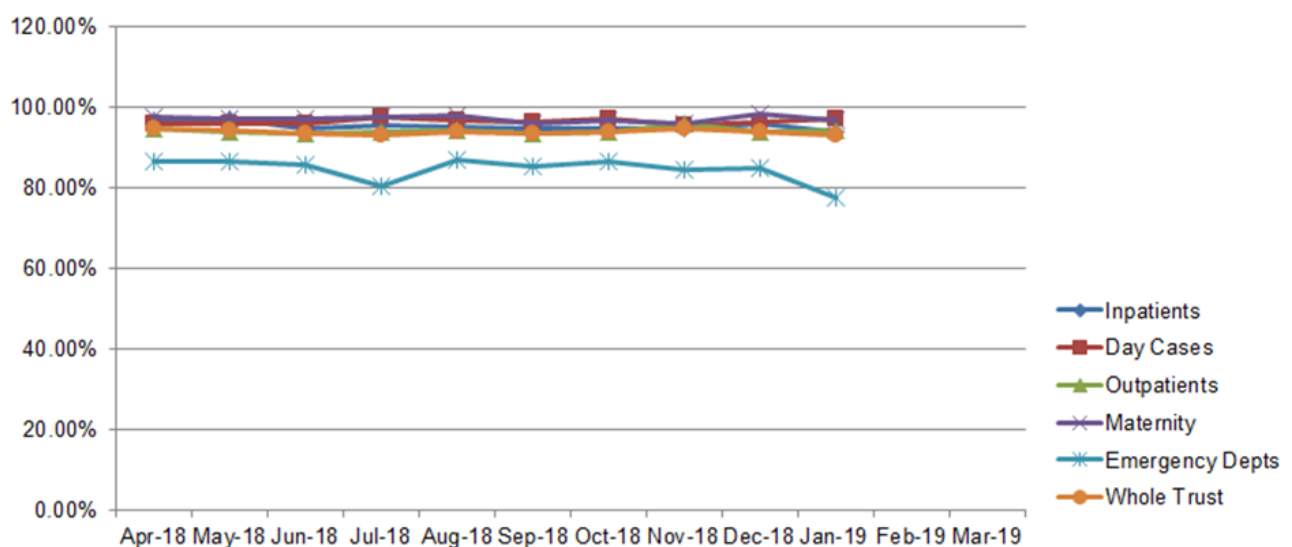
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Inpatients	96.90%	97.29%	94.80%	95.52%	95.17%	94.73%	94.70%	94.79%	95.82%	94.04%		
Day Cases	96.05%	96.05%	96.12%	97.76%	96.80%	96.20%	97.31%	95.71%	96.20%	96.99%		
Outpatients	94.73%	93.91%	93.69%	93.78%	94.20%	93.62%	93.86%	95.81%	93.92%	94.29%		
Maternity	97.52%	97.09%	97.04%	97.45%	98.08%	96.08%	96.91%	96.11%	98.22%	96.84%		
Emergency Depts	86.54%	86.42%	85.95%	80.44%	87.18%	85.49%	86.44%	84.48%	84.94%	77.44%		
Whole Trust	94.59%	94.18%	93.38%	92.95%	93.95%	93.41%	93.83%	94.67%	93.81%	93.03%		

Theme trends from Burton campus 2018-19
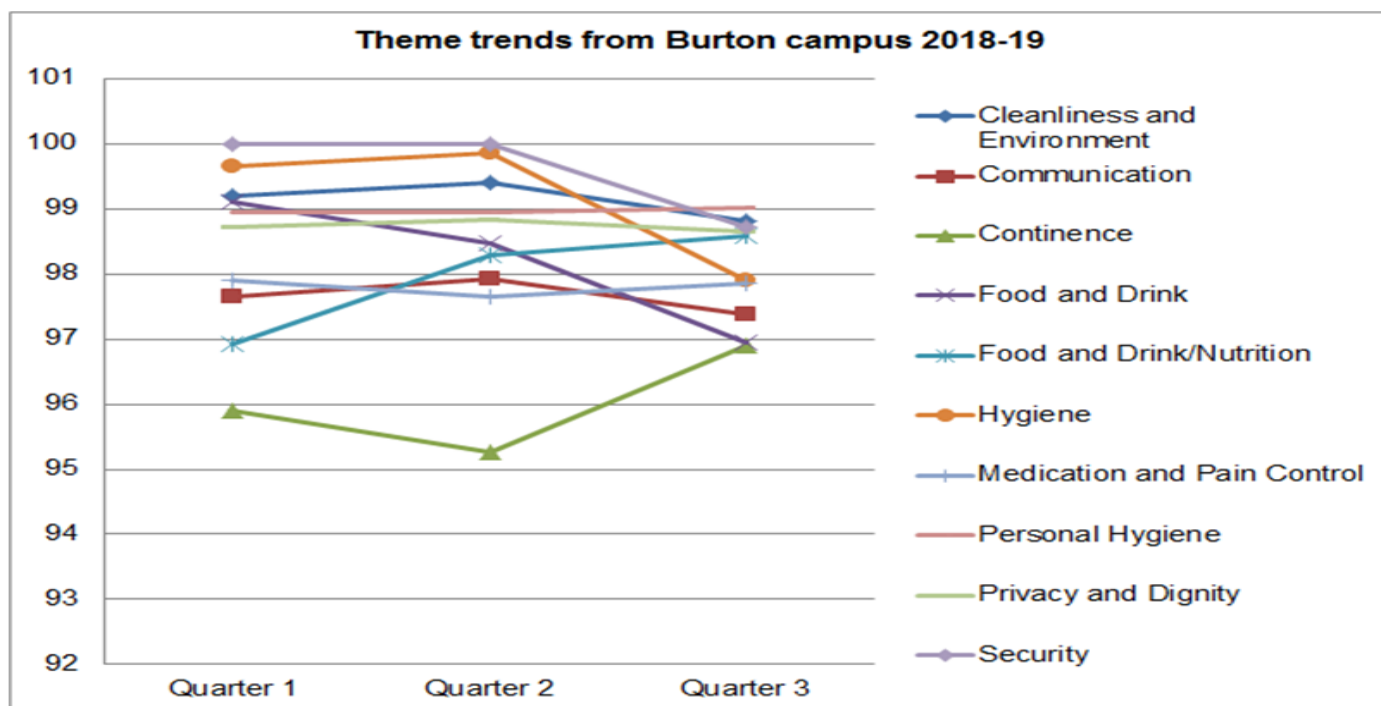
lowest performing theme is consistently Waiting Times (average 91%), followed by Food & Drink (average 93%). Discharge and Communication are the next lowest, averaging 95-96%. There were no considerable drops or increases – most themes stay the same or see changes of just 1% in scores.

Complaints Management
Following a number of stakeholder events (July-Aug 2018), a combined Complaints and Concerns Policy for the new merged organisation has been developed. The policy defines systems and processes for good complaint handling and implementation of this has been supported by a number of masterclasses on effective handling of complaints. The masterclasses which continue to run quarterly ensure Lead and Support Investigators are thoroughly prepared for their role and understand their responsibilities, the process and good practice standards.

The Complaints Review Group now includes a monthly review of complaints against the Patient Association good practice standards for NHS complaints handling, across all five hospital sites. The complaints module within the Burton DATIX system has been developed to reflect the new processes and went live January 2019.

Timeliness of Complaint Responses
Complaints and Concerns Management
The Trust continues to focus on the timeliness and quality of responses to complaints and concerns, ensuring we use feedback to improve and learn as an organisation. The chart below shows the number of complaints and concerns received by the sovereign Trusts prior to the merger and the combined figure for the merged Trust in 2018/19. It is important to note that the merged Trust figures are taken from Quarter 2, with the separate sovereign Trust figures added for Quarter 1. We

	2016/17	2017/18	2018/19
Number of formal complaints - Derby	649	637	185
Number of formal complaints - Burton	239	239	59
Number of formal complaints - UHDB	-	-	635
Number of concerns and enquiries - Derby	3446	3357	831
Number of concerns and enquiries – Burton	3980	3314	514
Number of concerns and enquiries - UHDB	-	-	4357

have seen a 0.5% increase in the number of formal complaints in 2018/19 compared to the total of the two sovereign Trusts in the previous financial year.

Following a number of stakeholder events (July-Aug 2018), a combined Complaints and Concerns Policy for the new merged organisation has been developed. The policy defines systems and processes for good complaint handling and implementation of this has been supported by a number of masterclasses on effective handling of complaints. The masterclasses, which continue to run quarterly, ensure Lead and Support Investigators are thoroughly prepared for their role and understand their responsibilities, the process and good practice standards.

The Complaints Review Group now includes a monthly review of complaints against the Patient Association good practice standards for NHS complaints handling, across all five hospital sites. The complaints module within the Burton DATIX system has been developed to reflect the new processes and went live in January 2019.

Timeliness of Complaint Responses

The Trust has a target of 85% for responding to complaints within the agreed timescale. Since the merger, the Burton campuses have adopted the overall target of 85% and the breakdown of Key Performance Indicators (KPI 1 Acknowledgement, KPI 2 Investigation, KPI 3 Quality Assurance and KPI 5 Signature) which were already in place for the Derby sites.

The table and chart below shows the combined complaint response performance across all 5 sites, with activity at Derby campuses charted prior to the merger. Compliance with the 85% target has reduced month on month, with the exception of December 2018, since the merger in July 2018. Prior to this, performance at the Derby campuses fell between April and June 2018 and response times at the Burton campuses were maintained above 85% but fell to 76% June, 2018. This was likely due to the introduction of lead investigators being held accountable for the complaint response. Previously, for Burton campuses, the complaint process was managed centrally.

TRUST KPI MONTHLY PERFORMANCE AGAINST 85% TARGET
APRIL 2016 TO MARCH 2019
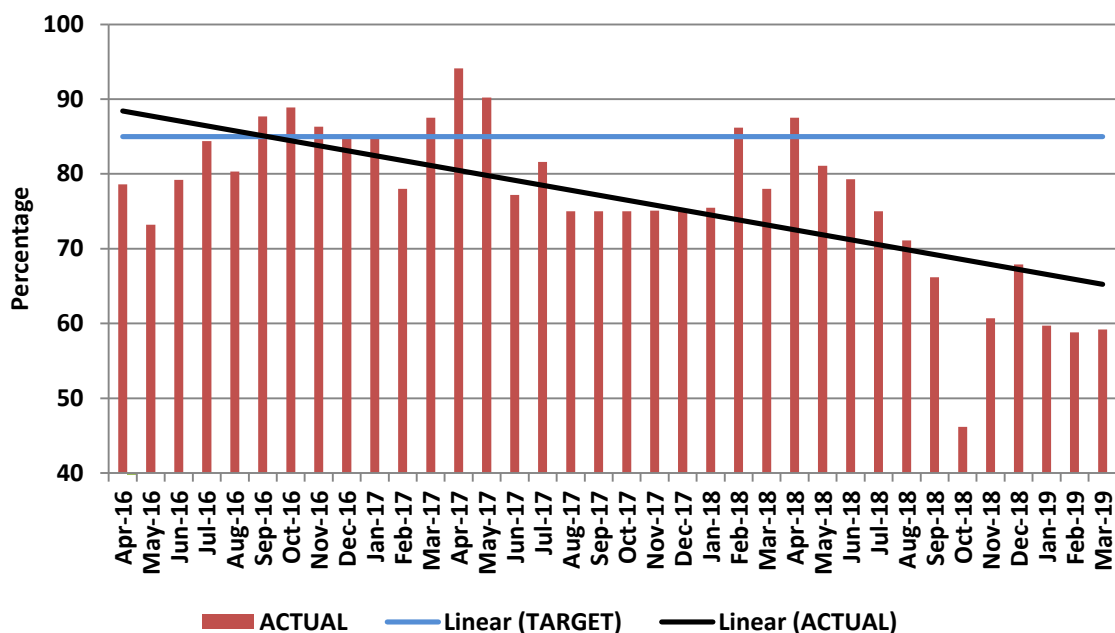
Some of the reduction in performance can be attributed to the impact of the Trust merger and the realignment of services within divisions and business units. Additionally, prior to the launch of the new combined DATIX module in January, 2019, there were issues with IT access. These matters have mostly been resolved, although there are some structural changes to be finalised in Business Units and some ongoing adaptations to DATIX to enable key stakeholders to monitor their complaints more thoroughly.

Complaint response times continue to be closely monitored along with escalation of overdue complaints. It remains evident that the majority of delays are at the investigation stage of the process. Reasons for delays include additional time needed for information to be provided by medical staff and additional work needed on responses following quality assurance checks; however it is is important to highlight the positive work being undertaken within the Divisions to recover the KPI performance.

Completion of Action Plans
There has been a reduction in the number of actions that have been submitted to DATIX following complaint investigation. Although actions and learning are detailed in complaint responses, to provide families with assurance that improvements have been made and important learning has occurred, it is important that these are recorded in DATIX to allow a full and comprehensive audit and monitoring trail. A recovery plan has been developed which involves stakeholder engagement to understand the issues, process mapping and improvement objectives. It is expected this will be fully implemented by December 2019.

Patient Advice and Liaison Service (PALS)
The Patient Advice and Liaison Service has continued to see an increase in the number and complexity of activity across all sites, with an 14% increase in activity at the Derby sites seen since the beginning of the financial year.

The PALS module within the Burton DATIX system is currently being developed to provide one DATIX system for managing compliments and concerns. A new Standard Operating Procedure is being developed to support the delivery of a consistent approach across all sites. Additionally, consideration is being given to the development and

implementation of KPIs to monitor the timeliness of the responses. It is anticipated these developments will improve the organisational reporting capability and offer greater ability to spot and respond to emerging trends and themes.

Bereavement
The Bereavement team are working closely with the End of Life team and the Medical Director for Quality and Safety to develop the bereavement services offered to families and carers across all hospital sites. Initiatives that are being implemented include:
- Two Little Birds model (initiatives including pop up bedrooms, volunteers sitting with dying patients, memory boxes)
- Introduction of the Medical Examiner role within bereavement services
- Bereavement survey redesign within our new FFT system.

Priorities for Quality Improvement 2019/20 – 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 develop our processes for monitoring and embedding the learning and actions from complaints both locally and across the organisation
- 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
- We will develop the PALS DATIX module to increase our ability monitor response times and identify and respond to emerging trends and themes

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

Priorities for Quality Improvement 2018/19 – Advice & Support Service
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- We will continue to welcome feedback from and respond to issues raised from partner organisations
- We will develop the PALs DATIX module to increase our ability to spot and respond to emerging trends and themes

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

Schedule Item 21 - All Acute trusts
The data made available to the trust by NHS Digital with regard to 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.

How our staff feel about the quality of care we deliver is an important indicator of quality as a whole, and so I am delighted that the most recent National NHS Staff Survey showed that 79% of our staff would be happy to recommend our hospitals to friends or relatives for treatment, compared to an average of 71% for similar trusts. The Trust also scored above average for staff believing that care of patients is the organisation's top priority. Bearing in mind that staff were completing the survey shortly after our new organisation was formed these results are pleasing.

We've recently asked our staff to help shape the values and vision of our organisation, through large scale events and innovative online conversations. It has been truly ground-breaking and we'll soon have a vision, set of values, and a behavioural promise that our colleagues have created together.

Staff Experience and Engagement 2018/19
University Hospitals of Derby and Burton Foundation Trust considers that this data is as described for the following reasons:

The Trust used two different survey suppliers for the local Friends and Family test questionnaire for Q2 2018, generating a combined response rate of 12%. In Derby sites, staff were asked about their perceptions of speaking up safely in this Q2 2018 survey and these same questions were used in Burton sites in Q4 (March 2019). In general, surveys are being kept fairly brief to avoid 'survey fatigue' but the results and comments are used to inform services and action plans. It's now planned to use the local survey, (using one new survey supplier from Q1 2019), to further explore areas of staff experience across all five sites, taking into account the results of the national NHS staff survey.

"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 University Hospitals of Derby and Burton 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.

The former Burton Trust's scores for this measure have ranged historically from 60-70% and scores for the former Derby Trust ranged from 69-84%, as measured by the National NHS Staff Survey. As a combined Trust this score is 79% for 2018, against an average of 71% for the 2018 National NHS Staff Survey.

University Hospitals of Burton and Derby NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services

The latest national NHS staff survey results show that the Trust is above average for staff engagement, which measures staff motivation, involvement and advocacy. Staff engagement is being used to improve employee perception of the Trust. As a result of being engaged and involved it's hoped that staff will feel able to speak highly of the Trust to friends and family, with happier staff in turn leading to happier patients.

As part of this work the Trust is continuing to highlight all the ways available to staff to report any concerns, including highlighting the role of the Freedom to Speak Up Guardian across the Trust.

In 2018, following the merger, the Trust started off a process of co-creating the new vision, values, and objectives of the new organisation. Following a series of large-scale events colleagues were invited to contribute their comments using crowd sourcing technology. This method is often used to ensure that quieter voices and a more diverse range of colleagues can contribute. The validated data will then shape the vision, behavioural framework and key objectives for UHDB.

- Throughout 2018, the Trust has continued to provide a variety of staff forums, which have included:
  Staff reference groups to discuss the proposed merger (prior to July 2018)
- Staff survey forums and participation events
- Range of professional time outs
- Working with us event
- Leadership Community Forums
- Non-Executive Director drop-in surgeries
- Freedom to Speak Up drop-in roadshows
- Schwartz Rounds (forums in which staff can

reflect on their experiences of providing healthcare)
- Management visibility programmes, back to floor, board to ward
- Staff engagement group
- Lead Ambassador (colleagues working together to promote compassionate leadership, 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.

National Staff Survey 2018
A total of 4501 employees returned the survey, giving the Trust a response rate of 38% against the average of 44% acute trusts. The NHS Staff Survey is a recognised way of ensuring that the views of staff working in the NHS inform local improvements and are fed into local and national assessments of quality, safety, and delivery of the NHS Constitution.

Changes to the reporting for 2018 survey
For 2019 NHS England have changed the way in which they present data to the participating trusts and have introduced some new themes, which show comparisons between UHDB and the acute average.

Looking at these themes above it can be seen that the Trust has scored above average on morale, safe environment (bullying & harassment), safety culture and staff engagement. The Trust is average on equality, diversity & inclusion, health & wellbeing, immediate managers, quality of care and safe environment (violence). The Trust is below average for quality of appraisals.

These themes replace key findings, which are being provided for the 2018 survey as a transitionary measure. This is a change in approach, as these key findings have in previous years helped highlight how we compare nationally against our peer acute trusts.

Key finding scores
Results are no longer categorised into top and bottom 20% nationally, however, analysis of the key findings shows that the Trust does not appear to

have any measures in the bottom 20% of scores and that the majority are average. Key findings are no longer ranked into top and bottom five.
Along with the Staff engagement score, above average key finding scores are:
- Recommending the organisation as a place to work/receive treatment
- Percentage of colleagues appraised
- Percentage (not) experiencing discrimination
- Organisation providing equal opportunities for career progression/promotion
- Percentage witnessing harmful errors/near misses/incidents in last month
- Percentage (not) working extra hours
- Able to contribute towards improvements at work
- Satisfaction with responsibility and involvement
- Not experiencing harassment from patients/relatives/public in last 12 months
- Not experiencing harassment, bullying or abuse from staff in last 12 months

Key finding scores below average are:
- Reporting errors/near misses/incidents witnessed in last month
- Attending work in last 3 months, despite feeling unwell because they felt pressure
- Good communication between senior management and staff
- Reporting most recent experience of violence
- Reporting most recent experience of harassment, bullying or abuse

Historical comparison of the key finding scores (collections of individual questions) is not possible for 2018, as NHS England does not provide this for newly-merged Trusts, so the following information covers individual questions rather than key findings: Questions on which the Trust is most improved from the last survey (using a 'UHDB' 2017 score made up of scores for both legacy trusts) are:

Survey Coordination Centre

2018 NHS Staff Survey Results > Theme results > Overview

NHS England

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement
Best	9.6	6.7	7.3	6.7	6.5	8.1	8.5	9.6	7.2	7.6
Your org	9.1	5.9	6.7	6.2	5.2	7.4	8.0	9.4	6.7	7.1
Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0
Worst	8.1	5.2	6.2	5.4	4.6	7.0	7.1	9.2	6.0	6.4
No. responses	4,348	4,390	4,395	4,312	3,708	3,934	4,297	4,276	4,347	4,468

- Organisation treats staff involved in errors fairly
- Satisfaction with level of pay
- Satisfaction with recognition for good work
- Appraisal/performance review; definitely left feeling work is valued
- Satisfaction with extent organisation values my work

Questions where the Trust is least improved from last survey are:
- Disability: organisation made adequate adjustment(s) to enable me to carry out work
- Had non mandatory training, learning or development in last 12 months
- Organisation definitely takes positive action on health and wellbeing
- In last month have not seen errors, near misses incidents that could hurt patients
- Not felt unwell due to work related stress in last 12 months

These will be considered in action planning, along with the below average key finding scores.

Workforce Race Equality Standard
This year's report contains data required for the Workforce Race Equality Standard (WRES). The 2018 staff survey data currently shows an increase in the percentage of BME staff experiencing

discrimination from managers or colleagues. Concerns identified from the staff survey data will be fed into the Inclusion Group in order for actions to be determined to address the issues and to draw up an action plan.

The table below also shows that colleagues at the UHDB experience less bullying from the public than is average. However, BME colleagues' scores are worse than those of white colleagues, for bullying from staff, for believing there is equal opportunity and for experiencing discrimination.
Looking at the 2017 results for Derby and Burton we can see there is some deterioration in scores, particularly for BME colleagues.

The main area of concern is the 2018 figure of 16% for BME staff responders feeling that they have experienced discrimination at work, when compared to 6% for white colleagues.

Feedback from Staff Surveys
In addition to the national survey, feedback from the local staff surveys conducted over 2018/19 will be taken into consideration when action planning.

This year for Derby sites, the local staff survey was used to gather more feedback about incident reporting and this local feedback was used to inform work to improve the Datix system. Employees in

WRES Indicators			UHDB 2018	Average (median) for acute trusts	Derby 2017	Burton 2017
5	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	26%	28%	26%	23%
		BME	25%	30%	26%	30%
6	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	26%	23%	23%
		BME	30%	29%	24%	24%
7	% of staff believing that the organisation provides equal opportunities for career progression or promotion	White	88%	86%	91%	88%
		BME	70%	72%	78%	76%
8	In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	7%	6%	5%
		BME	16%	15%	14%	14%

Derby sites have been asked their views on Freedom to speak up and these questions are being used for Burton sites in March 2019.

From April 2019 we will have one supplier for local surveys for all sites and this same supplier will be used for patient surveys, allowing for triangulation of data in the future between patient and staff experience.

Analysis of national NHS staff survey benchmarking themes shows the Trust is better than average for morale, safe environment (bullying & harassment); safety culture and staff engagement. Other positive strengths include the score for recommending the Trust to family and friends for which the Trust is in 19th place, out of 89 trusts in the country.

Areas for concern and action planning include looking in depth at how to encourage staff to report, whether this is errors/near misses or incidents or any experience of violence or harassment. Good communication between senior management and staff will also be a focus, as will exploring the quality of appraisals.

In the area of staff health and safety, 'hotspots' have been identified and divisional health and safety leads, together with senior managers, are putting together appropriate action plans to address the main issues. Continuing monitoring of these action plans will be undertaken by the operational H&S steering group on a quarterly basis.

These areas will be explored with focus groups across all sites and within various forums, including the Patient Experience Committee and the Inclusion group, as well as by the Lead Ambassadors and the Staff Engagement Group.

Staff attitude and opinion survey results
The Trust's overall response rate for 2018 was 38% which compares to a response rate of 47% in Burton for 2017 and 42% for Derby (against a 2017 average of 44%).

The staff engagement score for the Trust is 7.1 above an average of 7.0. For this year the score has also been given out of 5 for comparison purposes

*scale from 1 to 5 with 1 being the poorest engagement and 5 the highest

	2017 (previous year)		2018 (current year)	
	Burton	Derby	Trust	Acute benchmarking group average
Response	47%	42%	38%	44%

	2017 (previous		2018 (current year)	
	Burton	Derby	Trust	Acute benchmarking group average
Staff Engagement Score	3.78	3.90	3.85	3.80

Friends and Family Test - Staff who would recommend the Trust	2015		2016		2017 (using amal-gamated UHDB figure)	2018
	Burton	Derby	Burton	Derby		
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	70%	82%	65%	84%	79%	79%
National Average (Acute Trusts):	70%		70%		71%	71%
Highest Score (Acute Trusts):	86%		85%		85%	87%
Lowest Score (Acute Trusts):	46%		49%		46%	40%

The Trust's performance is now represented in themes rather than in Key Findings and the overview table is shown above.

Following a conversation with the Survey Coordination Centre we have been advised that figures differ because of the weighting applied to them which varies from year to year.

All Acute trusts (optional):
Family and Friends Test – Patient.
The data made available to the trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2).

Note: There is not a statutory requirement to include this indicator in the quality reports / quality report but provider organisations should consider doing so.)

Recommender rates

Inpatients	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
LRCH	96.49%	98.33%	98.08%	85.11%	100%	74.42%	96.72%	65.38%	93.10%	62.50%
QH	96.96%	98.13%	96.97%	97.46%	97.21%	97.33%	97.68%	97.01%	97.46%	96.66%
RDH	96.84%	97.01%	93.83%	95.14%	94.56%	94.75%	93.93%	94.84%	95.32%	95.06%
SJH	100%	97.30%	100%	97.14%	90.91%	89.29%	93.94%	91.07%	94.12%	86.36%
SRP	100%	#DIV/0!	100%	#DIV/0!	100%	100%	#DIV/0!	100%	100%	92.86%

Day Cases	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
QH	100%	100%	100%	100%	92.45%	96.77%	98.21%	98.15%	100%	99.03%
RDH	95.73%	95.73%	95.68%	97.50%	97.04%	96.15%	97.24%	95.57%	95.74%	96.75%
SRP	100%	100%	100%	100%	100%	#DIV/0!	100%	#DIV/0!	100%	100%

Outpatients	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
RDH & LRCH	94.83%	93.70%	93.72%	93.74%	94.04%	93.57%	93.89%	96.01%	93.93%	94.16%
QH, SJH & SRP	93.59%	97.35%	93.08%	94.58%	96.49%	94.25%	93.33%	92.11%	93.66%	95.87%

Maternity	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
QH	96.46%	95.90%	96.18%	97.99%	98.39%	97.15%	95.40%	97.12%	100%	97.14%
RDH	98.64%	98.49%	98.90%	96.52%	97.76%	94.77%	98.83%	95.07%	96.65%	96.59%

Emergency Departments	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
QH	85.53%	80.12%	80.50%	74.06%	80.00%	79.72%	83.70%	79.21%	80.81%	76.24%
RDH	83.47%	83.71%	84.67%	77.82%	85.91%	83.74%	84.13%	82.03%	82.55%	72.17%
SJH	94.38%	97.49%	92.31%	92.93%	94.01%	94.56%	93.23%	96.70%	92.31%	89.26%
SRP	91.50%	92.86%	89.16%	88.62%	94.44%	90.72%	94.29%	93.90%	95.24%	95.73%

Schedule Item 12 - All Acute Trusts
The data made available to the trust by NHS Digital with regard to—
(a) The value and banding of the Summary Hospital-level Mortality Indicator ('SHMI') for the combined Trust for the reporting period (July 17 to June 18) was 96.7 and the percentage of patient spells with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period is 1.7%.

University Hospitals of Derby and Burton 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, the Trust's monthly HSMR score has not been significantly different from the national
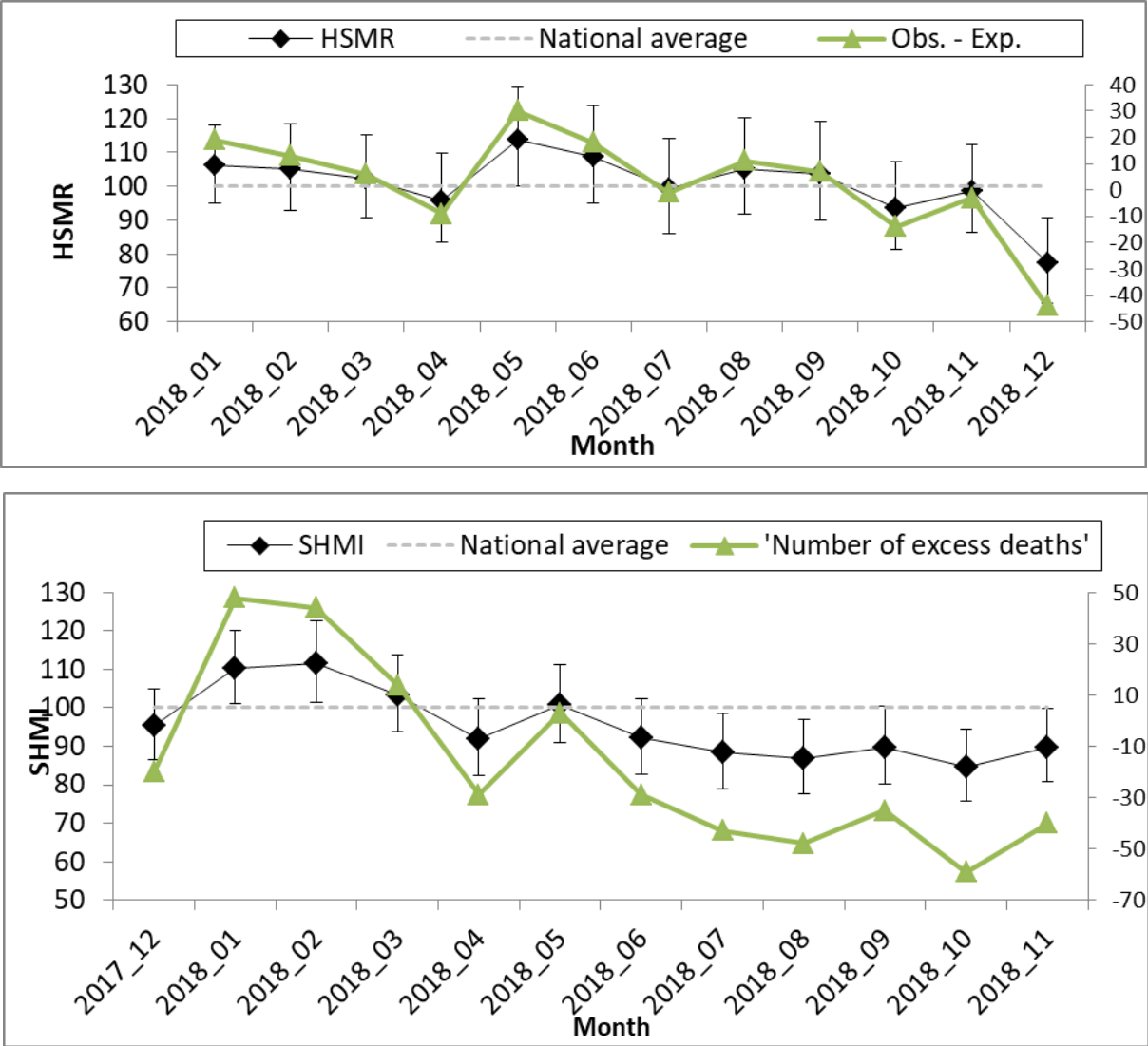
average, as shown by figure 1. The HSMR for the 12 months to December 2018 was 101.18. The SHMI for the 12 months to November 2018 was 95.90.

The Trust has taken the following actions to improve this score and so the quality of its services, by:
- Scrutinises all issues relating to mortality with great care
- The Mortality Assurance Group (MAG) receives a monthly analysis of hospital deaths
- The Group commissions coding and clinical reviews following mortality alerts in order to improve practice and organisational knowledge where appropriate
- Learning from these reviews is disseminated throughout the Trust.

the percentage of patient deaths with palliative care

coded at either diagnosis or specialty level for the trust for the reporting period. (NHSI additional comment – in the table showing performance against this indicator, both SHMI value and banding should be shown for each reporting period.)
(b) the percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.
(NHSI additional comment – in the table showing performance against this indicator, both SHMI value and banding should be shown for each reporting period.)

Schedule Item 23 - All Acute Trusts
The data made available to the trust by NHS Digital with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.

SHMI Derby

Based on Data provided by NHS Digital				
Summary Hospital-level Mortality Indicator (SHMI)	Derby Teaching Hospitals NHS FT	National Average	Highest Performing Trust	Lowest Performing Trust
Oct 18 - Sep 19	Not yet published - due Feb 2019			
Oct 17 - Sep 18	96.76	100.34	69.17	126.81
Oct 16 - Sep 17	98.15	100.50	72.70	124.73

SHMI Burton

Based on Data provided by NHS Digital				
Summary Hospital-level Mortality Indicator (SHMI)	Burton Hospitals	National Average	Highest Performing Trust	Lowest Performing Trust
Oct 18 - Sep 19	No Burton specific data available			
Oct 17 - Sep 18				
Oct 16 - Sep 17	98.73	100.50	72.70	124.73

SHMI Combined

Based on Data provided by NHS Digital				
Summary Hospital-level Mortality Indicator (SHMI)	Derby & Burton Combined	National Average	Highest Performing Trust	Lowest Performing Trust
2018-19 (Currently up to 31/01/19)	See Derby Table			
2017-18				
2016-17	98.31	100.50	72.70	124.73

The importance of achieving the VTE assessment target is directly linked with safer patient care. Identification of patients who require thromboprophylaxis to reduce the risk of VTE (DVT/PE) is important in reducing morbidity and mortality from this serious disease process. We continue to look at how we can improve the assessment performance through KPI analysis through divisions, quality and safety newsletters explaining the importance of timely and accurate VTE assessment and by local teaching of junior doctors on VTE. We monitor the performance of divisions through the Performance Management Meetings on a monthly basis.

A difference has been noted in the 2017/2018 data submitted in last year's report and this report, this is because 2017/18 figures in last year's report were for quarter 3 as per the title. This has now been updated to quarter 4.
The University Hospitals of Derby & Burton 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

Patients admitted to hospital who were risk assessed for venous thromboembolism			
	2016/17 Quarter 4	**2017/18 Quarter 4**	**2018/19 Quarter 3**
Data Source: NHS England > Statistical work areas Venous Thromboembolism (VTE) Risk Assessment Quarter 4 figures shown for years 2016-17 & 2017-18, Quarter 3 Figures shown for 2018-19			
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	96%	97%	Data under Combined
National Average (England):	96%	95%	
Highest Score:	100%	100%	
Lowest Score:	63%	67%	

Burton

Patients admitted to hospital who were risk assessed for venous thromboembolism			
	2016/17 Quarter 4	**2017/18 Quarter 4**	**2018/19 Quarter 3**
Data Source: NHS England > Statistical work areas Venous Thromboembolism (VTE) Risk Assessment Quarter 4 figures shown for years 2016-17 & 2017-18, Quarter 3 Figures shown for 2018-19			
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	96%	95%	Data under Combined
National Average (England):	96%	95%	
Highest Score:	100%	100%	
Lowest Score:	63%	67%	

Combined

Patients admitted to hospital who were risk assessed for venous thromboembolism			
	2016/17 Quarter 4	**2017/18 Quarter 4**	**2018/19 Quarter 3**
Data Source: NHS England > Statistical work areas Venous Thromboembolism (VTE) Risk Assessment Quarter 4 figures shown for years 2016-17 & 2017-18, Quarter 3 Figures shown for 2018-19			
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	Not Available	Not Available	96%
National Average (England):	Not Available	Not Available	96%
Highest Score:	Not Available	Not Available	100%
Lowest Score:	Not Available	Not Available	55%

Schedule Item 24 - All Acute Trusts
The data made available to the trust by NHS Digital with regard to 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.

Derby

Rate of Clostridium Difficile	2016-17	2017-18	2018-19
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.	15.4	20.2	Not Available
National Average (England):	13	14	
Highest Score:	82.5	91	
Lowest Score:	0	0	

Burton

Rate of Clostridium Difficile	2016-17	2017-18	2018-19
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.	8	16.2	Not Available
National Average (England):	13	14	
Highest Score:	82.5	91	
Lowest Score:	0	0	

Combined

Rate of Clostridium Difficile	2016-17 – Not available Pre - Merger	2017-18 – Not available Pre - Merger	2018-19
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.	Not Available	Not Available	Not Available
National Average (England):	Not Available	Not Available	
Highest Score:	Not Available	Not Available	
Lowest Score:	Not Available	Not Available	

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 objective for 2019/20 is a UHDB objective and is not split into Derby and Burton. The objective we have been set is no more than 117 cases a rate of 26.2 per 100,000 bed days.

Case attribution alters from April, so as well as all cases where the sample is taken 48 hours post admission being hospital onset, all cases identified within 48 hours of admission or GP cases where the

patients has had an inpatients episode at UHDB in the 28 days prior to the positive result are also counted as hospital onset and will be attributed to UHDB.

It has been noted that there are differences in the data submitted from previous years, this is the information currently available on the Public Health Website and is due to a delay in the finalised data being made available.

Schedule Item 25 - All trusts:
NHS Trusts are required to submit the details of patient safety incidents to the National Reporting and Learning Service [NRLS]. The NRLS, thereafter, provides comparative feedback to Trusts twice a year. Trusts are able to use this information to identify and tackle areas of low reporting, as high

reporting Trusts are considered to have a stronger safety culture; although the NRLS recognise that the use of incident reports should never be used as indicators of actual safety.

It is recognised that, even in organisations with a strong reporting and learning culture, not all patient safety incidents are recognised and reported by staff. In contrast, lower levels of incident reporting than peers should not be seen as positive sign, unless there is sufficient evidence supporting that these lowered rates are as a result of patient safety improvements.

Higher levels of reporting may reflect genuine safety concerns, or may reflect a safer reporting culture. As organisations vary in the services they provide; the location in which they are situated and the size of the organisation, comparative figures should be viewed in context.

University Hospitals of Derby and Burton NHS Foundation Trust has a responsibility to comply with legislation, regulations and standards as well as a common duty of care. The Trust Board promotes and encourages the development of a positive and fair blame incident reporting culture with an

emphasis on reporting incidents allowing the Trust to continuously learn from incidents and improve the quality of services to patients, staff and the public.

The table below identifies the number of patient safety incidents (PSI) reported to the NRLS between 1st April 2017 to 31st March 2018 included as Sovereign Organisations (shown below).

The staff survey has highlighted that the Datix reporting system on Derby site has become very long and 'clunky' in enabling the ease of reporting adverse incidents easily. This has been taken on board as since December 2018 a 'task and finish' group has been in place to develop a new single incident reporting form which will be in place across all 5 sites of the Trust. Dashboards and reporting mechanisms have been developed and established to ensure that staff have access to their trends and themes which will assist in reviewing and improving the quality of care provided.

The tables overleaf identify the harm caused to patients from 1st April 2017 to 31st March 2018 as published by the NRLS.

Indicators	1st April 2017 to 30th September 2017		1st October 2017 to 31st March 2018	
	Burton Sites	Derby Sites	Burton Sites	Derby Sites
Number of patient safety incidents reported	2739	5953	2740	5985
National Average	5226		5448	
Highest Score for PSI incidents reported	15228		19897	
Lowest Score for PSI incidents reported	1133		1311	
Incident rate per 1000 bed days	38.83	36.35	45.16	34.27
National average incident rate per 1000 bed days	43.0		42.84	
Highest Score -Incident rate per 1000 bed days	111.69		124	
Lowest Score - Incident rate per 1000 bed days	23.47		24.19	

	Burton Sites			
	1st April 2017 to 30th September 2017		1st October 2017 to 31st March 2018	
Degree of harm	Number of Incidents Occurring	%	Number of Incidents Occurring	%
No Harm	2378	86.7	2246	82
Low	318	11.6	458	16.7
Moderate	45	1.6	35	1.3
Severe	1	0.0	1	0
Death	0	0.0	0	0

	Derby Sites			
	1st April 2017 to 30th September 2017		1st October 2017 to 31st March 2018	
Degree of harm	Number of Incidents Occurring	%	Number of Incidents Occurring	%
No Harm	4282	71.9	4435	74.1
Low	1547	26.0	1428	23.9
Moderate	108	1.8	105	1.8
Severe	10	0.2	6	0.1
Death	6	0.1	11	0.2

Incidents Reported by Month and Sites as Soverign Trusts
April 2017 to Feb 2019
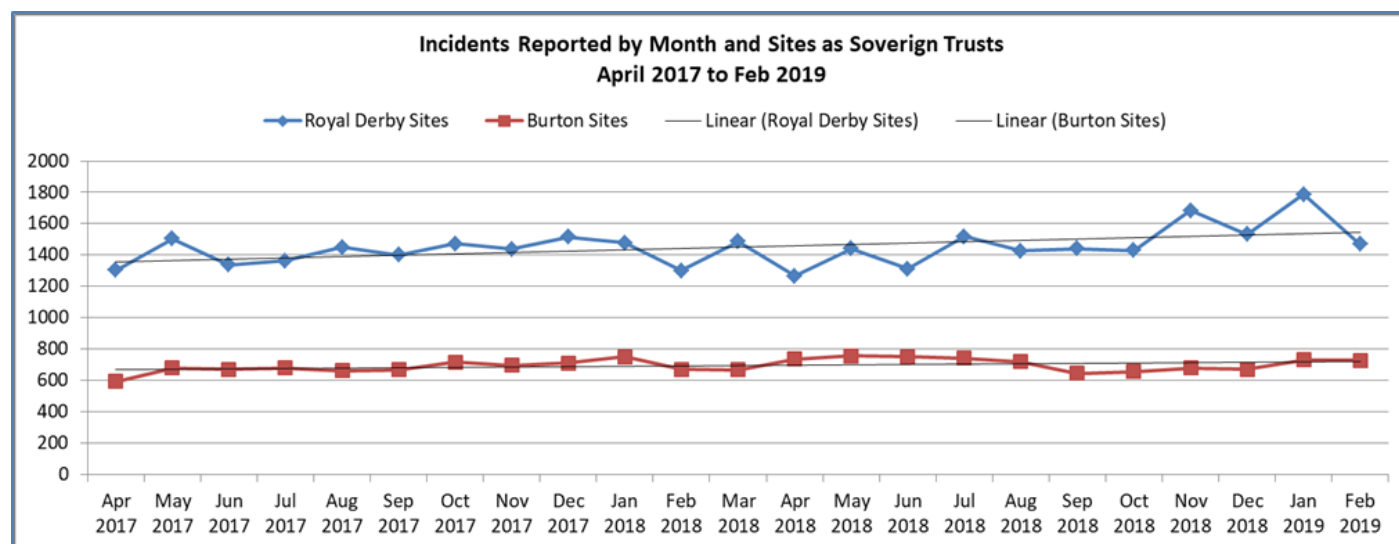
The latest data that has been published by the NRLS identifies that Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trusts continues to stay in the 'Acute (non-specialist) organisation' with the following placements out of the 135 organisations:-

- Burton Hospitals NHS Foundations Trust at 39th place
- Derby Teaching Hospitals at 105th place

"The University Hospitals of Derby and Burton NHS Foundation Trust intends to take the following actions to improve this rate, and so the quality of its services;".

1. Training programmes continued at Burton Hospitals NHSFT to be developed and delivered by the Clinical Governance Department to raise awareness, improve incident reporting and Root Cause Analysis training which continues on a three monthly programme for investigation officers. Due to the acquisition taking place in July 2018 training requirements have been reviewed to establish the requirements for the new organisation moving forward. At the present time this includes Risk Register training, Human Factors, Incident Reporting, Appreciative Inquiry and Root Cause Analysis training. The training schedule is currently being developed for delivery during 2019-2020.

2. Analysis of the data from the different modules on Datix is presented via reports to a wide range of groups and committees within the Trust including Business Unit and Divisional Committees; Patient Experience Group, Medical Devices; and the Risk and Compliance Committee. The Governance framework allows the escalation of information from the subcommittees to Trust Committees which then feed into the Trust Board. The Trust has been developing a streamlined incident reporting form using frequent users of the system as well as feedback from Staff Surveys, to ensure ease of reporting incidents

PART 3 – OTHER INFORMATION
3.1   Overview of Quality of Care Based on Performance in 2018/19 Against Indicators

An overview of care based on Performance against indicators has been provided within earlier sections of this report.

3.2   Performance Against NHSI Oversight Documents
We have identified the following indicators from the Trust's Quality Dashboard that we would like to use to describe progress in 2018/19: UHDB maternity services have focussed on merging the previous work undertaken related to Saving Babies Lives (SBL) care bundle compliance, maternity safety plans, CNST maternity incentive scheme, maternity dashboard and delivery of the Continuity of carer programme in line with Better Births (maternity 5YFW) recommendations.

Perinatal Mortality (18-19)

Legend: Perinatal Mortality (Derby), Perinatal Mortality (Burton), Derby Trend, Burton Trend
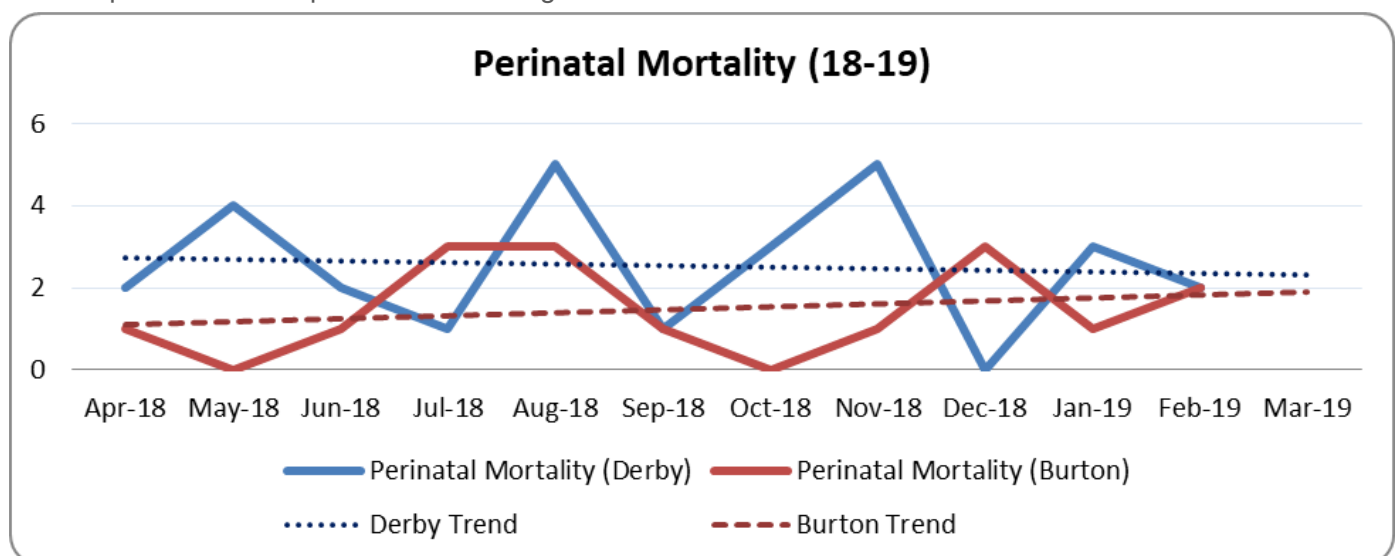
- The SBL compliance is monitored through the maternity clinical networks, Local maternity systems (LMS) and NHSE. SBL Version 2 was released in March 2019 and compliance will be required by March 2020. Smoking cessation maternity champions and training for midwives is currently being developed as this is a key factor in stillbirth and neonatal deaths.
- 360 Assurance audit report on the pre-merger maternity safety plans was received in February 2019 and the action plan is being progressed presently.
- The CNST maternity incentive scheme incorporates 10 maternity safety actions all supporting the delivery of the reduction of stillbirths and improving mortality and morbidity to women and babies. The Trust is required to submit the compliance status by the 15th August.
- A standardised UHDB maternity dashboard is now operational – since April 2019
- Continuity of carer model delivery is progressing with 2 defined midwifery teams, midwifery led and vulnerable women. Monitored through maternity transformation board.

C- section rates

2018/19 UDHB Caesarean Sections Rate %
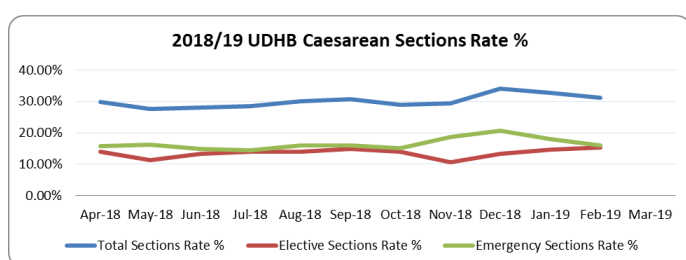
Our section rate is in keeping with the national average which is an achievement as we are a tertiary and busy unit that deals with complex pregnancies. To enable us to promote normality in labour, we run a Birth option clinic to encourage VBAC if appropriate, run by a consultant who leads for Normality. together with a postnatal debrief wardround , we ensure that those who are appropriate, are supported for vaginal births.

The perinatal mortality and still birth rate is well below the national average. This is together with a lot of work to address CTG training, taking on PROMMPT training in the trust for MDT training and the instigation of a protocol to detect small for dates in those pregnancies that we believe to be at risk.

Depth of coding
HED is used to monitor the depth of coding and provide benchmarking data. Work to improve the depth of coding includes:
- The role of Lead Coders to strengthen communication and engagement of Clinicians
- Coding department represented at junior doctor forums to raise awareness of the coding process
- The coding department contacts all new starters (clinicians) to a 'Come Code with Me' session
- Lead Coders attend business unit meetings this provides a forum to discuss the latest depth of coding reports & highlight areas of good practice
- The use of the recorded Medical History in Medicode
- The use of E-steve at Derby site
- The use of electronic pre-op assessment at Burton site
- Monthly exception report produced for previously coded long term conditions
- The use of Medicode Data Quality Analytics (DQA) at Burton, business case has been prepared to implement DQA at Derby site along with the Medical History Assurance (MHA) module at both sites

The depth of coding has increased during 2018, however currently there are limitations on the number of codes being submitted for each site; Burton site is limited to 14 diagnoses, Derby site is limited to 20 diagnoses. It is planned from April 2019 up to 99 diagnoses will be submitted, an increase in the depth of coding is anticipated

Jan 18 – Dec 18	National	Model hospital	UHDB	Derby Sites	Burton Sites
All admissions	5.56	5.78	5.43	5.48	5.26
Elective Admissions	4.16	4.48	3.47	3.43	3.61
Non Elective Admissions	6.74	6.70	6.83	7.05	6.21

following this for all sites to reflect the work carried out to improve the depth of coding.

Dementia identification and assessment
All patients aged 65yrs and over are screened on admission for signs of dementia. The screening asks if the individual has had any problems with their memory and if this has impacted upon their quality of life. If the answer is yes the patient is referred to the dementia team for further assessment. Dementia is not diagnosed within the acute hospital setting and if further assessment is indicated a referral is made either to the memory clinic (depending on the patients geographical location) or the GP is informed that further assessment is required.

Patients that have an existing diagnosis of dementia are identified on admission and are alerted to the dementia team if support and guidance is required. There is a dementia care bundle that is put in place for all patients with an existing diagnosis of dementia which is part of the Trust dementia framework.

Key Milestones to be achieved by the end of the identified year:
- Year 1 – All patients admitted with a diagnosis of dementia will have an 'All About Me' personalisation document utilised within 24 hours of admission or, in the case where this type of document already exists, identified and referred to by staff.

- Year 1 - Effective and efficient information systems will be in place to enable timely identification of patients with a formal or suspected diagnosis of dementia admitted to the acute hospital.
- Year 1-2- The development of clearly defined care bundles will ensure patients receive care in a timely manner and in an environment appropriate for them.
- Year 2-3 – A medications management protocol will provide clear guidelines for 'dementia friendly' prescribing and administration.
- Year 2-3 – Best practice in End of Life care will be developed in conjunction with the End of Life committee.
- Year 4 – Individual therapeutic activity programmes will be established and implemented by appropriately trained staff with support from volunteers.
- Year 5 – The person-centred care philosophy will be embedded in practice demonstrating a truly 'dementia friendly' culture of care.

Complaints
1. Complaints Management
The table below shows the combined complaint response performance across all 5 sites for 2018/2019 with activity at Derby campuses charted prior to the merger. Compliance with the 85% Key Performance Indicator for the timeliness of the complaint response reduced significantly following the merger and continues to be closely monitored.
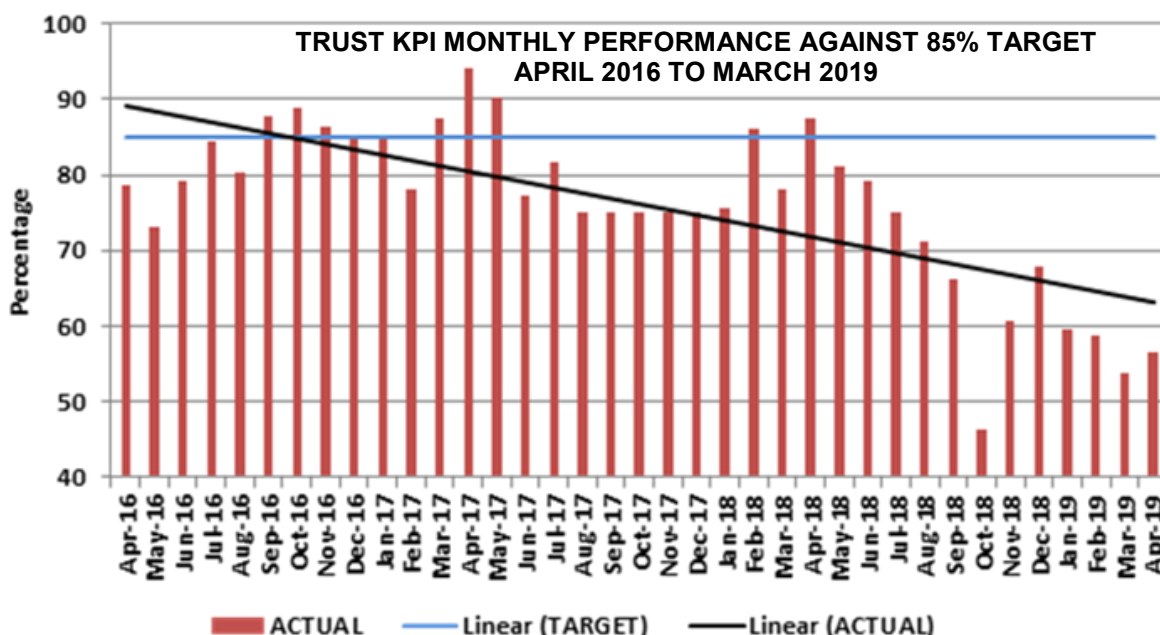
Some of the reduction in performance can be attributed to the impact of the Trust merger and the realignment of services within divisions and business units. Additionally, there have been difficulties accessing DATIX form the different hospital sites. These issues were resolved in January 2019 with the introduction of the newly developed Burton DATIX system which is now being used for all complaints received.

Following a number of stakeholder events, a combined Complaints and Concerns Policy for the new organisation was developed in October, 2018. The policy underpins the process for investigating complaints and implementation of this has been supported by a number of masterclasses on effective handling of complaints.

Divisions closely monitor complaint timescales and report on complaints that breach the 85% KPI It remains evident that the majority of delays are at the investigation stage of the process. Reasons for delays include additional time needed for information to be provided by medical staff and additional work needed on responses following quality assurance checks. A weekly review of complaints for each division to track the progress being made and highlight where support is needed to improve response times has been introduced. Each Division and Business Unit has an agreed service improvement trajectory and going forward compliance will be monitored through the quality dashboard.

2. Friends and Family Test scores
The below tables provide summaries of the FFT scores by visit type. The whole Trust FFT

recommender score continues to average 94%. The areas seeing the biggest variance in scores tends to be the A&E departments. Collectively, the score averages between 80 and 90%, whereas all other areas consistently score at least 94%. Maternity often achieves 100%, with Day Cases and Inpatients averaging 96-97%, and Outpatients averaging 94-95%.

We tend to see very little movement in our Trust overall score of 94% recommending our services, and also very little change on our overall non-recommender rate of just under 2%.

Scores have been RAG rated based on the overall Trust target of 95% of patients recommending the service. There are no proposed targets for non-recommender rates. However, the team recommends we monitor any areas that have higher than 2% not recommending the service to establish any outliers.

The exception to these RAG ratings are the Emergency Departments, which now has a target of 85% recommender rate. In November and December, the trust procured a new survey provider for all the internal surveys as a newly merged trust. The company awarded the contract are MES (part of the Electoral Reform Services (ERS) Group) for their MES Experience product which went live on 1st April, 2019..

The new system allows more sophisticated analysis and reports to be generated at multiple levels of the organisation to an unlimited number of potential users. It also gives the opportunity to develop unlimited surveys so any service evaluation

Recommenders	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Inpatients	96.90%	97.29%	94.80%	95.52%	95.17%	94.73%	94.70%	94.79%	95.82%	94.04%	96.03%	94.68%
Day Cases	96.05%	96.05%	96.12%	97.76%	96.80%	96.20%	97.31%	95.71%	96.20%	96.99%	95.85%	96.34%
Outpatients	94.73%	93.91%	93.69%	93.78%	94.20%	93.62%	93.86%	95.81%	93.92%	94.29%	93.54%	94.05%
Maternity	97.52%	97.09%	97.04%	97.45%	98.08%	96.08%	96.91%	96.11%	98.22%	96.84%	98.35%	98.23%
Emergency Depts	86.54%	86.42%	85.95%	80.44%	87.18%	85.49%	86.44%	84.48%	84.94%	77.44%	78.90%	83.42%
Whole Trust	94.59%	94.18%	93.38%	92.95%	93.95%	93.41%	93.83%	94.67%	93.81%	93.03%	92.95%	93.43%

Non-recommenders	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Inpatients	0.95%	0.75%	0.89%	1.91%	1.03%	0.95%	0.95%	1.05%	0.99%	1.06%	0.92%	1.03%
Day Cases	1.42%	1.67%	1.29%	0.82%	1.90%	1.78%	0.97%	1.63%	1.05%	1.09%	0.65%	0.67%
Outpatients	1.74%	2.37%	2.19%	2.22%	2.29%	2.41%	2.44%	1.94%	1.83%	1.94%	2.31%	1.93%
Maternity	1.32%	2.08%	1.22%	0.80%	1.28%	1.10%	2.06%	1.30%	0.22%	0.56%	0.82%	0.00%
Emergency Depts	7.57%	7.47%	7.96%	7.82%	6.82%	7.46%	7.40%	8.12%	7.65%	7.65%	8.12%	9.20%
Whole Trust	2.15%	2.48%	2.50%	2.68%	2.55%	2.49%	2.44%	2.22%	2.12%	2.72%	2.42%	2.32%

involving a patient survey can be done via the new system.

3. National Inpatient Survey
Derby Campuses
Quality Health surveyed patients whom were inpatients at RDH and LRCH in July 2018. Of a sample of 1206 eligible patients, 534 questionnaires were returned, representing a response rate of 44%.

The split of responses from males and females was exactly 50-50, and the majority of patients were in the 55-64, 65-74, and 75-84 age categories.

Overall, the results show a generally positive picture, with all scores in either the mid-60% or top-20% range of scores. 24 of the question scores are in the top 20%, achieving the top score for staff discussing whether patients would need any additional equipment or adaptions made to their home before they left the hospital.

Areas where the scores had reduced covered a wide range of issues – Communication, Information, Discharge Planning, Waiting Times, Noise, Food, Staff Behaviors, and Privacy & Dignity. The questions with the biggest reductions were regarding patients knowing who to talk to if they had worries (down by 9.3%), carers being given enough information (down by 5.9%), staff taking a patient's home situation into account (down by 5.5%), patients having trust and confidence in staff (down by 5.4%), and patients being given enough notice about discharge (down by 5.3%).

10 questions had shown improvement, with 5 questions scoring at least 5% more than the previous year. The best improvements were for staff explaining reasons for moving to another ward (up by 5%), patients getting enough help with meals (up by 5.2%), patients not being bothered by noise at night by other patients (up by 5.6%), and discharge not being delayed by more than 4 hours (up by 6.6%).

Burton Campuses
Patient Perspective surveyed inpatients whom were inpatients at QHB, SRPH and SJH Of a sample of 1,179 eligible patients, 586 surveys were returned, representing a response rate of 50%.

The majority of question scores were in the mid-60%

of trusts, and 4 were in the top 20%. However, there were 14 questions that scored within the bottom 20%. Seven questions had shown improvement, with two questions scoring at least 5% more than the previous year. The best improvements were for staff discussing with patients whether they would need additional health and social care post-discharge (up by 8.6%), and staff discussing additional equipment needs for patients (up by 5.0%).

A total of 52 questions worsened in scores, with 12 worsening by at least 3%. The scores that had reduced covered a wide range of issues – Communication, Information, Discharge planning, Waiting Times, Noise, Food, Staff Behaviours, and Privacy & Dignity. The questions with the biggest reductions were regarding patients being made aware how to make a complaint (down by 7.9%), patients being supported with meals (down by 7.8%), patients believing there were enough staff on duty and staff explaining how their operation had gone (both down by 5.5%), patients being bothered by noise at night by staff (down by 5.3%), and patients being given enough information in A&E (down by 5.1%).

Recommendations
Recommendations for improvement focus on communication and information given to patients, reviewing discharge processes (with particular focus on delays to medicines), and improve raising awareness among patients about how to make a complaint or give feedback.
The Patient Experience Team will undertake some focused work over the coming year to monitor progress in these areas.

Never Events
1. Oxygen Air Never Events Learning
In 2016 a Patient Safety Alert (reducing the risk of oxygen tubing being connected to air flowmeters) was issued to support NHS providers that supply medical air using medical gas pipeline systems. Derby teaching hospitals responded to this and took action (capping of unused air terminals and re-removal of air flow meters, as well as replacement and refresh of skirts on air flowmeters).

During 2018 over a period of 5 months (February to July), there were 4 incidents (never events) on the Royal Derby site, whereby patients were connected

to air in error rather than Following the fourth never event, a trust wide action plan was led by the Patient Safety Team. Actions taken:

- Risk assessments for each ward and department
- Review of oxygen guidelines
- Development of standard operating procedure for medical air flowmeters
- Development of trust wide daily ward co-ordinator checklist
- Communications campaign to raise awareness through screensaver
- Standardised signage across trust by medical gases ports to raise awareness
- Review of oxygen training and target audience (essential to role)

	2017-2018	2018-2019
Derby	2x Administration of medication by the wrong route 1 x Unintentional connection of a patient requiring oxygen to an air flowmeter 1x Wrong site surgery	3 x Unintentional connection of a patient requiring oxygen to an air flowmeter 3 x Wrong site surgery 1 x Retained foreign object post procedure 1 x Administration of medication by the wrong route
Burton	1 x administration of medicine by wrong route 1 x wrong implant/ prosthesis	0

Although a number of actions have been put in place to mitigate, it was felt this did not adequately mitigate the risk that a patient may be connected to medical air in error. An options appraisal was undertaken and a Trust decision has been made to remove air flowmeters and cap air ports across the trust (excluding respiratory wards, ITU, HDU, theatres, labour ward, neonate areas and where required for 4 Bar pneumatic equipment i.e. resuscitaires).

Nebuliser boxes will be purchased and managed by the Equipment library so they can be rotated on and off clinical areas to maintain and increase lifespan. Nebuliser boxes have been ordered and once these have been delivered a programme of capping and

distribution of the boxes will commence. This is anticipated to start at the end of February 2019.

Learning
The fact that the Trust had 4 NEs on the same theme highlighted that actions taken were either not robust enough or not embedded. Following the 4th NE it was agreed the response should be centrally co-ordinated and monitored to ensure a consistent. The Patient Safety Team was able to monitor implementation of actions across the whole Trust and assess on-going risks. This resulted in the decision to cap air ports as it was evidence the risk of a repeat incident remained too high despite actions taken to mitigate.

Consideration of 'human factors' was a key part of the decision making and action planning process in relation to this series of never events. There was no evidence of intentional error in any of the cases but the proximity of the air and oxygen ports and the ability to easily connect to either port led to unintentional error. Taking away the requirement to connect to central air by capping and introducing stand-alone nebuliser boxes will significantly reduce the likelihood of a repeat incident.

Learning in relation to ensuring actions are fully implemented and risks mitigated to reduce likelihood of reoccurrence will influence future responses to Never Events e.g. use of Patient Safety Team to co-ordinate and monitor. Compelling Case for change Pre-acquisition by merger.

2. Infection Prevention and Control
1. MRSA Blood Stream Infections
In line with national objectives the Trust has a zero tolerance approach to avoidable MRSA blood stream infections.
One hospital onset MRSA blood stream infection was identified in 2017/18. The case was reviewed at the Healthcare Associated infections meeting; no lapses in care were identified.

Areas of good practice identified include:
- Early and appropriate referrals being made to other professional teams such as the Dementia/ Enhanced Care Team and the Urologists
- Liaison with the family throughout the care episode. It was noted that this formed a good

and mutual relationship with the patients family

3. Clostridium difficile Infections (C.diff)

The Clostridium difficile infections objectives for Derby and Burton for 2018/19 were set by Public Health England in March 2018, with the objectives running separately until April 2019.

The objective for Derby Teaching Hospital for 2018-19 was set at no more than 52 cases, 15.6 per 100,000 bed days. A total of 40 hospital onset C.diff cases were identified, a rate of 11.71 cases per 100,000 bed days.

The objective for Burton Hospitals NHS Foundation Trust for 2018-19 was set at no more than 19 cases, 12.4 per 100,000 bed days. A total of 24 hospital onset C.diff case were identified, a rate of 16.79 cases per 100,000 bed days
Combining the objectives gave a presumed objective for UHDB of no more than 71 cases. There were 62 cases apportioned to the Trust, a rate of 18.43 per 100,000 bed days.

Focus continued on antibiotic stewardship, diarrhoea management, environmental and equipment cleanliness and hand hygiene, with a specific focus on:
- Cleaning of shared equipment
- Review of cleaning protocols for mobile trolleys such as phlebotomy trolleys
- Introduction of covered mobile linen trolleys in ward areas

- Continuation of deep clean programme across all five sites, including the inclusion of dirty utilities
- Review of clean linen cages at QHB
- Monthly diarrhoea management audit across all 5 sites
- Roll out of monthly antibiotic prescribing audits across all 5 sites

4. C.diff Lapse in Care

48 cases have been reviewed at the Trust Healthcare Associated Infection review Group. 12 lapses in care were identified.

(2018/19 data is UHDB data, previous years data is Derby Teaching Hospitals data. Lapse in care at Burton Hospitals has previously been identified with antibiotic prescribing and delay in sample collection) The East Midlands Lapse in Care definitions have been adopted for all healthcare associated infection reviews across UHDB.

5. E.coli Blood Stream Infections

To support the national ambition to reduce gram negative blood stream infections by 50% by 2024 the Trust has identified an annual 10% reduction ambition.

	2017/18	2018/19
E.coli BSI	104	105
Pseudomonas BSI	25	12
Klebsiella BSI	36	32
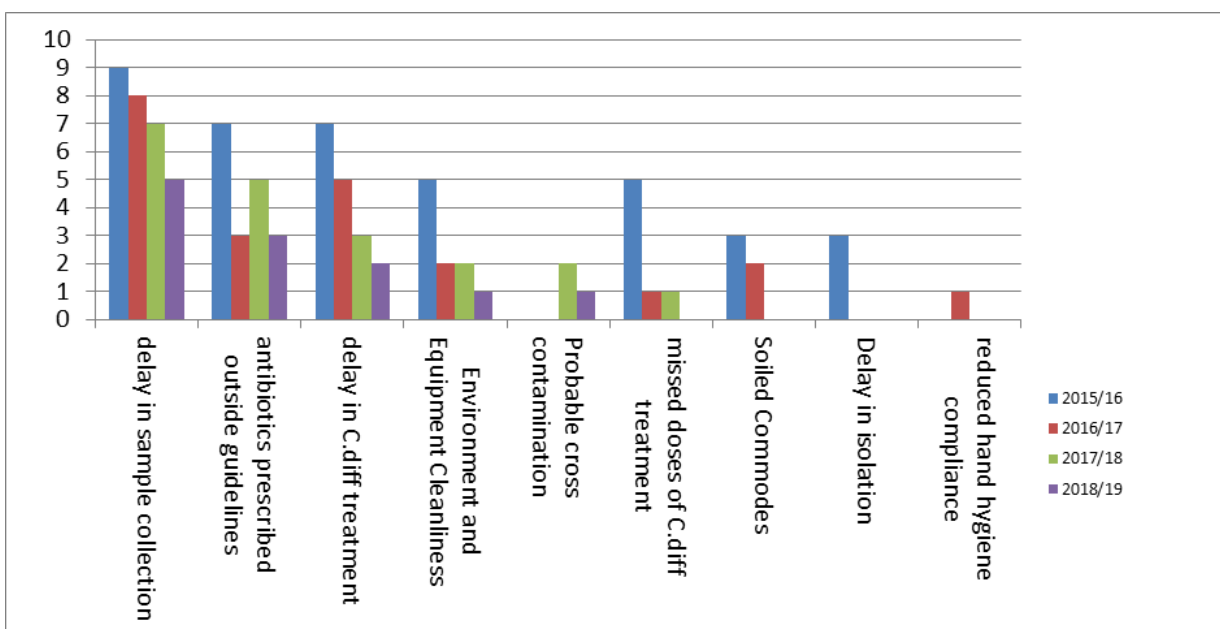
In 2017/18 there was a total of 165 hospital onset gram negative bloodstream infections, this has reduced to 148 in 2018/19, a reduction of 10%. This reduction is with Pseudomonas and Klebsiella blood stream infections. E.coli blood stream infections remain similar to last year but have not increased at the projected rate. A number of initiative are planned to support the reduction work, including:

- Continuous surveillance of all E.coli blood stream infections by the infection prevention and antimicrobial stewardship team
- Implementation of a Gram negative blood stream infections review group – mirroring the process in place for C.diff infections and Staph aureus blood stream infections
- Focus on indwelling urinary catheters, including prompt removal by utilising the principles of HOUDINI
- United colours of Gram negative reduction campaign
- Joint working across the Derbyshire and Staffordshire health economy

Acute Kidney Injury (AKI)
Acute Kidney Injury (AKI) is common and associated with extremely poor outcomes. It is a harmful but often preventable condition.

The Renal Team at UHDB has been working for the past seven years on measures to improve outcomes in patients with AKI. This included the introduction of electronic recognition of AKI (detection and alerting system) and an AKI care bundle to improve patient outcome after an episode of AKI. There has been an improvement in the delivery of care, improved AKI detection, shorter duration of AKI and an improvement in the length of stay.

The Renal Team reviews AKI patients and gives advice and offers prompt transfer to renal patients

suffering from AKI. The biggest change has been at Queen's Hospital Burton as a result of the clinical teams from across UHDB working together, where mortality has fallen from 30% to just 15%. Consultant Nephrologists are available on-site in Burton twice a week, as well as providing a dedicated 24/7 on-call service for AKI inpatients in a bid to reduce mortality rates, length of stay and progression to the latter stages of AKI. There is now a team of 11 Nephrologists working across both Queen's Hospital Burton and the Royal Derby Hospital.

Performance
AKI Risk Assessment Completion
The target for completion of the AKI risk assessment is currently set at 90%. This target has been exceeded consistently since June 2017, with compliance for December 2018 at 92.22%.
AKI - Information included in Discharge Summary for GP. The target for AKI information included in Discharge Summary for GP is currently set at 95% and has been exceeded consistently since April 2016. Discharge Summary figures are not yet available for Q3. (overleaf)

AKI – Completion of the Care Bundle
The % compliance for December 2018 is 49.36%. From April 2018, all admissions are now included in the AKI care bundle compliance figures. There are no exclusions for patients who are elective, died, various wards etc. that had previously been excluded from the figures. This is reflected in the % compliance figures from quarter 1 onwards. Work is underway to raise awareness of the care bundle and the importance of completing it for patients with AKI. It is planned that a targeted project will be undertaken within Surgery with the aim to increase compliance in those areas.

Measure	Target	2017/18 Q1	2017/18 Q2	2017/18 Q3	2017/18 Q4	2018/19 Q1	2018/19 Q2	2018/19 Q3
AKI risk assessment completed	90%	89.63%	90.91%	92.22%	92.88%	93.92%	91.11%	92.22%
Daily U&E's ordered for 7 days (or until discharge)	60%	36.09%	31.36%	31.73%	33.25%	32.95%	31.86%	33.72%
Fluids Assessed	60%	38.49%	38.63%	38.66%	37.77%	41.10%	41.47%	41.73%
Medications Reviewed	60%	38.98%	38.69%	38.35%	37.57%	41.06%	41.81%	40.92%
Care Bundle Completed	60%	19.14%	22.12%	24.62%	24.60%	49.94%	54.26%	49.36%
Information for GPs in the discharge summary	95%	98.66%	98.84%	98.70%	98.68%	98.21%	97.54%	Information not yet available

AKI Risk Assessment

AKI - Daily U&Es ordered

AKI Information in Discharge Summary for GPs

AKI - Fluids Assessed

AKI - Care Bundle Completion

AKI - Medications Reviewed
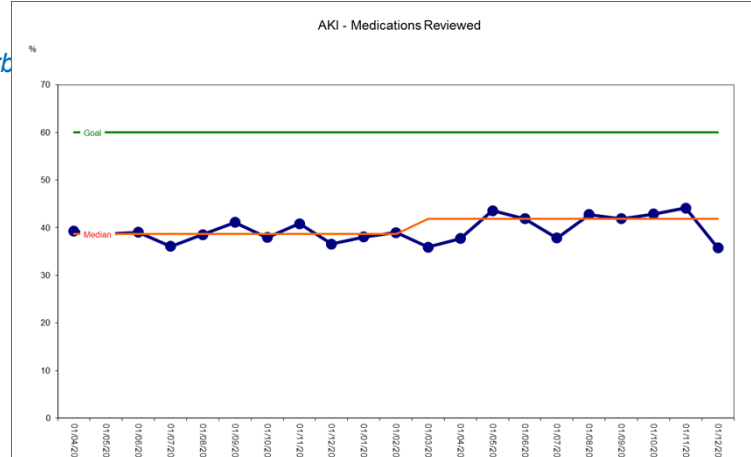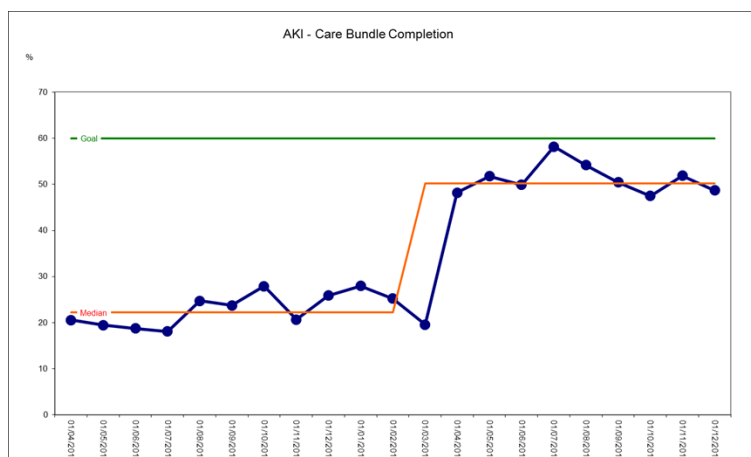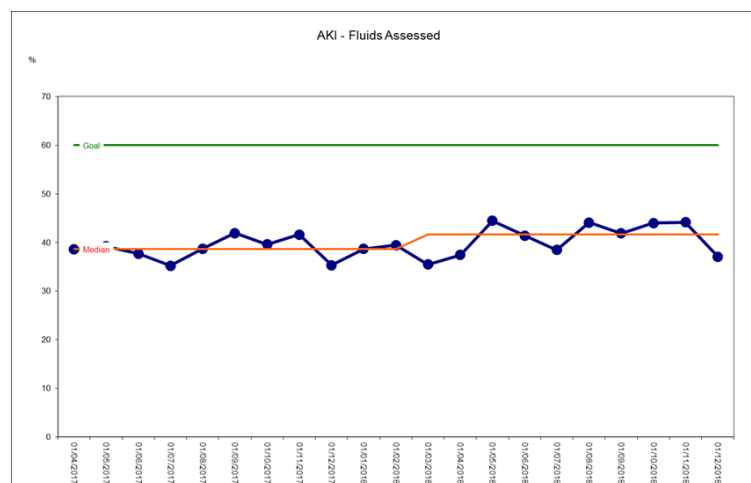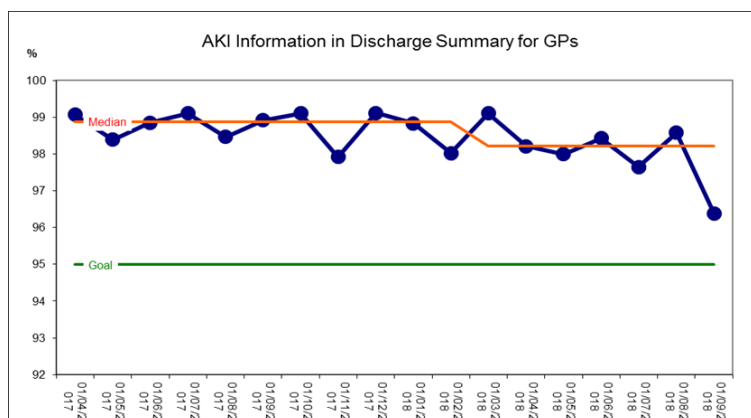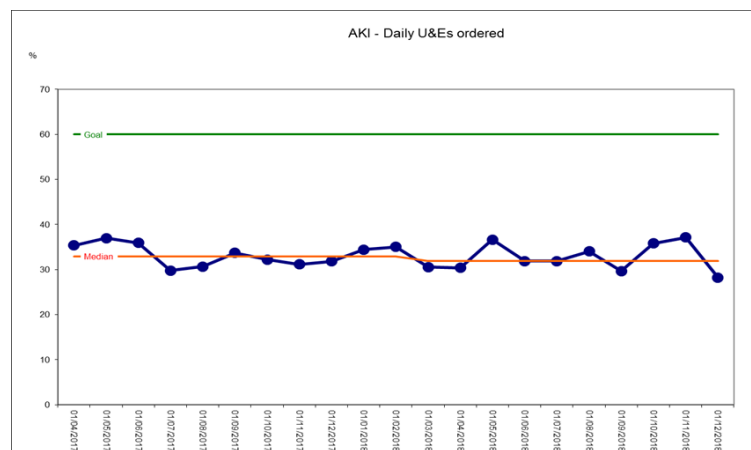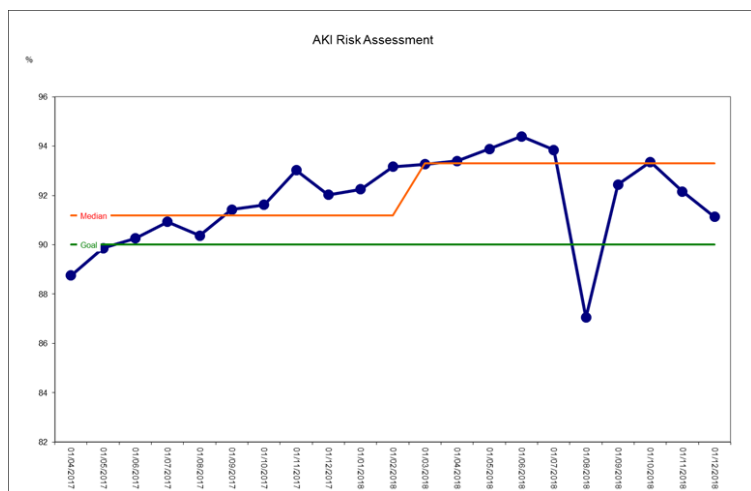
Daily U&Es ordered
The % compliance for December 2018 is currently at 28.21%, with the compliance figure for Q3 of 2018/19 being 33.72%.

AKI – Fluids Assessed
The compliance % for December 2018 is 37.08%, with the compliance figure for Q3 of 2018/19 being 41.73%.

AKI – Medications Reviewed
The compliance % for December 2018 is 35.75%, with the compliance figure for Q3 of 2018/19 being 40.92%.

Activities currently planned or in progress include:

- Launch of version 3 of the AKI care bundle in iCM at Derby – a dedicated project has been run on MAU at Derby to improve completion of the AKI care bundle. Since the launch in April 2018, compliance levels have improved greatly. The launch was supported by way of an AKI Awareness Month on the unit, with trust wide publicity via the Communications team. The AKI Steering Group has introduced a number of initiatives to support this dedicated project including piloting an AKI triage tool to be used by nursing staff, a medications optimisation chart attached to the drugs trolleys and AKI medicines optimisation reminder cards for all nursing staff. A review of the work on MAU will be carried out, with additional trust wide Communications to give an update on success of the project.
- Surgery Division - a dedicated project is planned within Surgery (similar to the work carried out on MAU at Derby) to raise awareness and understanding of AKI and also improve compliance with care bundle completion.
- Training/education - additional training sessions are being arranged for doctors and nursing staff at both Derby and Burton Hospitals. Training sessions will be arranged quarterly for junior doctors and 3 times a year for nurses.
- Clinical Guideline - work is underway to produce a trust wide AKI Clinical Guideline. Once this has been approved, it will be uploaded to Koha so that it can be accessed by all staff across the trust. A clinical guideline for Hyperkalaemia is also being produced and this will be launched at the same time as the AKI clinical guideline.
- Intranet – the Patient Safety team has developed

an AKI information page on the intranet at Derby, which includes general information on AKI, evidence base/research information, resources including educational videos, teaching slides, patient information leaflet etc. performance data and also minutes from AKI Steering Group meetings. This can now be accessed by staff at Burton sites via a button on the Burton intranet front page and includes a section specific to managing AKI at Burton Hospital.

- Launch of the new AKI care bundle in Meditech V6 at Burton Hospital - the new AKI care bundle in Meditech is currently being piloted on AAC at Burton Hospital. Work is underway to train staff in completing the care bundle and to raise awareness and understanding of AKI.
- Improved data reporting - going forward, data reporting for AKI will focus on completion of the care bundle, length of stay, crude mortality and SHMI for AKI. Data on Risk Assessment completion will still be collected, to assist with work on embedding the tool in all areas of the Trust.

Systems Development
Derby sites - Work is underway to look at options for the Risk Assessment and Care Bundle once iCM is no longer available in Derby. The most likely solution at the moment is a hybrid model using both Patientrack and Lorenzo. Dr Nitin Kolhe, Consultant Nephrologist/Clinical Director for Specialist Medicine, is currently working with IT at Derby to build test pages in Lorenzo. It is envisaged that Lorenzo will interface with Patientrack and an AKI logo will appear on the observation chart to prompt nursing staff to complete actions.

Burton sites – the new AKI care bundle launched in Meditech V6 in January 2019. It is currently being piloted on AAC at Burton Hospital and once it is rolled out further across the hospital, an interruptive alert will be introduced.

Integration with Burton
The Trust's AKI Steering Group is now a trust-wide multi-disciplinary team, working to develop a joint approach to AKI across the trust. Terms of Reference for the group have been developed and additional team members are currently being sought from all sites/divisions to ensure that all areas of the trust are represented.

NHS
Derby and Derbyshire
Clinical Commissioning Group

Annex 1: Supporting Statements

Statement from Southern Derbyshire Clinical Commissioning Group
Annual Quality Report 2018/19
University Hospitals of Derby and Burton Foundation Trust
Commissioner Statement

General Comments
NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) is the co-ordinating commissioner for services provided by University Hospitals of Derby and Burton Foundation Trust (UHDBFT). Careful consideration has been given to the content and accuracy of the 2018/19 Quality report 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 report describes the quality of services provided by UHDBHFT 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 2018/19 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 continued to impact on the Trust mortality rate for sepsis which has improved and should be commended.

In 2018/19, DTHFT outlined quality priorities for improvement over the year: 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; and a further Three priorities were highlighted following the merger of Burton Hospitals NHSFT, frailty; implementation of the ward assurance tool; and improving discharge. It is encouraging to see that a great deal of progress has been made in terms of

quality in terms of the these priorities, and the commissioners acknowledge the progress made in terms of the use of Patientrack and NEWS2; and the continued work regarding sepsis, resulting in reduced mortality.

Patient Safety
The Trust achieved their target of no more than 52 Clostridium Difficile cases per year, ending the year with 40 cases, reducing the number of cases from 67 in 2017/18. In addition it is pleasing to note that the Trust had no MRSA bacteraemia,

There have been eight reported Never Events in year, a rise from three in 2017/18. Four were in relation to connection to air rather than oxygen. The trust has written and delivered a Trust wide action plan to raise awareness and mitigate against future occurrences, the CCG has worked in collaboration with NHSE and NHSI to review progress against this. As a result of the Never Events a Trust wide Stop Moment has been introduced for any future never events in order to better inform the 72 hour report, enabling the Trust to take necessary immediate action and start the learning and assurance processes as soon as possible. It is encouraging to note that the Clinical Audit Plan for 2019/2020 includes learning from the Never Events with a view to providing assurance regarding embedded changes. Further actions are the monitored through the Patient Safety Group and Incident Learning Group.

Sepsis is included in the Trust's Patient Safety Improvement Plan and was a CQUIN during 2018/19 for the Derby sites of UHDB. In terms of patients requiring antibiotics within one hour, it is encouraging to note improvements resulting in improvement in mortality.The Summary Hospital-level Mortality Indicator (SHMI) for November 2017 – October 2018 was 98.08 which means that 14 fewer patients died from sepsis than would be expected. Crude mortality for Derby site has shown a steady decline and at December 2017 was at 10.49%.

The Trust has been developing a streamlined incident reporting form using frequent users of the system as well as feedback from Staff Surveys, to ensure ease of reporting incidents, using the dashboards to ensure that staff in departments, matrons, managers, consultants and directors are

able to have access to their trends and themes. It is envisaged that the new incident reporting form will go live from 1st April 2019.

Clinical Effectiveness
Commissioners are pleased to note that 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.

Patient Experience
As a Trust, the overall FFT score is 94%, with 94% of the patients surveyed recommending services. It is noted that there is some variance between different services, for example, patients in Accident & Emergency or the Minor Injury Units give a lower rating – around 85% of patients would recommend these services. The CCG note that all FFT scores are within national average scores, or slightly above average.

Additional Comments
The Quality report 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.

Brigid Stacey
Chief Nursing Officer
On behalf of Derby and Derbyshire Clinical Commissioning Group

24th April 2018

Statement from Staffordshire Clinical Commissioning Group
Staffordshire & Stoke-on-Trent Clinical Commissioning Groups (CCGs) are pleased to comment on this Quality report 2018/2019.

The quality assurance framework that Commissioners use reviews information on quality, safety, patient experience, outcomes and performance, in line with national and local contractual requirements. The CCG Quality representatives, along with commissioning colleagues from Virgin Care Services Limited, meet with the Trust on a monthly basis to seek assurance on the quality of services provided. The CCGs work closely with the Trust and undertake continuous dialogue as issues arise and conduct quality visits to clinical areas to experience the clinical environment and listen to the views of patients and front line staff. The CCGs acknowledge the hard work involved in bringing two organisations together and note the positive results from their participation in the NHS Staff Survey 2018. The CCGs welcome the openness of the Trust.

The CCG, supported by Virgin Care Services Limited, would like to recognise the Trust's commitment to improving quality as demonstrated by the following achievements:

- The Trust has introduced a number of changes to the Burton, Lichfield & Tamworth sites as part of harmonising practice across the Trust including, introduction of high specification foam mattresses, introduction of covered mobile linen trolleys in ward areas, introduction of and review of Trust policies.
- The Medical Director at Burton has worked with the CCG's GP Chair to establish a regular forum in East Staffordshire for local GPs and Trust Consultants to encourage partnership working. The CCGs welcome the introduction of this forum and the impact of the new discharge letter template launched in November 2018.
- The Trust has recently been through a comprehensive and well led CQC inspection and the CCGs look forward to receiving the outcome report. In preparation for the inspection members of the CCG were invited to take part in a two day 'mock inspection' alongside Trust staff and other stakeholders.
- We look forward to the publication of the Trust's new Quality Improvement Strategy.

However, 2018/19 has not been without its challenges:

- The urgent care system continues to be a challenge which is demonstrated in 4hr, 12hr and ambulance handover breaches. The Trust continues to look at new ways of working to improve the experience of patients in the emergency department.
- Whilst we commend the Trust on their open reporting, they have consistently reported mixed sex accommodation breaches within Critical Care at Queen's Hospital Burton. The CCG's are pleased that Burton, Lichfield & Tamworth sites are now included in the Trust's Patient Survey to capture experiences and better understand the possible impact of any breaches.
- There have been delays in the reporting of and learning from incidents at Burton, Lichfield & Tamworth sites. The Trust have worked openly with the CCGs and continue to put in place measures to improve the investigation process and ensure timely learning occurs to prevent recurrence of similar events. We look forward to improved reporting and evidence of learning in the coming year.

Priorities for 2019/20
Commissioners welcome the specific priorities for 2019/20 which the Trust has highlighted in this account. In particular the investment in the introduction of a faculty of quality improvement and human factors methodologies.

We look forward to working together with the Trust to ensure continued improvement over the coming year. The CCG wish to state that to the best of their knowledge, the data and information contained within the quality report is accurate.

Marcus Warnes
Accountable Officer

Heather Johnstone
Executive Director of Nursing & Quality

Statement from Healthwatch Derbyshire

Healthwatch Derbyshire (HWD) is an independent voice for the people of Derbyshire. We listen to the experiences of Derbyshire residents using health and social care services and give them a stronger say in influencing how local health and social care services are provided.

All of the experiences we collect are shared with the providers and commissioners of the services who have the power to make change happen. Experiences from patients and members of the public are collected through our engagement team, which is supported by volunteers. We undertake engagement in two ways:

1. General engagement in which we collect a variety of different experiences on a number of services. Experiences from our general engagement are shared with providers on a regular basis to provide an independent account of what is working well, and what could be improved.
Anyone who shares an experience with HWD is able to request a response, and we encourage organisations to consider responses carefully and indicate where learning has taken place as a result of someone's experience.

2. Themed engagement in which we use to explore a particular topic in more detail, the findings from our themed engagement are analysed and written up into reports which included recommendations for improvement. Service providers and commissioners are asked to respond to the recommendations outlined in the reports.

All of our reports are published on our website. We have read the Quality report for 2018-19 prepared by the Trust with interest. We have considered if, and how the content reflects some of the themes which have emerged in the feedback that HWD has collected during the past year.
The Quality report details improving discharge, HWD welcomes this priority as we recently undertook a piece of themed engagement, working closely with the Trust to find out patients experience of being discharged from the Trust.

HWD also welcomes the quality improvement approach to deliver improvements in various areas,

including that of caring for patients with Dementia. This remains on our radar of themes at HWD following the publication of the HWD Dementia report. Patients and family members explained the importance for members of staff to have awareness and understanding of dementia.

Furthermore, HWD also welcomes the priority to continue to develop services to support frailty and meets the needs of vulnerable patients. Following a themed piece of engagement at HWD around rural communities, Frailty was a substantial theme particularly around referrals to falls prevention support following discharge from hospitals.

By way of summary, during the period April 2018 - March 2019, a total of 128 comments were received about the Trust with a fairly equal split between positive comments (41), negative comments (51) and mixed comments (36). The most frequent negative comments information and communication. The most frequently made positive comments were in relation to the quality of treatment and quality of care provided by members of staff and positive.

Hannah Morton
Intelligence and Insight Manage

Statement from Healthwatch Derby

HW Derby City ran outreach sessions throughout March, as well as taking feedback from the public through their website and phone line throughout Quarter 4. The graphs below summarise the themes and sentiment from that feedback – covering 520 individual comments for that period. The vast majority of feedback collected was positive. The main negatives were regarding waiting times, delays in getting appointments, car parking, and administrative errors. The positives were mostly regarding the staff behaviours and treatments being delivered successfully.

HealthWatch Derby City Maternity Services review

We recently received a report regarding Maternity services. The overall feedback was very positive. Jane Haslam provided a response to the feedback, as follows:

Antenatal Services
It was very reassuring to see overall very positive comments regarding the Antenatal services, including clinic, Pregnancy Assessment Unit (PAU) and the specialist midwives.

General comments regarding communication
We will look at communication within antenatal services and work within the multidisciplinary team to improve communication within the department.

Waiting times
Whilst it is difficult to ascertain whether these are within the antenatal clinic, scan department, PAU or at Community midwifery clinics, we will continue to monitor the time women are waiting within these areas to identify opportunities for streamlining services in order to reduce unnecessary waiting times.

Booking of an elective Caesarean section
There was one specific comment regarding the timing of the booking of an elective Caesarean

Theme Areas
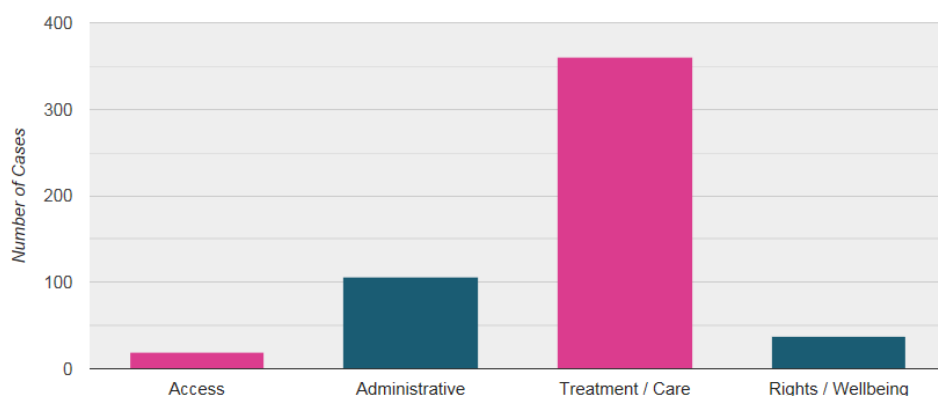
Theme Areas	Cases
Access	18
Administrative	106
Treatment / Care	360
Rights / Wellbeing	36

Sentiments
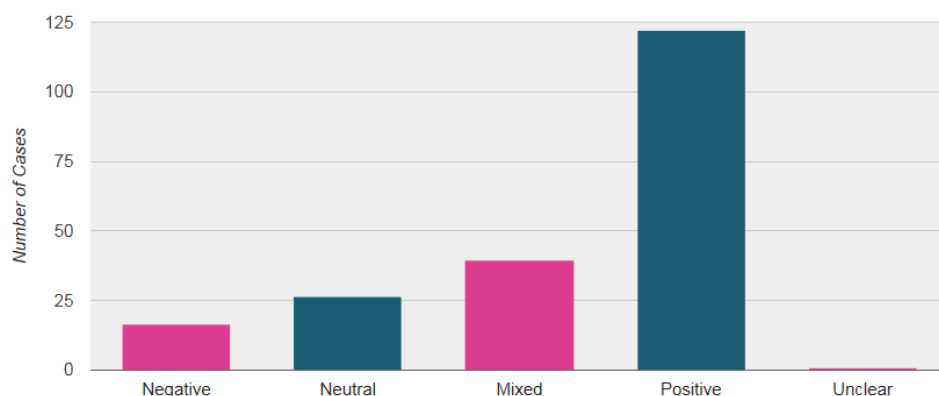
Sentiments	Cases
Negative	16
Neutral	26
Mixed	39
Positive	122
Unclear	0

section – this appears to have been an isolated incident. The elective LSCS booking process has recently been reviewed and is working well. We also provide patient information leaflets regarding elective LSCS, including information regarding the timing of booking, which explain the whole process for elective LSCS. This information is given to women at the point that the decision for elective LSCS is made.

Whilst a decision may be made by the obstetric team at any stage in care that an elective caesarean is indicated the provision of a date is not offered until the woman's 38th week of pregnancy with surgery planned for the 39th week. The booking of elective caesarean sections by this method minimises the need to alter planned dates due to capacity. For women who require a caesarean section before their 39 week of pregnancy or for those women with more complex needs a decision is made through discussion between the Obstetrician and the woman.

Maternity Care pathway
There are circumstances where women who are initially booked for consultant led care may be suitable for Midwifery led care during their pregnancy and or labour. When the discussion has been had with the woman and a decision is agreed with the obstetric team this should be clearly documented in both the woman's maternity hand held records and within our IT system to ensure effective communication and avoid unnecessary delay when admitted in labour.

Early labour
Many women attend our maternity services in the very early stages of labour and the early stage of labour can vary for in length and nature considerably for individual women. National guidance recommends that the best place for women in early labour is in their home environment. For women that attend the Royal Derby hospital maternity services in the early stage of labour discussion would take place as to whether they felt happy to return home with an agreed plan for contacting the hospital should they require further guidance or support or when their labour progresses. However we recognise for some women they may wish to remain within the hospital setting for support in these circumstances.

Breastfeeding support
All women admitted to the postnatal ward (314) are supported with their feeding choice, for many women the first few days of having a new-born baby can be both emotionally and physically demanding. Feeding advice and support is readily given by both midwives and appropriately trained maternity support staff. At times feeding advice needs to be adapted to the changing feeding needs of the baby, which can result in having to adapt to feeding advice. This may cause confusion with some mothers/partners. In addition we acknowledge during times of high activity women can feel they may not receive appropriate amounts of time and support with feeding concerns. We also have volunteer feeding support workers who work alongside our maternity staff on the postnatal ward to provide additional support for women and we ensure that all women are provided local feeding support contacts as part of their discharge information .

Noise on ward 314 (postnatal)
Ward 314 is a 47 bedded in patient maternity ward with a multidisciplinary team which includes midwives, doctors, hostesses, receptionists, cleaners and students. The ward staff do try to keep noise levels to a minimum when at all possible and we do expect patients to consider other patient's privacy. We now request that mobile phones are silenced at night by women and their overnight supporters. Overnight support is kept to a minimum of one person. Strict visiting times are in place to allow rest periods for women and their babies. All staff endeavours to answer call bells within a reasonable timely response takin into account any other prioritising emergency situations.

Community Midwifery
It was really good to read overwhelmingly positive comments about Community Midwifery in Derby, there are also some learning points for us.

Lack of consistency with seeing the same Midwife
As an organisation staff movement from caseloads is tracked and monitored in order to avoid women having numerous changes of midwife and long term sickness is always covered with the same Midwife wherever possible. We acknowledge that a lack of continuity can impact on a woman's maternity experience so we strive to minimise this however in situations of short term absence or annual leave it is

unavoidable at times. The national driver of continuity of carer reflects the importance and impact on outcomes for women and their babies and Derby are currently involved in developing pilot models to improve this. It was disappointing to read about conflicting advice being given to women regarding postnatal care. This will be addressed through staff training and update sessions. Advice and care plans can change throughout a woman's pregnancy/postnatal care and this may be perceived as conflicting advice.

Mental health checklist
We do actively encourage midwives to avoid using the mental health screening tool as a tick box exercise however the time constraints of the antenatal appointment and the format can unfortunately lead to these questions being asked in this way. To help resolve this issue the template this has been redesigned in the new maternity handheld records which will be launched during February 2019.

No support/advice for bottle feeding
The message that there is no support/advice for bottle feeding is already being addressed with an increase in the information given to staff on their annual feeding update.

HealthWatch Derbyshire Orthotics review
During January, HW Derbyshire undertook a focused review of Orthotics. Their overall findings are detailed below.

Key findings
- Most CAYP received their initial appointment within six weeks, whilst others had to wait several months. In terms of adults, some were seen quite quickly and others had to wait up to six months for their initial appointment
- Many people (both CAYP and adults) explained they would appreciate an acknowledgement of referral
- All CAYP and adults using orthotics felt their needs were properly assessed during their initial appointment
- Most CAYP and adults were happy with the length of time between their first appointment and receiving their orthoses. This was particularly the case for people requiring insoles
- People appreciated being provided with an estimated time for the wait for their initial appointment
- Experiences varied with regards to the orthoses being 'right the first time' for both CAYP and adults. However, parents highlighted the importance for this to be the case especially for CAYP as this can cause the original measurements to be no longer correct
- Most CAYP who required repairs and/or replacements of their orthoses felt they had to wait 'too long' compared to adults who were usually happy with the length of time in which it took to receive their orthoses. However, some adults explained the most time consuming aspect was getting the initial appointment for the new measurements
- Many CAYP and adults were unsure as to how many orthoses they were entitled to
- It seemed that people appreciated when staff were honest with regards to long wait and delays
- Most people were happy with the quality of their orthoses, however some CAYP felt there was limited choice on footwear and some adults explained they only had one pair of footwear and therefore easily become 'worn out'
- Majority of the CAYP and adults explained their orthoses had made a positive difference to their lives
- All CAYP, their parent/carers and adults explained how friendly and helpful they found all the staff within the orthotics department at London Road Community Hospital (LRCH)
- Some parent/carers had concerns around leaving answerphone messages as they were unsure as to when they would hear back
- Some adults were not told when to expect their next appointment, and there appeared to be a difficulty in contacting the department to chase this up
- LRCH seemed to be in a good location for the orthotics department.

General Manager Steve Attfield response back is detailed overleaf

What you asked?	What we are doing
Look to provide acknowledgements of referrals, so people know they are on the system and how long they could be expected to wait for their initial appointment	Currently the waiting time for new appointments is approximately 6 weeks. Our aim is to send an appointment out to patients within seven days of the receipt of the referral. This appointment letter will provide the acknowledgement of referral. If we are unable to achieve this target then we will send out an acknowledgement letter of referral to our new patients.
Work to ensure orthoses are 'right the first time' and minimise the amount of amendments required (where possible)	Thank you for bringing this to our attention. We acknowledge that we should be working to the "right first time" principles as much as possible. With this in mind we have recently started a process of BS9000 quality assurance registration. This assurance programme will further ensure that the orthotic devices are manufactured to a standard agreed quality. However, many of our devices are bespoke and individual to our patients and therefore minor adjustments are inevitable. Fire regulations have prohibited us from installing a workshop within the current location of Orthotic Services. We are currently evaluating alternative solutions to overcome this problem.
Ensure all patients are aware of how many orthosis they are entitled to	The entitlement of the number of appliances that should be supplied to patients is governed by the purchasing contracts from the CCG's. We can make this information more visible by placing a poster in the clinic area that details entitlements.
To consider providing written instructions on how and when to wear orthoses if required	We have a number of templates developed within our clinical notes package that detail instructions to use orthoses. This system automatically personalises the information sheets with name and date and saves it to the clinical notes system. Unfortunately, the Orthotists have not been printing these instructions due to a lack of printers in the clinic rooms. We intend to source further printers and ensure the Orthotists use this available documentation.
For staff to promote the positive effects that orthoses can have on patients, as this could encourage people to wear them correctly for the right amount of time.	Promotion of the orthotic devices and the benefits of their use are discussed by the Orthotists during the consultations. Further information will be added to the information sheets discussed in section 4 to help with promoting the positive effects of the issued devices.
To ensure systems are in place to notify people of potential delays or long waits	Significant work has been undertaken recently to reduce the length of time that patients are waiting for a review appointment. During clinics, the receptionist will inform patients of any delays in clinic running times by writing on the white board or verbally saying we are running behind. The White board is to be updated with new information signs to say which staff are in attendance, also stating staff members job role.
Better communication between the manufactures and NHS staff to speed up production and to ensure the orthoses are correct	All of the insoles and ankle foot orthoses that are prescribed are manufactured onsite and by the Trust. Manufacturing times are coordinated with appointment times, so any delays to patients are not related to the manufacture of the devices. We currently use one shoe manufacturer, as we do not have the facility to manufacture or adjust footwear onsite. This manufacturer has a two week turn around time
To send text or letter reminders to patients for appointments and review are due	All patient appointments are registered on our patient administration system Lorenzo. Lorenzo automatically sends out text reminders to patients of their appointment date and times. A Poster has been placed in reception area advising of this and how to opt out of text messages
Look to see if an answerphone message could be recorded to let people know when they can expect to hear back	Following your advice, the message on the orthotics answer phone has been updated to include advice that the call will be returned within 24 hours
To make patients aware of cancellations, as this would reduce the waiting time for people.	Our administration staff do reallocate any cancelled appointments to ensure that patient appointment slots are not left empty. We also ring round patients 2 days before appointments to ensure that they are still required, and reallocate any of these appointments that become available.

HealthWatch Derbyshire & HealthWatch Staffordshire Discharge review

HW Derbyshire and HW Staffordshire have recently undertaken a joint review of Discharge Lounges at both QHB and RDH. Some of the main issues highlighted were the waiting times in the Discharge Lounge, particularly around waits for the take home medications, lack of keeping patients informed as to progress and what they should expect in relation to their discharge arrangements and being transferred to the Discharge Lounge (DL).

Also some patients were felt to be inappropriately dressed for going home. Jenny Sidle, Lead Nurse for Patient Experience has shared the information with the DL staff and the Integrated Discharge team as well as the Transformation team so that the information received can be used to inform meaningful action planning.

Statement from Healthwatch Staffordshire

We welcome this comprehensive and detailed report which demonstrates the wide-ranging work being undertaken within the Trust to monitor and improve the quality of services for patients. From a Staffordshire perspective we have focussed our comments on Queen's Hospital and the Community Hospitals in Lichfield and Tamworth.

1. We are encouraged to see progress in developing consistent clinical pathways across the whole Trust based on evidence and good practice.
2. We acknowledge the work done at Burton to redesign the hospital discharge letter which has significantly improved information flow to both GPs and patients.
3. We are aware of the efforts being made to improve the discharge process, particularly for frail older people and are following this up ourselves. We are talking to patients directly about their experiences of the process before they leave hospital and, with their consent, following them up several weeks after discharge.
4. It is pleasing to see the increasingly close working with community based health and social care staff to enable as many people as possible to be sustained outside hospital. We do have some concerns about Virgin Care pulling out of East Staffordshire by the end of March 2020 and the disruption this could cause.
5. We are very encouraged to see the work being planned to improve the experience of patients with dementia and look forward to seeing the outcomes from this work.
6. We congratulate the Children's Service at Queen's and Royal Derby for being rated as good across all categories by the Care Quality Commission.
7. The Board approval of investment in improved Maternity Services in both Burton and Derby is welcomed.
8. We see encouraging signs of making greater use of the Lichfield and Tamworth Community Hospitals as demonstrated by Tamworth Hospital now providing a fully accredited Endoscopy Service which is more accessible to local patients and helps shorten waiting times.

We look forward to receiving the Trust's Integrated Quality Strategy going forward and will continue to seek Staffordshire patient perspectives as the benefits of the merger are realised.

Staffordshire Health Scrutiny commentary

We are directed to consider whether a Trust's Quality Account is representative and gives comprehensive coverage of their services and whether we believe that there are significant omissions of issues of concern.

There are some sections of information that the Trust must include and some sections where they can choose what to include, which is expected to be locally determined and produced through engagement with stakeholders.

We focused on what we might expect to see in the Quality Account, based on the guidance that trusts are given and what we have learned about the Trust's services through health scrutiny activity in the last year.

We also considered how clearly the Trust's draft Account explains, for a public audience (with evidence and examples) what they are doing well, where improvement is needed and what will be the priorities for the coming year.

Our approach has been to review the Trust's draft Account and make comments for them to consider in finalising the publication. Our comments are as follows:

We note that the trust was formed during the course of the year and this may have affected the trusts performance and income projections. We are pleased to see that the Trust has decided to continue with both Hospitals sets of priorities.

Introduction. A statement, signed by the CEO is present in the account but it is not signed by the Chairman. The Hospitals vision and a list of the services provided is also missing.

Priorities. We note how and why the priorities have been chosen, however there is a lack of detail under some of the priorities which make it impossible to properly scrutinise them, for example Priority 3 'learning from and reducing preventable deaths'.

Statements of Assurance. We note the supplementary text explaining the relevance of the information presented. The number of services reviewed is present and the explanation and detail

of how it is intended to measure progress and monitor the delivery of clinical services is welcomed.

Evidence of participation in local and national clinical audits and subsequent outcomes are explained. The importance of research is acknowledged and there is detail of both the research undertaken, the reasons for it and subsequent results. We are of the opinion that more statistical comparison information would be useful. The CQUIN income is noted but the performance data relates to 2017-18 CQUIN schemes not 2018/19 data.

Review of quality performance. The staff feedback figures are very low for the number of staff employed which causes some concern. The data is clearly portrayed and compared with national statistics. Also, the graph on page 88 'performance against target' seems to show a significant rate of decline. We would like to know if this was due to the merger and what was being done to rectify this.

We again commend the Trust for the commitment to provide communication and support for service users and carers whose first language is not English or those who may need the report in an alternative format.

In relation to the general format and layout of the document, the contents list does not match the contents and the document is difficult to find your way around. There is no list of services provided and some of the data presented in graph form may have been easier to understand if it had been presented in different formats.

It is appreciated that the draft quality account is as it suggests draft, however, there were such a large number of gaps in the data that it proved very difficult to scrutinise appropriately. Areas of concern were the number of deaths reported during the period on page 108; Never events on page 114 and complaints on page 114.

UHDB Response: University Hospitals Of Derby and Burton NHS Foundation Trust have noted the comments above and all areas have been addressed to ensure the report is of the expected standard.

Statements from Derby City Council
Derby City Council's Adults and Health Scrutiny Review Board

Statement from Derby City Council's Adults and Health Scrutiny Review Board
The Board is pleased to provide a formal response in relation to the Derby Teaching Hospitals NHS Trust Quality report Report 2018-2019. 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 scope 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 engages with external partners who include University Hospitals of Derby and Burton NHS Foundation Trust, Southern Derbyshire Clinical Commissioning Group; East Midlands Ambulance Service; and Healthwatch Derby.

The Board noted the most significant development during 2018-2019 has been the merger between Derby Teaching Hospitals and Burton Hospitals to form the new organisation, the University Hospitals of Derby and Burton NHS Foundation Trust on 1 July 2018. It was positive to see that following the merger the University Hospitals of Derby and Burton "Big Conversation" was launched to give every member of staff the chance to shape the future of the organisation, giving them the opportunity to share their ideas on the purpose, values and behaviours of the organisation. The Board also notes the progress so far of implementing the clinical plan by progressing new service models in stroke, cardiology, renal, urology as well as delivering planned integration specific savings, clinical services and "back office" £23m over 5 years. Investments in maternity services were recognised by the Board who were pleased to note that over the next 3 years additional midwives and other staff will be recruited to the service.

With regard to the Trust's priority to recognise patients who are clinically deteriorating and start appropriate treatment, the Board is encouraged to hear that the Patientrack electronic programme, that highlights patients with deteriorating vital signs for

urgent clinical review is fully embedded at Royal Derby Hospital and there is a plan to pilot the introduction of Patientrack to clinical areas at Burton in 2019.

The Board noted the continued work on the priority to identify and then start treatment for all patients with Sepsis. It commends the Trust's intention to move towards using the nationally recognised Sepsis UK standard tool across the Trust which is compliant with National Institute for Clinical Excellence (NICE) guidance and is also considered best practice.

The Board recognises that staff wellbeing is an ongoing priority for the Trust since it is seen in the priority to create an environment where the Trust continue, to support staff to protect our patients and feel free to report any safety concerns. The Board is supportive of The Trust's work in developing a streamlined incident reporting form to ensure ease of reporting incidents, using the dashboards to ensure that staff are able to have access to the trends and themes. The Board noted that the new incident form is planned to go live from 1st April 2019.

The Board noted the Trust's priority for Frailty and recognised the number of frail elderly patients who are increasingly attending hospital as emergency admission despite community care availability. The Board is pleased to see that the new organisation will continue to work on developing services across all sites to support the appropriate assessment of frailty and delivery of services to meet the needs of vulnerable patients.

The Board recognise that effective and safe discharge is a key priority in ensuring appropriate utilisation of Hospital beds whilst retaining the capacity to place patients in the right place at the right time. The Board noted the new discharge letter template was launched in November 2018, since implementation, over 90% of letters are completed on the day of discharge. GPs are significantly happier with the new letter, both in content and in timeliness of receipt.

It is also positive to see that a Quality Improvement Strategy for the new organisation will be launched early in 2019/20, with an emphasis on "how" the Trust delivers continual improvement, and that the

new quality improvement approach will underpin work to deliver improvements in Vulnerable Patients, Patient Experience and Reducing avoidable harm.

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 report, 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 would like to congratulate the Trust on the successful merger between Derby Teaching Hospitals and Burton Hospitals to form the University Hospitals of Derby and Burton NHS Foundation Trust. It is encouraging to see that every member of staff was given the chance to shape the future of the new organisation through the Big Conversation initiative. We welcome the Trust's intention to build on the findings of this initiative through the establishment of a Quality Improvement Strategy and a comprehensive quality governance structure.   We are pleased to note that despite all the recent changes nine of 10 key indicators are equal to or above national average.   Going forward we are assured that the University Hospitals of Derby and Burton NHS Foundation Trust will work with partners across the system to support the clinical model for Derbyshire.'

Statement from the Council of Governors of University Hospitals of Derby and Burton NHS Foundation Trust

During 2018/19 Governors have continued to contribute to a wide 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 impact on it, for instance patient safety committee, education and training group and the complaints review group.

Governors are also in attendance as participant observers on the Trust Board committees chaired by the Non-Executive Directors these include - Audit Committee, Charitable Funds Committee, Finance and Investment Committee, People Committee and Quality Committee.

The level of participation of Governors is extensive in the organisation and this provides opportunities for us to work proactively to influence changes through local knowledge and engagement with our constituents who use the services provided across all five sites.
Governors are supported to access training through the development programme, workshop presentations and conferences through the Foundation Trust Governor Network.

Additional Governors have been elected and appointed to reflect the merged UHDB Trust and fully engage in discussions at Council of Governors Meetings.

Governors are also involved in Health Information events which are delivered regularly to the Trust membership on a variety of topics and these attract a wide range of attendees including the public and staff members.

The Core Regulations working group, a sub-committee of the Council of Governors, continues to meet bi-monthly and to carry out governor led audits in clinical areas, primarily on the RDH and LRCH sites, there are plans to extend this in the future to all sites.

A number of Governors were involved in a mock inspection that took place in December 2018 as part of the preparation for CQC visits - this proved very valuable for all concerned as it provided an opportunity to visit front-line staff on all sites to gain better understanding of the services and the challenges they face on a daily basis.

At the bi-annual time out sessions between the Quality Committee and the Core Regulations Group Governors have been updated on continued progress with CQC action plan and have the opportunity to contribute to the review of the Trust's Quality Improvement Strategy.

A planned programme of Board to Ward visits with Executive Director, Non-Executive Director and Governor representation continue to provide a platform for discussions with both senior and 'grass roots' staff in an informal setting with particular emphasis on challenges and achievements. These provide yet another opportunity to influence changes that matter to patients, their families and staff which is invaluable and can be evidenced through the actions taken as a result of these visits.

A busy and challenging year with shared opportunities for Governors to be proactively involved, working collaboratively whilst exercising their independent role to help bring about positive changes to continuously improve the quality of services offered.

Annex 2: Statement of Directors' Responsibilities in Respect of the Quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality reports) Regulations to prepare Quality reports for each financial year. NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2018-19 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:

◊ Board minutes for the financial year, April 2018 and up to 14th May 2019 ("the period");
◊ Papers relating to quality reported to the Board over the period April 2018 to the date of signing this limited assurance report;
◊ Feedback from the Commissioners Derby and Derbyshire Clinical Commissioning Group Commissioner statement dated 24th April 2018;
◊ Feedback from the Commissioners Staffordshire and Stoke-on-Trent Clinical Commissioning Groups 22nd May 2019
◊ Feedback from Governors dated 20th March 2019;
◊ Feedback from local Healthwatch organisations Healthwatch Derby dated 3rd June 2019;
◊ Feedback from local Healthwatch organisations Healthwatch Derbyshire dated 3rd May 2019;
◊ Feedback from local Healthwatch organisations Healthwatch Staffordshire dated 29th May 2019;
◊ Feedback from Derby City Council's Adult and Health Scrutiny review board dated 8th May 2019;
◊ Feedback from Derby City Council's Health and Wellbeing Board dated 3rd May 2019;
◊ Feedback from Staffordshire Health Scrutiny dated 1st May 2019;
◊ The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2018/19;
◊ The latest national Care Quality Commission

Maternity Survey dated 29 January 2019;
◊ The latest national patient Quality Health Inpatient Survey dated 2018;
◊ The latest Patient Perspective Patient Experience Survey headline report National Inpatient Survey, dated 2018.
◊ The latest national staff survey University Hospitals of Derby and Burton NHS Foundation Trust NHS Staff Survey Benchmark Report dated 2018;
◊ The latest local staff survey Lepidus 2018/19 Staff Impressions FFT Survey Qtr 4 Headline Results and Benchmarking, dated April 2019;
◊ Care Quality Commission Final Inspection report and report on the action you plan to take letter dated 03/02/2017 Derby Teaching Hospitals NHS Foundation Trust;
◊ Care Quality Commission inspection, Burton Hospitals NHS Foundation Trust Queen's Hospital, dated 22/10/2015;
◊ Care Quality Commission inspection, Burton Hospitals NHS Foundation Trust, Samuel Johnson Community Hospital dated 22/10/2015;
◊ Care Quality Commission inspection, Burton Hospitals NHS Foundation Trust, Sir Robert Peel Community Hospital, dated 22/10/2015;
◊ The draft Head of Internal Audit's annual opinion over the Trust's control environment dated 18/04/2019.

- 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
11 June 2019

Gavin Boyle,
Chief Executive
11 June 2019

Independent Auditors' Limited Assurance Report to the Council of Governors of University Hospitals of Derby and Burton NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of University Hospitals of Derby and Burton NHS Foundation Trust to perform an independent assurance engagement in respect of University Hospitals of Derby and Burton NHS Foundation Trust's Quality Report for the year ended 31 March 2019 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2019 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 if possible, or title of section where criteria can be found)
Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge	2.13 Delivery of National Targets Assurance over Mandated Indicators Page 129
Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers	2.13 Delivery of National Targets Assurance over Mandated Indicators Page 129

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 NHS Foundation Trust Annual Reporting Manual ("FT ARM") and the 'Detailed requirements for quality reports 2018/19' issued by NHSI. The Directors are also responsible for the conformity of the specified indicators criteria with the assessment criteria set out in the FT ARM and the 'Detailed requirements for external assurance for quality reports 2018/19' issued by NHSI and for reporting the specified indicators in accordance with those criteria, as referred to on the pages of the Quality Report listed above.

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 2018/19';
- 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 2018/19'.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the 'Detailed requirements for quality reports 2018/19'; 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 consistent with the following documents:

- Board minutes for the financial year, April 2018 and up to 14th May 2019 ("the period");
- Papers relating to quality reported to the Board over the period April 2018 to the date of signing this limited assurance report;
- Feedback from the Commissioners Derby and Derbyshire Clinical Commissioning Group Commissioner statement dated 24th April 2018;
- Feedback from the Commissioners Staffordshire and Stoke-on-Trent Clinical Commissioning Groups 22nd May 2019
- Feedback from Governors dated 20th March 2019;
- Feedback from local Healthwatch organisations Healthwatch Derby dated 3rd June 2019;
- Feedback from local Healthwatch organisations Healthwatch Derbyshire dated 3rd May 2019;
- Feedback from local Healthwatch organisations Healthwatch Staffordshire dated 29th May 2019;
- Feedback from Derby City Council's Adult and Health Scrutiny review board dated 8th May 2019;
- Feedback from Derby City Council's Health and Wellbeing Board dated 3rd May 2019;
- Feedback from Staffordshire Health Scrutiny dated 1st May 2019;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 2018/19;
- The *latest* national Care Quality Commission Maternity Survey dated 29 January 2019;
- The *latest* national patient Quality Health Inpatient Survey dated 2018;
- The *latest* Patient Perspective Patient Experience Survey headline report National Inpatient Survey, dated 2018.
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- The *latest* local staff survey Lepidus 2018/19 Staff Impressions FFT Survey Qtr 4 Headline Results and Benchmarking, dated April 2019;
- Care Quality Commission Final Inspection report and report on the action you plan to take letter dated 03/02/2017 Derby Teaching Hospitals NHS Foundation Trust;
- Care Quality Commission inspection, Burton Hospitals NHS Foundation Trust Queen's Hospital, dated 22/10/2015;
- Care Quality Commission inspection, Burton Hospitals NHS Foundation Trust, Samuel Johnson Community Hospital dated 22/10/2015;
- Care Quality Commission inspection, Burton Hospitals NHS Foundation Trust, Sir Robert Peel Community Hospital, dated 22/10/2015;
- The draft Head of Internal Audit's annual opinion over the Trust's control environment dated 18/04/2019.

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 complied with 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 University Hospitals of Derby and Burton NHS Foundation Trust as a body, to assist the Council of Governors in reporting University Hospitals of Derby and Burton NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and University Hospitals of Derby and Burton 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 2018/19';
- 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 of each of the different processes operated within both the Derby and Burton hospital sites;
- 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;
- we have doubled our sample sizes where the systems and processes being used to produce data for an indicator vary between Burton and Derby Hospitals, and where doing so would potentially enable us able to issue an unmodified conclusion. This has meant we have tested two samples for the maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers indicator; 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 criteria set out in the FT ARM and 'Detailed requirements for quality reports 2018/19'.

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 University Hospitals of Derby and Burton NHS Foundation Trust.

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

As per the guidance for this indicator, the Trust reports on Type 1 and Type 3 attendances to A&E as part of its return. Type 3 patients are those which relate to walk in centres and the in-house GP service. These services can be regularly accessed without an appointment and are contracted out by the Trust. As the Trust does not have access to supporting records for Type 3 attendances, we have been unable to obtain evidence as to whether the attendances have been recorded and reported in accordance with the NHSI reporting criteria.

In addition to the point above, NHSI's guidance sets out that patient activity should only be recorded by one of the two providers when combined figures are reported. The Trust, and its outsourced Type 3 providers, refer patients between each other, making adjustments for clock starts and stop times, but it was not possible to determine whether the patient is recorded in the Trust's and the outsourced providers data. At present Type 3 patients represent 59,767 attendances or 19% of total attendances.

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 hand over 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 2018/19, applying a start clock using Ambulance Trust data would not impact on overall reported performance. Ambulance patients account for 27% of total attendances.

Disclaimer of conclusion

Because the data required to support the "Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge" 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 indicator.

Nothing has come to our attention that causes us to believe that for the year ended 31 March 2019:

- 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 2018/19';

- The Quality Report is not consistent in all material respects with the documents specified above; and

- The specified indicator Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers has 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 2018/19.'

Pricewaterhouse Coopers LLP

PricewaterhouseCoopers LLP
Donington Court,
Castle Donington,
DE74 2UZ

13th June 2019

The maintenance and integrity of the University Hospitals of Derby and Burton 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.

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COMPASSION + **OPENNESS** + **EXCELLENCE**

University Hospitals of Derby and Burton NHS Foundation Trust

(Formerly Derby Teaching Hospitals NHS Foundation Trust)

Group Annual Financial Statements 2018-19

Foreword to the Financial Statements

These Financial Statements, for the year ended 31 March 2019, have been prepared by the University Hospitals of Derby and Burton NHS Foundation Trust (formerly Derby Teaching Hospitals NHS Foundation Trust) in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

The Financial Statements include the consolidation of the University Hospitals of Derby and Burton NHS Foundation Trust (UHDB), Derby and Burton Hospitals Charity (charity no. 1061812) and the Trust's subsidiary company D-Hive Limited (company no. 06982953), which includes the consolidation of its subsidiary companies Clinicians Connected Ltd (company no. 10250431) and Derby Health Staffing Ltd (company number 11425097). D-Hive Limited, Clinicians Connected Ltd and Derby Health Staffing Ltd are exempt from the requirements relating to the audit of Financial Statements under section 479A of the Companies Act 2006. More information on all of the Trusts Subsidiaries can be found in note 17.

The year ended 31st March 2019 was one of significant changes for the Trust. After a considerable period and process of due diligence, the University Hospitals of Derby and Burton NHS Foundation Trust was formed on the 1st July 2018 following the merger of the Burton Hospitals NHS Foundation Trust with the Derby Teaching Hospitals NHS Foundation Trust. This merger took the form of a technical acquisition by the Derby Trust.

A separate set of Financial Statements has been prepared for the Burton Trust for the period prior to merger, 1st April 2018 – 30th June 2018.

The group Financial Statements that follow therefore represent those of the Derby Teaching Hospitals NHS Foundation Trust alone until 30th June 2018 and then the University Hospitals of Derby and Burton NHS Foundation Trust from 1st July 2018.

The prior year figures are included for the financial year 2017-18, but only cover Derby Teaching Hospitals NHS Foundation Trust. As the 2018-19 figures also include 9 months of the former Burton Hospitals NHS Foundation Trust, comparisons are difficult. This will also be the case in 2019-20 when a full year of the new Trust is compared with 2018-19 which does not include the three months of the Burton Trust prior to the merger.

The closing accounts of the Burton Trust include a £51.3m "loss from transfer by absorption", this is, in effect, how the closing asset position moves to the Derby Trust. In recognition of this, the new Trust includes a "gain from transfer by absorption" for an equal but opposite amount.

The reported Group deficit for the year ended 31st March 2019 is £18.3m, this position includes the Trust, its wholly owned subsidiaries and Derby and Burton Hospitals Charity.

The Trust including subsidiaries column shown in the table overleaf does not reconcile to Trust columns in the primary statements and notes to these accounts, as Trust columns and tables in the notes contain the Trust figures only. The subsidiary figures are shown in the Group columns and tables along with the Charity figures. The figures are shown in the above table as Trust including subsidiaries in the first column as this is how the Trust's performance is measured when monitored for control total compliance.

The merged Trust was given a financial control total by NHS Improvement that was the sum of the control totals allocated to the two sovereign trusts, less the actual Quarter 1 position of the Burton Hospitals NHS FT in 2018-19 that has been accounted for separately.

If the Trust achieved the compliance deficit of £37.399m, it would be eligible for Provider Sustainability Funding totalling £15.350m that would result in achievement of the £22.049m control total.

University Hospitals Of Derby and Burton FT 2018/19	Trust Including Subsidiaries	Charity Consolidation	Group
	£'000	£'000	£'000
Operating income from patient care activities	652,132	(0)	652,132
Other operating income	71,603	2,361	73,964
Operating expenses	(775,124)	(2,193)	(777,317)
Operating Surplus / (Deficit)	(51,389)	168	(51,221)
Finance income	160	338	498
Finance expense	(18,063)	1	(18,062)
Net Finance Costs	(17,903)	339	(17,564)
Other gains/(losses)	(320)	130	(190)
Share of profit/(loss) of associates/ joint ventures	0	0	0
Gains/(losses) from transfers by absorption	51,308	(0)	51,308
Surplus/(Deficit) on Continuing Operations	(18,304)	637	(17,667)

The Trust's actual position against control total compliance is a deficit of £69.146m. This position includes subsidiaries but is adjusted to exclude the charity, impairments, donations, and the effect of the transfers by absorption. The position is therefore £31.747m adverse variance to the compliance target. The Trust was compliant during Q1 and so received £1.337m of PSF but was not eligible to receive PSF in the other 3 quarters. The Trust received a further £4.000m PSF at year end as part of the general distribution.

Control Total Compliance (before Charity consolidation)	Including PSF £'000	Remove PSF £'000	Excluding PSF £'000
Surplus/(deficit) for the period/year	(18,304)	(5,337)	(23,641)
Add back all I&E impairments/(reversals)	4,796		4,796
Adjust (gains)/losses on transfers by absorption	(51,308)		(51,308)
Surplus/(deficit) before impairments and transfers	(64,816)	(5,337)	(70,153)
Remove capital donations/grants I&E impact	1,007		1,007
Adjusted financial performance surplus/(deficit)	(63,809)	(5,337)	(69,146)
Control total including PSF	(22,049)	(15,350)	(37,399)
Variance against control total	(41,760)	10,013	(31,747)

Independent Auditors' Report to the Council of Governors of University Hospitals of Derby and Burton NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion, University Hospitals of Derby and Burton 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 2019 and of the Group's and Trust's income and expenditure and the Group's and Trust's 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 2018/19.

We have audited the financial statements, included within the Annual Report & Accounts 2018-19 (the "Annual Report"), which comprise: Statements of Financial Position as at 31 March 2019; Statements of Comprehensive Income for the year ended 31 March 2019; Statement of Cashflows for the year ended 31 March 2019; Statements of Changes in Taxpayer Equity for the year ended 31 March 2019; 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 note 2 to the financial statements regarding the Group's and the Trust's ability to continue as a going concern.

University Hospitals of Derby and Burton 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 Social Care 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 2 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

University Hospitals of Derby and Burton NHS Foundation Trust has recorded a deficit on continuing operations in 2018/19 of £69.6 million in the Trust accounts (excluding the gain from transfers by absorption). University Hospitals of Derby and Burton NHS Foundation Trust has been reliant on external cash support from the Department of Health and Social Care which must be approved on a monthly basis, and has drawn down a cumulative total of £207 million in revenue support and £14 million in capital support as at 31 March 2019. The financial plan for 2019/20 indicates additional revenue support of £16 million and capital support of £38 million will be required.

What audit procedures we performed

We focused on whether University Hospitals of Derby and Burton NHS Foundation Trust was appropriate 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 University Hospitals of Derby and Burton NHS Foundation Trust.

The Department of Health and Social Care Group Accounting Manual confirms that financial statements should be prepared "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".

In considering the financial performance of the Trust and the appropriateness of the going concern assumption in the preparation of the financial statements, we obtained the 2019/20 annual plan and going concern paper that considered the Trust's financial plans and cash flows to May 2020, and:

- compared the Trust's historic Cost Improvement Programme performance outturn against targeted savings and the stage of development of the 2019/20 Cost Improvement Programme;

- considered the actions being taken by the Trust to improve its financial performance;

- looked at relevant reports to the Trust's Finance, Investment and Performance Committee;

- 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 2019/20 contracts and the 2019/20 financial plan.

We also read the disclosures included within the Performance Report, Annual Governance Statement and note 2 of the financial statements.

Our audit approach

Context

Our audit for the year ended 31 March 2019 was planned and executed having regard to the fact that the former Derby Teaching Hospitals NHS Foundation Trust acquired Burton Hospitals NHS Foundation Trust on 1 July 2018 and was renamed to be University Hospitals of Derby and Burton NHS Foundation Trust.

NHS Improvement has placed University Hospitals of Derby and Burton NHS Foundation Trust in segment 3 of its Single Oversight Framework as at 31 March 2019. NHS Improvement's Single Oversight Framework is the framework for overseeing providers and identifying potential support needs. Segment 3 is described by NHS Improvement as 'Providers receiving mandated support for significant concerns'.

Overview
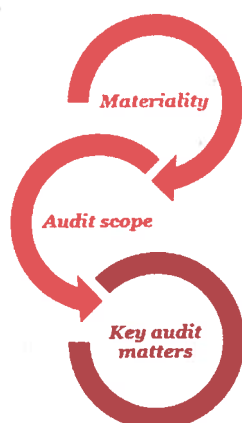
Materiality

- Overall Group materiality: £14,415,000 which represents 2% of total revenue excluding Provider Sustainability Fund income.

Audit scope

- The consolidated financial statements comprise the parent, University Hospitals of Derby and Burton NHS Foundation Trust and its wholly owned subsidiaries the University Hospitals of Derby and Burton Charitable Trust and D-Hive Ltd. D-Hive Ltd itself wholly owns a further three subsidiaries, Clinicians Connected, Derby Health Staffing Limited and Pride Pharmacy Limited.

- Work was performed by an 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.

- We performed our work at the Trust sites in Derby and Burton, and reviewed the work of the external auditor of the former Burton Hospitals NHS Foundation Trust in respect of the balances transferred to University Hospitals of Derby and Burton NHS Foundation Trust.

Key audit matters

Our key audit matters were:

- Risk of fraud in revenue and expenditure recognition;

- Valuation of Property, Plant and Equipment;

- Going Concern;

- Opening balances, including the accounting entries for the acquisition of Burton Hospitals NHS Foundation Trust; and

- The Sale and Leaseback of land and buildings to the University Hospitals of Derby and Burton NHS Foundation Trust Charity.

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. 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 note 1 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 University Hospitals of Derby and Burton NHS Foundation Trust, as described in the 'Material uncertainty relating to going concern' section above. • The wider financial challenge in the NHS, and the pressure on University Hospitals of Derby and Burton Hospitals NHS Foundation Trust to achieve its forecast 2018/19 financial performance set out in the plan submitted to NHS Improvement, there is an incentive to recognise income for services which have not been delivered during the financial year, and to omit to recognise expenditure in 2018/19, to improve the reported financial position. • NHS Foundation Trusts who exceed their control total are entitled to receive an agreed allocation of Provider Sustainability Funding. The potential for a bonus payment if the control total is exceeded, has created additional incentives for the Trust to achieve and exceed its control total. We considered revenue recognition to be a risk, in particular revenue streams from Clinical Commissioning Groups ("CCGs"), which together comprise £608 million of the Trust's £652 million of income from activities. The contracts with 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	**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 over and under performance variations to invoices or credit notes and checked whether these were recorded in the correct period, and reflected in the NHS agreement of balances where relevant. As a result of the tests performed, we confirmed that revenue recorded in the accounts was materially consistent with the underlying contracts and variations and was recognised in the correct accounting period. However, as part of our work we identified a number of invoices which were immaterial in aggregate where there was insufficient evidence to support the recovery of the accounts receivable. The Trust has added a provision as at 31 March 2019 for these balances in the audited financial statements. 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. We have referred in Key Audit Matter 4 below to adjustments made to the draft financial statements as a result of our audit work on a Sale and Leaseback arrangement. **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 2019 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 2019 to supporting evidence and confirmed that the related

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. In particular, we focused on areas of management judgement such as accruals.

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.

item of expenditure had been recorded in the correct period.

- We compared the nature and value of accruals and provisions in the 2018/19 to the 2017/18 financial statements to assess the material completeness of the balances.
- We compared the top 20 suppliers by total expenditure between 2017/18 and 2018/19 and obtained explanations for any significant decreases in the amount of expenditure processed relative to the previous year.

As a result of the tests performed, we identified no material issues.

Intra-NHS balances

We obtained University Hospitals of Derby and Burton NHS Foundation Trust's mismatch reports received from the National Audit Office, which identified balances (accounts receivable, accounts payable, 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.

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 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. The Trust's property, plant and equipment amounts to £478 million of which £414 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 University Hospitals of Derby and Burton NHS Foundation Trust's external independent valuer.

We confirmed that there have been no significant changes to the key inputs in 2018/19 other than capital additions and disposals for the assets owned by the former Derby Teaching Hospitals NHS Foundation Trust.

We reviewed the work of the external auditor of the former Burton Hospitals NHS Foundation Trust in respect of the valuation of PPE. This was specifically focused on understanding the single site modern equivalent asset valuation approach that the former Trust had used.

We engaged the support of an auditor's expert valuer to review the work of the University Hospitals of Derby and Burton NHS Foundation Trust's external independent valuer. This included consideration of the single site modern equivalent asset approach applied by the former Burton Hospitals NHS Foundation Trust, and the assumptions applied in the valuation of the land and buildings of the Trust as at 31 March 2019.

We obtained the information provided to the Trust's external independent valuer and reconciled this back to underlying records to check its completeness.

The land and buildings owned by the former Derby Teaching Hospitals NHS Foundation Trust were revalued as at 31 March 2016, and those owned by the former Burton Hospitals NHS Foundation Trust were revalued as at 31 March 2018. University Hospitals of Derby and Burton NHS Foundation Trust commissioned a desktop valuation from their external independent valuer for the year ended 31 March 2019. This resulted in a net increase to the overall value from £400 million to £414 million.

We confirmed that the valuation information had been correctly accounted for and disclosed in University Hospitals of Derby and Burton NHS Foundation Trust's accounts.

We identified no material issues as a result of the work performed.

Key audit matter 3 – Group and Trust

Opening balances, including the accounting entries for the acquisition of Burton Hospitals NHS Foundation Trust

See notes 3, 19, 20, 21, 26 and 36, and the Foreword to the Financial Statements, for disclosures on the application of 'transfer by absorption' accounting as prescribed by the Group Accounting Manual.

Derby Teaching Hospitals NHS Foundation Trust acquired Burton Hospitals NHS Foundation Trust from 1 July 2018 and was required to transfer the balances from Burton Hospitals NHS Foundation Trust's Statement of Financial Position for Assets, Liabilities and Equity to the University Hospitals of Derby and Burton NHS Foundation Trust based on their value at that date.

The Group Accounting Manual requires that 'DHSC group bodies must account for transfers of function to one Foundation Trust to another as a 'transfer by absorption'.

The external audit work for the first quarter of 2018/19 at Burton Hospitals NHS Foundation Trust was undertaken by a different auditor. The one-off nature of the transaction presents a risk to the audit in ensuring that the valuation and presentation & disclosure of the balances being transferred are materially appropriate.

As part of our planning work, we also identified that amongst the balances to be transferred from Burton Hospitals NHS Foundation Trust, were invoices regarding income for over performance against the contract which had yet to be paid.

We reviewed the working papers of the Burton Hospitals NHS Foundation Trust predecessor external auditor as part of our procedures to seek assurance over the opening balances being transferred.

We considered the work performed during their audit for any evidence of a material misstatement within the 2018/19 quarter one balances.

We engaged our auditor's expert valuer to review the methodology applied to the valuation of the Burton Hospitals NHS Foundation Trust's land and buildings.

As noted under Key Audit Matter 1 above, for a number of invoices which were immaterial in aggregate there was insufficient evidence to support the recovery of the accounts receivable. The Trust has added a provision as at 31 March 2019 for these balances in the audited financial statements.

We looked at the accounting entries and disclosures in the Trust's financial statements to check that they were materially consistent with the requirements of the Group Accounting Manual, and no such issues were noted.

Key audit matter 4 – Group and Trust

The Sale and Leaseback of land and buildings to the University Hospitals of Derby and Burton NHS Foundation Trust Charity.

See notes 2 and 26 for disclosures relating to the Sale and Leaseback transaction.

We focussed on this area because of its size and the one-off nature of the transaction.

On 31 March 2019, the Trust entered into a series of contracts with the University Hospitals of Derby and Burton Charitable Trust ('the Charity') for the sale and leaseback of the following land and buildings:

- London Road, Derby;
- Manor staff car park, Derby;
- Queens Hospital, Burton;
- Samuel Johnson, Lichfield; and
- Sir Robert Peel, Tamworth.

We read the documentation provided by the Trust in respect of the transaction and discussed it with the Director of Finance.

We considered the accounting treatment used by the Trust in the draft financial statements against the requirements of SIC 27 – *Evaluation the Substance of Transactions Involving the Legal Form of a Lease* to determine whether the Trusts had correctly accounted for the transactions as leases.

In doing so, we challenged the extent to which the arrangement conveyed the right to use the assets to the University Hospitals of Derby and Burton NHS Foundation Trust Charity through a transfer of risks and rewards. We determined that the transaction did not involve a sufficient transfer of risks and rewards and as a result, the transaction did not, in substance, represent a sale of land and buildings to the Charity.

Following our challenge of the accounting treatment, the Trust changed the recognition of the transaction in the

The Trust entered into a 125 year headlease with the Charity (with the Trust and its subsidiary D-Hive together acting on behalf of the Charity) for a premium of approximately £210 million. The Charity paid the Trust £100,000 upfront and the Trust lent the Charity the £210 million to pay for the rest of the headlease premium. Interest was payable on the loan at 5%.

At the same time, the Charity entered into a 30 year lease with the Trust to sub-let the land and property back to the Trust for an annual rental of approximately £11 million.

The Net Book Value of the five assets listed above was approximately £110 million. A risk was identified that this unusual transaction may not be accounted for appropriately and required consideration of a number of accounting standards

financial statements. This resulted in the following changes to the draft financial statements:

- the Trust continued to recognise the land and buildings in its financial statements, rather than them being recognised in those of the Charity;
- the profit on sale of £100 million which had originally been recognised in the Trust's Statement of Comprehensive Income as a result of the transaction was reversed;
- the Provider Sustainability Fund income of £62 million that would have been due to the Trust if the Trusts had recognised the £100 million profit and, as a result, achieved its control total agreed with NHS Improvement, was withdrawn; and
- a liability for the contractual payments due under the arrangement for the initial two year period of £1.4 million

The total impact of the changes noted above was to change the Statement of Comprehensive Income from a surplus of £92.4 million in the draft financial statements, to a deficit of £69.6 million in the audited financial statements (excluding the gain from transfer by absorption).

Other than the matters noted in the 'Material Uncertainty relating to going concern' and 'Arrangements for securing economy, efficiency, and effectiveness in the use of resources' paragraphs, we determined that there were no further key audit matters relating to the financial statements of the Group and Trust, or the Group's and Trust's arrangements for securing economy, efficiency, and effectiveness in the use of resources to communicate in our report.

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 Trust and the Group, the accounting processes and controls, and the environment in which the Group operates.

University Hospitals of Derby and Burton NHS Foundation Trust is the Corporate Trustee of the University Hospitals of Derby and Burton NHS Foundation Trust Charity. The charity is consolidated into the Group financial statements. University Hospitals of Derby and Burton NHS Foundation Trust also consolidates its wholly owned subsidiary D-Hive Ltd. D-Hive Ltd itself wholly owns a further three subsidiaries, Clinicians Connected, Derby Health Staffing Limited and Pride Pharmacy Limited. We conducted the audit work on the Consolidated Group financial statements at University Hospitals of Derby and Burton NHS Foundation Trust's premises in both Burton and Derby, where members of the finance function are 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	£14,415,000	£14,411,180
How we determined it	2% of revenue excluding Provider Sustainability Fund income (2018: 2% of revenue)	2% of revenue excluding Provider Sustainability Fund income (2018: 2% of revenue)
Rationale for benchmark applied	We have applied this benchmark, a generally accepted auditing practice, in the absence of indicators that an alternative benchmark would be appropriate.	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. Certain components were audited to a local statutory audit materiality that was also less than our overall group materiality.

We agreed with the Audit Committee that we would report to them misstatements identified during our audit above £300,000 (Group audit) (2018: £250,000) and £300,000 (Trust audit) (2018: £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 2018/19 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.

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 2019 is consistent with the financial statements and has been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2018/19.

In light of the knowledge and understanding of the Group and the 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 2018/19.

Responsibilities for the financial statements and the audit

Responsibilities of the directors for the financial statements

As explained more fully in the Accountability Report set out on page 18, the directors are responsible for the preparation of the financial statements in accordance with the Department of Health and Social Care Group Accounting Manual 2018/19, 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.

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.

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.

Our audit did not consider any impact that the United Kingdom's withdrawal from the European Union may have on the Trust as the terms of withdrawal are not clear, and it is difficult to evaluate all of the potential implications on the Trust's activities, patients, suppliers and the wider economy.

Use of this report

This report, including the opinions, has been prepared for and only for the Council of Governors of University Hospitals of Derby and Burton NHS Foundation Trust 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

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 2019.

Adverse opinion

As a result of the matters set out in the 'Basis for adverse opinion and key audit matter' section below, 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 2019.

Basis for adverse opinion and key audit matter

Financial performance

The Trust's outturn position for 2018/19 was a deficit of £69.6 million (excluding the gains from transfer by absorption, which compares to an agreed control total of £37.4 million deficit. Further details are included in the 'Material uncertainty relating to going concern' section above

License conditions

In September 2014 Monitor agreed enforcement undertakings with the then 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 for University Hospitals of Derby and Burton NHS Foundation Trust

Preparation of financial statements

The Trust experienced challenges with the quality of the financial statements prepared for audit, the quality and timeliness of working papers to support them, and the availability of a key member of the finance team involved in the production of the accounts.

These matters are evidence of weaknesses in proper arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

What procedures we performed

In considering the Trust's arrangements we:

- Held meetings with management to discuss the key audit matters;

- Read Trust Board papers to understand the underlying basis for the 2018/19 financial performance, Cost Improvement Programme performance against the combined plan and the extent of the capital maintenance backlog;

- Understood the Trust's performance reports to assess progress against key targets;

- Read relevant information issued by the Care Quality Commission; and

- Monitored the accounting performance of the Trust and understood the reasons for delays in the production of the financial statements and working supporting papers.

The procedures that were undertaken in respect of the Trust's financial performance are outlined in the "Material uncertainty relating to going concern" paragraph above.

Other matters on which we report by exception

We are required to report to you if:

- The statement given by the directors on page 62, 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 patients, regulators, and other stakeholders to assess the Group's and Trust's performance, business model, and strategy is materially inconsistent with our knowledge of the Group and Trust acquired in the course of performing our audit.

- The section of the Annual report on page 33, 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 2018/19 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
Donington Court
Pegasus Business Park
Castle Donington

Date: 13 June 2019

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Annual Financial Statements Main Statements

Statements of Comprehensive Income for the year ended 31 March 2019

The Statement of Comprehensive Income is a financial report detailing the change in the Trusts net assets during the financial year. The Group Financial Statements information includes the consolidation of Derby and Burton Hospitals Charity and the D-Hive Limited Group Financial Statements along with the Trust Financial Statements.

	Note	Trust Accounts		Group Accounts	
		2018-19	2017-18	2018-19	2017-18
		£m	£m	£m	£m
Income from Patient Care Activities	5	652.132	496.146	652.132	496.146
Other Operating Income	6	71.510	45.084	73.964	47.288
Operating Expenses	4	(774.913)	(565.898)	(777.317)	(568.460)
Operating Surplus / (Deficit)		(51.271)	(24.668)	(51.221)	(25.026)
Finance Income	9	0.153	0.060	0.498	0.318
Dividend Receivable		0.000	0.000	0.000	0.000
Finance Expense	10	(18.130)	(16.024)	(17.982)	(16.024)
Unwinding of Discount	26	(0.081)	(0.088)	(0.081)	(0.088)
Other Gains/(Losses)		(0.320)	0.000	(0.190)	0.000
Gains from transfers by absorption	36	51.308	0.000	51.308	0.000
Corporation Tax (Payable)/Recoverable		0.000	0.000	0.000	0.013
Surplus/(Deficit) on Continuing Operations		(18.341)	(40.720)	(17.667)	(40.807)
Gain or (loss) on Fair Value of Investments		0.000	0.000	0.000	(0.077)
Retained Surplus/(Deficit)		(18.341)	(40.720)	(17.667)	(40.884)
Impairment	18	(2.383)	0.000	(2.383)	0.000
Revaluation	18	21.085	4.810	21.085	4.810
Other Reserve Movements	35	0.000	0.000	2.193	(0.034)
Total Comprehensive Income /(Expense)		0.361	(35.910)	3.228	(36.108)

Statements of Financial Position as at 31 March 2019

	Note	Trust Accounts		Group Accounts	
		2018-19	2017-18	2018-19	2017-18
		£m	£m	£m	£m
Intangible Assets	20	7.588	3.022	7.583	3.022
Property, Plant and Equipment	19	477.654	344.106	487.630	343.886
Other Non-Current Investments	21	15.625	1.087	8.962	7.762
Non-Current Receivables	23	5.883	10.766	5.883	10.766
Total Non-Current Assets		**506.750**	**358.981**	**510.058**	**365.436**
Inventories	22	12.102	6.574	12.102	6.574
Current Receivables	23	46.057	28.869	46.121	28.184
VAT Receivables	23	4.714	3.146	4.714	3.146
Other Current Assets		0.000	0.009	0.000	0.009
Cash and Cash Equivalents	29	4.273	15.583	9.003	16.649
Total Current Assets		**67.146**	**54.181**	**71.940**	**54.562**
Trade and Other Payables	24	(85.159)	(49.155)	(87.152)	(49.582)
Current Borrowing	25	(84.867)	(48.769)	(84.936)	(48.584)
Current Provisions	26	(3.372)	(0.753)	(1.944)	(0.753)
Tax Payable	24	(10.849)	(7.540)	(12.782)	(7.576)
Other Current Liabilities	28	(9.664)	(6.714)	(9.615)	(6.714)
Total Current Liabilities		**(193.911)**	**(112.931)**	**(196.429)**	**(113.209)**
Assets Less Current Liabilities		**379.985**	**300.231**	**385.570**	**306.789**
Non-Current Borrowings	25	(434.116)	(369.968)	(428.824)	(368.517)
Non-Current Provisions	26	(4.112)	(3.326)	(4.112)	(3.326)
Other Non-Current Liabilities		0.000	0.000	0.000	0.000
Total Non-Current Liabilities		**(438.228)**	**(373.294)**	**(432.936)**	**(371.843)**
Net Assets/(liabilities)		**(58.243)**	**(73.063)**	**(47.366)**	**(65.054)**
Financed by					
Public Dividend Capital	SOCITE	235.220	169.453	235.220	169.453
Income and Expenditure Reserve		(374.402)	(270.991)	(372.915)	(270.971)
Revaluation Reserve		80.939	28.475	80.939	28.475
Subsidiary Reserves		0.000	0.000	(0.156)	(0.156)
Charitable Fund Reserves		0.000	0.000	9.546	8.145
Total Reserves		**(58.243)**	**(73.063)**	**(47.366)**	**(65.054)**

Gavin Boyle

Chief Executive
11th June 2019

Statements of Changes in Taxpayer Equity for the year ended 31 March 2019

		Trust Accounts			
		Total Reserves	PDC Reserve	I&E Reserve	Revaluation Reserve
		£m	£m	£m	£m
Balance as at 1 April 2017		(37.801)	168.803	(230.269)	23.665
Prior Year Adjustment		0.000	0.000	0.000	0.000
Annual Surplus / (Deficit)		(40.722)	0.000	(40.722)	0.000
Additional PDC		0.650	0.650	0.000	0.000
Revaluation of PPE		4.810	0.000	0.000	4.810
Other Movements		0.000	0.000	0.000	0.000
Balance at 1 April 2018		(73.063)	169.453	(270.991)	28.475
Annual Surplus / (Deficit)		(18.341)	0.000	(18.341)	0.000
Transfers by Absorption		0.000	51.308	(85.069)	33.761
Additional PDC		14.459	14.459	0.000	0.000
Revaluation of PPE		18.702	0.000	0.000	18.702
Prior Year Restatement		0.000	0.000	0.000	0.000
Other Movement		0.000	0.000	(0.001)	0.001
Balance as at 31 March 2019		(58.243)	235.220	(374.402)	80.939

		Group Accounts					
		Total Reserves	PDC Reserve	Trust I&E Reserve	Revaluation Reserve	Subsidiaries plus consolidation	Charity I&E Reserve
		£m	£m	£m	£m	£m	£m
Balance as at 1 April 2017		(29.587)	168.803	(230.269)	23.665	(0.090)	8.304
Prior Year Adjustment		0.000	0.000	0.000	0.000	0.000	0.000
Annual Surplus / (Deficit)		(40.861)	0.000	(41.375)	0.000	0.000	0.514
Additional PDC		0.650	0.650	0.000	0.000	0.000	0.000
Revaluation of PPE		4.810	0.000	0.000	4.810	0.000	0.000
Other Movements		(0.066)	0.000	0.673	0.000	(0.066)	(0.673)
Balance at 1 April 2018		(65.054)	169.453	(270.971)	28.475	(0.156)	8.145
Annual Surplus / (Deficit)		(17.667)	0.000	(16.775)	0.000	0.000	(0.892)
Transfers by Absorption		0.000	51.308	(85.069)	33.761	0.000	0.000
Net Revaluation/(Impairments)		18.703	0.000	0.000	18.703	0.000	0.000
Additional PDC		14.459	14.459	0.000	0.000	0.000	0.000
Revaluation of PPE		0.000	0.000	0.000	0.000	0.000	0.000
Prior Year Restatement		0.000	0.000	0.000	0.000	0.000	0.000
Other Reserve Movement		2.193	0.000	(0.100)	0.000	0.000	2.293
Balance as at 31 March 2019		(47.366)	235.220	(372.915)	80.939	(0.156)	9.546

Information on reserves

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 organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves
The subsidiary consolidation reserve represents the Trusts subsidiary companies and consolidation adjustments to present a Group total reserves position.

Charitable funds reserve
This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 35.

Statement of Cashflows for the year ended 31 March 2019

	Trust Accounts		Group Accounts	
	2018-19	**2017-18**	**2018-19**	**2017-18**
	£m	**£m**	**£m**	**£m**
Operating Surplus / (Deficit)	(51.271)	(24.668)	(51.221)	(25.026)
Non-cash or non-operating income and expense:				
Depreciation and amortisation	15.066	8.406	14.985	8.456
Impairment and Reversals	4.796	0.000	4.796	0.000
(Gain)/Loss on Disposal	0.000	0.298	0.000	0.298
Income recognised in respect of capital donations (cash and non-cash)	(0.152)	(0.853)	(0.350)	(0.362)
(Increase)/decrease in receivables	1.816	7.448	1.563	8.341
(Increase)/decrease in inventories	(1.158)	(0.481)	(1.158)	(0.480)
Increase/(decrease) in trade and other payables	12.069	2.136	10.672	1.963
Increase/(decrease) in other liabilities	2.814	(1.382)	2.866	(1.382)
Increase/(decrease) in provisions	1.694	(0.232)	0.230	(0.232)
Tax (Paid)/Received	0.000	0.501	0.000	0.524
Other movements in operating cash flows	(0.127)	0.000	0.069	0.000
Net cash generated from / (used in) operations	**(14.453)**	**(8.827)**	**(17.548)**	**(7.900)**
Cash flows from investing activities				
Interest received	0.153	0.060	0.160	0.282
Purchase of intangible assets	(0.735)	(0.734)	(0.573)	(0.734)
Purchase of property, plant and equipment and investment property	(22.179)	(8.652)	(31.111)	(10.271)
Proceeds from sales of property, plant and equipment and investment property	0.022	0.429	0.023	0.429
(Purchase)/Proceeds of/from investments	(14.539)	0.000	1.359	0.100
Net cash generated from/(used in) investing activities	**(37.278)**	**(8.897)**	**(30.142)**	**(10.194)**
Cash flows from financing activities				
Public dividend capital received	14.459	0.650	14.459	0.650
Movement in loans from the Department of Health and Social Care	48.106	48.374	48.106	48.374
Capital element of finance lease rental payments	(0.223)	0.000	(0.223)	0.000
Capital element of PFI, LIFT and other service concession payments	(8.469)	(8.398)	(8.176)	(8.464)
Interest Paid	(17.322)	(16.024)	(17.990)	(16.024)
Net cash generated from/(used in) financing activities	**36.551**	**24.602**	**36.176**	**24.536**
Increase/(decrease) in cash and cash equivalents	**(15.180)**	**6.878**	**(11.514)**	**6.442**
Cash and cash equivalents at 1 April - brought forward	15.583	8.705	16.647	10.207
Cash and cash equivalents transferred by absorption	3.870	0.000	3.870	0.000
Cash and cash equivalents at 31 March	**4.273**	**15.583**	**9.003**	**16.649**

Notes to the Financial Statements

1. 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 2018-19. Where the GAM does not cover an event or circumstance, the Trust is required to 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 Financial Statements for the financial year. Excepting IFRS 9 and IFRS 15 as discussed below

New standards IFRS 9 and IFRS 15 have been applied in year, this is shown in more detail in notes 37 and 38 to the accounts. There were no material difference on application.

The Trust applies the Going Concern convention which assumes that the Trust will continue to operate in its current form for the foreseeable future. Going Concern is presented in more detail in note 2 to the accounts.

The Trust has applied the historical cost convention modified by the revaluation of Property, Plant and Equipment.

2. Consolidation

Subsidiaries
The Trust group has consolidated the transactions and balances held with its subsidiary group of companies. The Financial Statements of the group have been consolidated based on an IFRS compliant basis. Intragroup transactions have been eliminated.

Investments in subsidiaries are shown at cost in the Trust as a standalone entity's accounts.

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 Financial Statements 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 as defined in IFRS10, 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 Financial Statements which have been produced under the charities SORP are aligned to ensure compliance with IFRS and intra group transactions are eliminated.

1.2 Income

IAS 18 was replaced by IFRS 15 for financial year 18/19. The previous policy under IAS 18 stated;

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.

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- As per paragraph 121 of the Standard, the Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The Trust will not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The Treasury Financial Reporting Manual (FReM) has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Trust to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of revenue for the Trust is contracts with commissioners in respect of healthcare services. Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where a patient care spell is incomplete at the year end, revenue relating to the partially complete spell is accrued to the extent of the activity completed in year.

The Trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

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.

Revenue in respect of other services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred. Payment terms are standard reflecting cross government principles.

The value of the benefit received when the Trust accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these

funds are paid directly to an accredited training provider, non-cash income and corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.3 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 Financial Statements 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.

1.4 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 non current 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.

1.5 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 valuation, 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.

Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and will be valued at fair value using IFRS 13.

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 separately 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 indices 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 separately 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 capitalised assets.

1.6 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.

1.7 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.

1.8 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.

1.9 Financial Assets and Financial Liabilities

IAS 39 was replaced by IFRS 9 for financial year 18/19. Further details can be found in note 37 to the accounts.

Recognition

Financial assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have

expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair

Value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables, loans receivable, and other simple debt instruments.

After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets at fair value through other comprehensive income

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term. The Group has designated the following financial assets as measured at fair value through profit or loss in accordance with IFRS 9 paragraph 4.1.5:

Financial assets relating to Derby and Burton Hospital's 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.

Impairment
For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance as appropriate, representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk
on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Financial liabilities
Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

Financial liabilities at fair value through profit and loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss, Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic
Characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.10 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.

1.11 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 risk adjusted cash flows are discounted using the most appropriate rate for that type of provision.

1.12 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 Financial Statements, but it is not recognised in the Trust's Financial Statements.

The cost of the contribution the Trust makes each year to the scheme is recognised in the SOCI.

1.13 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.

1.14 Contingent Assets & Liabilities
Contingent assets are disclosed in the notes to the Financial Statements where an inflow of economic benefits is probable.

Contingent liabilities are disclosed in the notes to the Financial Statements, 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.

1.15 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; or
- 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 Financial Statements.

1.16 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.

1.17 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.

1.18 Third Party Assets
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the Financial Statements since the Group has no beneficial interest in them.

However, they are disclosed in a separate note to the Financial Statements.

1.19 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.

1.20 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 Financial Statements 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 Financial Statements are preserved on recognition in the Trust's Financial Statements. 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 Financial Statements.

For functions that the Trust has transferred to another NHS / local government body, the assets and liabilities transferred are de-recognised from the Financial Statements 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.

2. Critical Accounting Judgements and Estimates

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 Financial Statements. 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 Financial Statements 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)

4.12. 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 Financial Statements 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.

4.13. 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.

4.14. 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.

4.15. 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.

4.16. 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 Trust's 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 Financial Statements can be prepared on a Going Concern basis.

As support loans fall due for repayment, the Trust anticipates an extension to be granted, as has been the case for existing revenue support loans.

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 either via PDC or Loan support funding, as has been experienced in previous years.

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. It should be noted however that the Trust is subject to enforcement action with its regulator, Monitor (operating as NHS Improvement) and that there is a material uncertainty which may cast significant doubt on going concern relating to the ongoing receipt of funding from the DHSC, as revenue cash support must be approved on a monthly basis and capital funding approved by the submission of a detailed capital support application.

The Trust has an in year deficit of £18m (excluding its Charity), revenue support loan balance of £207m and Capital loan balances of £14m. In financial year 19-20 the Trust expects to draw £16m of revenue support and will also require £38m of capital support.

The current economic environment for all NHS and NHS Foundation Trusts is challenging with on-going internal efficiency, combined with commissioner (CCG) expectations of activity and therefore income reductions, achievement of control totals and performance trajectories, and the continuing scarcity of funding for capital developments. The Trust will continue to address these challenges but as a consequence will continue to require external funding support in order to maintain the safe and effective delivery of its operations.

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.

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 0.29% (was 0.10% 2017-18) to reflect the timing of future payments.

Valuation of Property, Plant and Equipment
The Trust building assets held by Derby Teaching Hospitals NHS Foundation Trust prior to the merger on the 1st July 2018 were revalued by a RICS qualified valuer from GVA Grimley Limited on the 31 March 2015. GVA Grimley carried out a desktop revaluation exercise to update these asset values as at 31st March 2019. A desktop valuation is an exercise whereby the Trust provides an updated information to the valuer on capital

additions since the last valuation and any significant changes to the use of the land and buildings. The Valuer do not carry out full site inspections for this type of revaluation.

The building assets transferred from Burton Hospitals NHS Foundation Trust (BHFT) were revalued by GVA Grimley Ltd on the 31st March 2018. GVA have carried out a desktop revaluation exercise as at the 31st March 2019.

Prior to merger BHFT carried out a revaluation exercise as at 1st April 2017 using the "Single Site Modern Equivalent Asset Alternative Site " basis. This assumes the assets would be replaced with a modern equivalent, i.e. not a building of identical design but with the same service potential as existing assets. This was done in conjunction with BHFT's professional valuers GVA. The impact of this was to reduce the value of Land and Buildings as at 1st April 2017 by £18.56 million. A further valuation was carried out at 31st March 2018 using the same basis to ensure a true and fair view was reflected. This increased the value of net assets by £2.3 million. No valuation was undertaken at 30th June 2018 and therefore assets transferred to the merged Trust at their 31st March 2018 value.

Transaction between the Trust and Derby and Burton Hospitals Charity.
In December 2018 the Trust was notified that NHS Improvement (NHSI) had doubled the incentive for Trusts to agree tougher control totals by offering a Provider Sustainability Funding (PSF) bonus of £2 for every £1 of improvement over the agreed control total. In particular, NHSI also confirmed profits on the sale of assets could be counted by a Trust against its control total in 2018/19, although this would not be allowed in future years.

As with all Foundation Trusts and Acute Providers, University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) has an obligation to meet its annual control total issued by NHSI, as otherwise it would be in breach of its licence with NHSI.

During January 2019, UHDB explored with the Regional NHSI Team, the possibility of a potential asset disposal from the Trust to Derby and Burton Hospitals Charity (Charity). This was on the basis of a sale of assets on a long term lease from the Trust to the Charity and a shorter term lease back from the Charity to the Trust. This would result in a lease premium payment to the Trust of about £210m. The Charity's independent valuation of the assets was based on future rental streams from the assets. This was greater than the net book value of those assets as held by the Trust.

Given the size of the potential transaction, and the lack of immediate liquidity of the Charity to settle the transaction in cash, a financing loan provision was also agreed by the Trust with the Charity to assist it in financing the proposed transaction. The rental received by the Charity exceeded the loan interest by £0.7m p.a.

On the 15th January 2019, the Trust Board considered this proposal following a briefing for PwC, the External Auditors, on 14th January. PwC provided a paper setting out their queries and guidance as to the accounting standards that would apply to the transaction. They were however, unable to advise the Trust given that they were the external auditors who would be auditing the transaction should it occur and needed to maintain independence. The Trust considered the guidance provided by PwC and constructed the proposed transaction accordingly. This was documented in an accounting treatment paper that was developed through February and March 2019.

The proposal was developed with both the Trust and the Charity securing separate legal and financial advice from appointed representatives, to enable both organisations to take an independent view of the value of the proposed transaction to their respective organisations.

A governance process was developed and applied on the basis of legal advice obtained from both sets of solicitors. It ensured a clear separation of powers between those Executive Directors and Non-Executive

Directors enabling them to make decisions and recommendations independently on behalf of the Trust or the Charity.

Independent valuations to support the proposed rentals for the designated assets, were also obtained for both organisations.

It was also confirmed that the value of the transaction would require it to be classed as "significant" and the Trust's Council of Governors would need to approve the transaction, on behalf of the Trust, and the Charity Commission on behalf of the Charity.

Work on the proposal continued during February and March 2019, including seeking the independent advice to both the Charity and Trust. The Trust Board reviewed progress on 12th March 2019 and the Council of Governors was fully informed on the 19th March 2019. The Council of Governors gave outline permission for the transaction to proceed subject to a final governor vote on Friday, 29th March 2019. The Finance, Investment & Performance Committee and Charitable Funds Committee met and were briefed separately on the proposal on Tuesday, 19th March 2019. This was followed immediately by an Extraordinary Trust Board meeting on the same day. The Charitable Funds Committee met again on Wednesday, 27th March 2019 and voted to approve the proposal. The Finance, Investment & Performance Committee, met and voted to approve the proposal on Friday, 29th March 2019. Final approvals were given by Extraordinary Trust Board meeting on 29th March and finally by a vote of Governors, also on 29th March 2019.

The Corporate Trustee, on behalf of the Charity, had already submitted details of the transaction to the Charity Commission who had given their formal approval on Thursday, 28th March 2019. Therefore both parties signed the relevant long term leases, short term leases, covenants and supporting loan agreements.

Senior NHSI colleagues were briefed on the details of the transaction at all stages and kept informed of progress. Formal approval was not required, however, NHSI were assisting with the relevant land title documentation that was necessary to register the transaction.

The Trust Board believed at the time that the transaction would give rise to a profit on sale of £102m and to exceed its control total by £78m. The Trust was informed in writing by NHSI that, including the transaction, and subject to audit, it qualified for a PSF bonus of £49m plus £14m core PSF for hitting the control total in 2018/19.

Full details of the transaction were submitted to PwC on 13th April 2019 with all the legal agreements and a paper on the accounting treatment adopted by the Trust. PwC reviewed these and responded on 8th May 2019. PwC raised a number of queries that indicated that, "in substance, the Trust had not disposed of its interest in the properties". It was also confirmed that a further meeting to discuss the transaction would be held on 13th May 2019.

As a result, the Trust clarified a number of points and revised the accounting treatment paper accordingly on the 17th May 2019. This was then submitted by PwC to an internal review panel, consisting of three other partners and members of the technical accounting function, on 22nd May 2019.

PwC confirmed verbally at a meeting with the Trust on Thursday, 23rd May that the panel had rejected our accounting treatment of the transaction and a formal written response for their rejection was received on Friday, 24th May 2019. PwC felt that the transaction had not passed sufficient risks and rewards on the assets between the Trust and the Charity and that, in substance, the Trust still controls the use of the assets. Therefore, the arrangement fell outside of International Accounting Standard (IAS) 17 in accordance with Standard Interpretations Committee (SIC) 27 and no gain on disposal should be recognised.

This has resulted in the removal of the transaction in the way it was originally envisaged, the reversal of the

profit on sale and the subsequent loss of the PSF amounting to £62m.

The remaining amounts shown in the Trust's Annual Accounts, as a result of the revised accounting treatment required by PwC, recognise the transaction has occurred in 2018/19,

but remove the profit on sale of the lease premium. The Trust has provided for the £1.428m obligation it believes it has under the legal agreement entered into with the Charity.

It is important to recognise that, as well as the Trust securing access to a non-recurrent amount of bonus PSF, the purpose of the transaction was also to help the Charity to obtain additional recurrent income to invest in patient supporting activities across Staffordshire and Derbyshire. The additional funds to the Trust would allow it to make capital investments for which it did not otherwise have the necessary resources.

The Trust recognised at all times that the £62m would have been an exceptional and valuable bonus for 2018/19 which did not impact on or improve its underlying deficit.

3. Acquisition of Burton Hospitals NHS Foundation Trust
On 1st July 2018 the Derby Teaching Hospitals NHS Foundation Trust acquired the Burton Hospitals NHS Foundation Trust and as a result changed its name to University Hospitals of Derby and Burton NHS Foundation Trust.

From an accounting and legal point of view the Burton Hospitals NHS Foundation Trust ceased to exist on this date and the assets and liabilities transferred to organisation formerly known as the Derby Teaching Hospitals NHS Foundation Trust.

The prior year figures shown in these Financial Statements are those published by the Derby Teaching Hospitals NHS Foundation Trust. As such the prior year comparatives shown in these accounts do not offer a complete basis for comparison given the additional income, expenditure, assets and liabilities added as a result of the merger.

Prior year performance during 17/18 for Burton Hospitals NHS FT (BHFT) was a £11.5m retained deficit and net assets of £60.7m. For the 3 month period from 1st April - 30th June BHFT reported a £9.4m deficit and net assets of £51.3m.

The closing balances of Burton Hospitals NHS Foundation Trust as at the 30th June 2018 were bought into the Financial Statements of University Hospitals of Derby and Burton NHS Foundation Trust as at the 1st July 2018 following the transfer by absorption guidance as laid out in the DHSC GAM.

University Hospitals of Derby and Burton NHS FT being the recipient in the transfer of the functions from Burton Hospital HHS FT, has recognised the assets and liabilities received as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition (i.e. the recipient and the exporter of the assets and liabilities recognise the same values). The corresponding net credit reflecting the gain has been recognised within the SOCI, but outside of operating activities.

Further details of the Transfer by Absorption are shown in Note 36 to the accounts.

4. Segmental Analysis

The Trust's Activity is organised into four 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.

The 2018-19 analysis is as follows:

	Cancer, Diagnostic and Clinical Support	Medicine	Surgery	Women & Children's	Trust Wide Services	Trust Total	Group	Group Total
	£m	£m	£m	£m	£m	£m	£m	£m
Income From Activities	93.945	225.617	201.175	100.970	30.425	**652.132**	0.000	**652.132**
Other Operating Income	8.856	5.375	3.440	4.593	49.246	**71.510**	2.454	**73.964**
Total Income	**102.801**	**230.992**	**204.615**	**105.563**	**79.671**	**723.642**	**2.454**	**726.096**
Employee Costs	(98.899)	(150.093)	(135.891)	(61.485)	(41.925)	**(488.293)**	(0.611)	**(488.904)**
Drugs (including Gases)	(15.912)	(8.094)	(6.701)	(1.742)	(44.757)	**(77.206)**	0.000	**(77.206)**
Other Supplies and Services	(31.534)	(17.665)	(33.930)	(4.456)	(121.829)	**(209.414)**	(1.793)	**(211.207)**
Total Expenditure	**(146.345)**	**(175.852)**	**(176.522)**	**(67.683)**	**(208.511)**	**(774.913)**	**(2.404)**	**(777.317)**
Operating Surplus/ (Deficit)	**(43.544)**	**55.140**	**28.093**	**37.880**	**(128.840)**	**(51.271)**	**0.050**	**(51.221)**

Due to a change in the structure of the reporting segments as a result of the merger, the figures shown in the above table for financial year 18-19 are not directly comparable to the figures shown in the below segmental analysis table for financial year 2017-18.

The reporting segments moved from three clinical divisions and Trust wide services to four clinical divisions and Trust wide services following the merger. These reporting segments both pre and post merger are shown in the tables in this note.

The prior year table although not directly comparable to the 18-19 figures, has been included to inform the reader of the operating segments within the former Derby Teaching Hospitals prior to merger, and to demonstrate the change in operational structure as a result of the merger.

The Trust has aligned it's reporting segments with the optimal structure for efficient operational running and performance management within the Trust.

The 2017-18 analysis was:

	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**

5. Income from Activities

The Trust has received £652m income from its activities (£496m in 2017-18 as shown in the Statement of Comprehensive Income. 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, £631m (£476m 2017-18) is commissioner requested services and £21m (£20m 2017-18) is non-commissioner requested services. Commissioner Requested income is defined as NHS clinical income from CCG's, NHS England and other NHS organisations.

	Trust	
	2018-19 £m	2017-18 £m
Elective Income	118.900	92.193
Non Elective Income	184.604	140.786
Outpatient Income	105.095	81.631
A & E Income	29.486	18.404
High Cost Drugs	56.959	48.101
Other Types of Income *	150.758	109.839
NHS Income Total	**645.802**	**490.954**
Private Patient Income	4.228	3.723
Overseas Patients	0.197	0.161
Injury Cost Recovery	1.905	1.308
External Income Total	**6.330**	**5.192**
Income from Activities	**652.132**	**496.146**

* Other Types of NHS Income includes maternity pathway income, non-tariff income and other income.

Income from Activities by Source
An alternative way of reviewing the Income from Activities is by the source rather than the type of the income.

	Trust	
	2018-19	2017-18
	£m	£m
NHS England and CCGs	607.556	478.727
Income from Trusts	7.501	10.986
Other Income	30.745	1.241
NHS Income Total	**645.802**	**490.954**
Private Patient Income	4.228	3.723
Overseas Patients	0.197	0.161
Injury Cost Recovery	1.905	1.308
External Income Total	**6.330**	**5.192**
Income from Activities	**652.132**	**496.146**

Additional information on contract revenue (IFRS 15) recognised in the period
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end was £5.244m, this represents the release of deferred income.

There was no revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods.

Transaction price allocated to remaining performance obligations
The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year
or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

6. Other Operating Income

Other Operating Income as reported in the Statement of Comprehensive Income has been analysed as per the following table. Those amounts include the following items;

- Donation income is money received from Derby and Burton 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 3.86% (8.3% 2017-18) of Other Operating Income.

- PSF Funding (Provider Sustainability Fund) relates to a national scheme   from NHSI which rewards NHS bodies for achievement of financial and non-financial targets throughout the year.

- Education funding mainly relates to funding received to train undergraduate medical students and postgraduate medical staff and a contribution to the salary costs of postgraduate medical staff in training.

Trust Income	2018-19 £m	2017-18 £m
Research and Development	1.834	2.604
Education	30.767	27.741
Provider Sustainability Fund (PSF)	5.338	0.484
Donations	0.350	0.853
Rental revenue	1.577	0.707
Staff Accommodation Rental	0.363	0.329
Car Parking Income	5.087	3.936
Catering	0.981	0.112
Pharmacy Sales	1.993	0.525
Property Rental (not lease Income)	0.244	0.342
Clinical Excellence Awards	0.867	0.796
Staff contribution to employee benefit schemes	0.423	0.005
Other general income *	21.686	6.650
Other Operating Income Trust Total	71.510	45.084
Charity income	2.261	2.436
Other Group income	0.193	(0.232)
Other Operating Income Group Total	73.964	47.288

* The largest element, £8.315m of other general income is the provision of staffing, facilities and other support services to other NHS bodies.

7. Employee Expenses

The employee expenditure detailed in the Segmental Analysis tables in note 4 include the following costs shown in table 1. Further employee cost details can be found in the Remuneration Report which is included in the Annual Report. Employee costs are broken down in more detail in table 2, showing an analysis by staff type.

Employee Expenses table 1

	Trust		Group	
	2018-19 £m	2017-18 £m	2018-19 £m	2017-18 £m
Salaries and wages	364.800	291.468	363.571	291.664
Social security costs	35.679	27.321	36.580	27.321
Apprenticeship Levy	1.844	1.406	1.847	1.406
Pension Costs	44.995	34.570	45.931	34.570
External bank staff	29.050	0.000	29.050	0.000
Agency staff	15.349	8.755	15.349	8.755
Total Gross Staff Costs	**491.717**	**363.520**	**492.328**	**363.716**
Recovery from DHSC Group Bodies in respect of staff working elsewhere	(3.424)	(6.402)	(3.424)	(6.402)
Total Staff Costs	**488.293**	**357.118**	**488.904**	**357.314**

Employee Expenses table 2

	Group Accounts	
	2018-19 £m	2017-18 £m
Registered nursing,midwifery and health visiting	128.515	96.898
Healthcare scientists and scientific,therapeutic and technical staff	53.075	55.546
Support to clinical staff	53.762	31.528
Medical and dental staff	133.907	105.061
Non clinical staff	78.059	49.114
Subsidiary staff	0.611	0.196
Total Substantive staff	**447.929**	**338.343**
Registered nursing,midwifery and health visiting	12.411	7.356
Healthcare scientists and scientific,therapeutic and technical staff	0.903	0.587
Support to clinical staff	7.463	5.217
Medical and dental staff	5.944	0.000
Non clinical staff	2.329	1.676
Total Bank Staff	**29.050**	**14.836**
Registered nursing,midwifery and health visiting	2.638	0.494
Healthcare scientists and scientific,therapeutic and technical staff	2.254	2.016
Support to clinical staff	0.430	0.000
Medical and dental staff	9.906	6.237
Non clinical staff	0.121	0.008
Total Agency Staff	**15.349**	**8.755**
Less recoveries in respect of staff costs netted off expenditure	(3.424)	(4.620)
Total employee costs	**488.904**	**357.314**

Substantive staff are permanently employed staff, bank and agency are temporary.

Average number of people employed

	Group	
	2018-19	**2017-18**
	WTE	**WTE**
Medical and dental	1,214	953
Ambulance Staff	7	0
Administration and estates	2,245	1,510
Healthcare assistants and other support staff	2,718	1,709
Nursing, midwifery and health visiting staff	3,159	2,498
Nursing, midwifery and health visiting learners	5	0
Scientific, therapeutic and technical staff	1,046	1,507
Healthcare Science Staff	279	222
Subsidiaries	11	1
Total Staff Employed	**10,684**	**8,400**

8. Operating Expenses

A breakdown of non-pay costs is shown in the below table.

	Group	
	2018-19	**2017-18**
	£m	**£m**
Drug Costs	77.206	61.108
Supplies and services – clinical (excluding drugs costs)	57.304	47.414
Supplies and services - general	24.366	8.259
Healthcare Services	0.450	0.047
Inventories	0.185	0.273
Premises Costs	29.556	21.215
Transport Costs	2.202	1.770
Depreciation	13.531	7.560
Other Capital Charges	1.535	0.895
Provisions	6.300	0.181
Audit Services provided by external auditor *	0.126	0.068
Quality Accounts Review provided by external auditor*	0.012	0.010
Audit of Charity provided by external auditor *	0.000	0.005
Other Audit Services	0.293	0.151
Legal Services & Clinical Negligence	18.595	11.226
Education and Research	3.353	4.087
PFI Costs	43.452	40.144
Charitable Fund Costs	2.740	1.218
Impairment	4.715	0.000
Other Costs	2.492	5.515
Other Operating Expenditure	**288.413**	**211.146**

*These costs are the costs to the trust and therefore include VAT, the disclosure in note 11 is the remunerations received by the auditor and therefore excludes VAT.

9. Finance Income

Finance Income relates to earnings on the Groups cash assets including interest earned on the Trust and subsidiary bank balances and dividends received on the Charity's investments.

	Trust		Group	
	2018-19	2017-18	2018-19	2017-18
	£m	£m	£m	£m
Bank Interest	0.153	0.060	0.160	0.063
Investment Dividends	0.000	0.000	0.338	0.255
Total	0.153	0.060	0.498	0.318

10. Finance Expense

Finance Costs relate to the payments the Group makes in relation to liabilities, for example this includes the interest payable on loans, and lease contracts.

	Group Accounts	
	2018-19	2017-18
	£m	£m
Interest on Loans	4.274	2.356
PFI Contract	12.812	13.084
Finance Lease	0.098	0.000
MES Contract	0.798	0.584
Total	17.982	16.024

11. Auditors' Remuneration

Audit Fees

The Trust did not pay for any non-audit work in either 2018-19 or 2017-18.

Audit fees paid to trust external auditor Pricewaterhousecoopers LLP.

	2018-19	2017-18
	£m	£m
Statutory Audit - Trust	0.105	0.057
Audit of Quality Report	0.010	0.008
Statutory Audit - Charity	0.00	0.004
Total	0.115	0.069

In addition Derby and Burton Hospitals Charity paid Smith Cooper £5,000 for its external audit for 2018-19.

Auditors' Liability

The Trust approved the principal terms of engagement with its auditors Pricewaterhousecoopers LLP, covering the period of their engagement as auditors. 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 £1m).

12. Operating Leases

Trust as Lessee

The Trust holds a number of leases in respect of property, vehicles and equipment. These have been 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):

	2018-19 £m	2017-18 £m
Min Lease Payments	1.994	0.684
Less sub lease income	(1.407)	(0.063)
Total	0.587	0.621

The Trust anticipates the following minimum payments will be due by the Trust in respect of those leases:

	2018-19 £m	2017-18 £m
- not later than 1 year	1.279	0.256
- between 1 and 5 years	1.094	0.489
- later than 5 years	0.000	0.000
	2.373	0.745

The total minimum sublease income due in relation to these arrangements as at 31 March 2019 is £2.033m (£0.205m at 31 March 2018).

Trust and Group as Lessor

During the year the Trust owned and leased out the ground floor premises of block B of the London Road Community Hospital to Derbyshire Healthcare NHS FT.

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 trust has included both the income and costs of the cars and equipment provided to trust staff via salary sacrifice schemes. The trust does not own these items. The longest lease period of these is March 2022.

The following table outlines the minimum income the Trust expects to receive in relation to these leases:

	2018-19 £m	2017-18 £m
- not later than 1 year	1.701	0.573
- between 1 and 5 years	3.197	2.292
- later than 5 years	9.645	10.171
	14.543	13.036

13. Finance Leases and Service Concession Arrangements

Finance Leases and Service Concession 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 September 2043.
- Managed Equipment Service contract with Althea UK and Ireland Limited (Althea) 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 and Buildings contracted for a further 30 years.

The annual payments due to the service partner in respect of these contracts can be split in to 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 referred to as the net liability.
- Finance costs. This is similar to the interest paid on a mortgage and is expensed each year in the Statement of Comprehensive Income. It forms part of the gross liability.
- 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

	Trust			
	PFI	D-Hive MES	Althea MES	Total
	£m	£m	£m	£m
2018-19				
Interest Charge	12.812	0.122	0.798	13.732
Principal Repayment	6.464	0.299	1.712	8.475
Service Charge	38.030	0.358	3.343	41.731
Lifecycle / Maintenance	0.888	0.150	2.079	3.117
Total Payable	58.194	0.929	7.932	67.055
	Trust			
	PFI	D-Hive MES	Althea MES	Total
	£m	£m	£m	£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 / Maintenance	0.886	0.063	1.632	2.581
Total Payable	56.501	0.280	6.455	63.236

Group		
PFI	**Althea**	**Total**
	MES	
£m	**£m**	**£m**
2018-19		
Interest Charge — 12.812	0.798	13.61
Principal Repayment — 6.464	1.712	8.176
Service Charge — 38.030	3.343	41.373
Lifecycle / Maintenance — 0.888	2.079	2.967
Total Payable — 58.194	**7.932**	**66.126**

Group		
PFI	**Althea**	**Total**
	MES	
£m	**£m**	**£m**
2017-18		
Interest Charge — 13.084	0.552	13.636
Principal Repayment — 6.311	1.979	8.290
Service Charge — 36.220	2.292	38.512
Lifecycle / Maintenance — 0.886	1.632	2.518
Total Payable — 56.501	**6.455**	**62.956**

Royal Derby Hospital PFI Contract

The Trust's liability which it expects to repay until 2043 is made up as follows:

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	19.829	19.276
- between 1 and 5 years	78.548	79.303
- later than 5 years	359.003	378.077
Gross PFI Liabilities	457.380	476.656
Future Finance Costs	(181.888)	(194.686)
Net PFI Liabilities	275.492	281.970

The total future costs, this includes service costs, expected by the Trust are:

	2018-19	2017-18
	£m	£m
- not later than 1 year	59.448	58.192
- between 1 and 5 years	250.935	226.945
- later than 5 years	1,600.289	1,065.360
Gross Payments Due	1,910.672	1,350.497
Future Finance Costs	(181.888)	(194.686)
Net Present Value of Future Payments	1,728.784	1,155.811

Managed Equipment Service – Althea UK and Ireland Limited

The Trust entered into an agreement on 1 April 2015 with Asteral Ltd (now Althea UK and Ireland Limited) 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 thus requiring an on Statement of Financial Position accounting treatment.

The total value of the assets and liabilities recognised within the year is £4.646m. Future assets and liabilities within the contract have been disclosed within note 32: Contingent

Assets and Liabilities. This represents the assets 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 for this.

The liability shown in the following tables relates only to the assets which have been installed and the payments 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:

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	3.396	2.520
- between 1 and 5 years	11.725	8.773
- later than 5 years	2.068	3.321
Gross MES Liabilities	17.189	14.614
Future Finance Costs	(3.119)	(3.018)
Net MES Liabilities	14.070	11.596

The net liability will be paid over the following years:

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	2.412	1.697
- between 1 and 5 years	9.648	6.788
- later than 5 years	2.010	3.111
Net MES Liabilities	14.070	11.596

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):

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	5.084	4.440
- between 1 and 5 years	20.382	12.281
- later than 5 years	4.509	5.964
Total	29.975	22.685

The total future payments expected by the Trust are:

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	7.701	6.986
- between 1 and 5 years	31.524	23.116
- later than 5 years	13.320	17.550
Gross Payments Due	52.545	47.652
Future Finance Costs	(3.119)	(3.018)
Net Present Value of Future Payments	49.426	44.634

Managed Equipment Service – D-Hive Limited
The Trust entered into an agreement on 1 April 2017 with D-Hive Limited (the Trust's subsidiary company) for the supply and maintenance of both Medical and Non-Medical Equipment. All transactions between the Trust and D-Hive were eliminated upon consolidation to the Group Financial Statements.

The total value of the assets and liabilities recognised within the year is £5.34m.

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, is made up as follows:

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	0.656	0.237
- between 1 and 5 years	2.452	0.875
- later than 5 years	6.785	0.772
Gross MES Liabilities	9.893	1.884
Future Finance Costs	(3.218)	(0.248)
Net MES Liabilities	6.675	1.636

The net liability will be paid over the following years:

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	0.405	0.185
- between 1 and 5 years	1.605	0.732
- later than 5 years	4.664	0.719
Net MES Liabilities	6.674	1.636

The Trust expects that the following payments in relation to Service Charges, will be incurred in future periods:

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	1.149	0.294
- between 1 and 5 years	4.557	1.170
- later than 5 years	21.066	0.915
Total	26.772	2.379

The total future payments expected by the Trust are:

	31 March 2019	31 March 2018
	£m	£m
- not later than 1 year	1.720	0.481
- between 1 and 5 years	6.674	1.908
- later than 5 years	27.678	1.457
Gross Payments Due	36.072	3.846
Future Finance Costs	(3.218)	(0.248)
Net Present Value of Future Payments	32.854	3.598

14. Retirements Due to Ill-Health

During the year there were three retirements due to ill health (nine in 2017-18). This was at an additional cost of £0.174m (£0.587m in 2017-18). 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 for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

 The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

NEST Pension

Where Trust 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 2% of the employee's salary to this scheme (1% in 2017/18); this year the Trust has contributed a total of £70,664 (2017-18 £21,876).

The NEST (National Employment Savings Trust) is a defined contribution occupational pension scheme backed by the government. It is run by a Trustee (NEST Corporation) on a not-for-profit basis. Contributions are made by both the employee and the Trust

It was set up by the government to give all employers access to an auto enrolment scheme, allowing them to comply with the Pensions Act 2008, which states that employers must provide their UK workers with access to a workplace pension scheme. Further information on the NEST pension scheme can be found at www.nestpensions.org.uk

16. Better Payment Practice Code

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

	2018/19	
	Number	Actual £m
Non NHS		
Total bills paid in the year	130,937	323.341
Total bills paid within target	30,776	124.175
Percentage of bills paid with target	**23.5%**	**38.4%**

	2018/19	
	Number	Actual £m
NHS		
Total bills paid in the year	4,395	22.510
Total bills paid within target	589	2.995
Percentage of bills paid with target	**13.4%**	**13.3%**

The Trust's standard payment terms are; Payment is made in the first week of the month following the month in which an invoice falls due. In practice this means an invoice dated between 1st and 30th March will fall due in the Month of April. The invoice will be paid in the first week of May. This supplier payment policy results in the majority of undisputed invoices being paid within 35 – 65 days of invoice date.

17. Subsidiaries, Associates and Joint Arrangements

The Trust has one subsidiary company, D-Hive Limited. This company structure contains three further subsidiaries, Clinicians Connected Ltd, Derby Health Staffing Ltd, and Pride Pharmacy Ltd. The Trust also has one Charity, Derby and Burton Hospitals Charity, which is consolidated.

D-Hive Limited and its subsidiary companies produce accounts under United Kingdom Generally Accepted Accounting Practice.

During the year, the Trust has held shares iQudos Limited at 25% of shareholding. The Trust shareholding is based on a nominal value (£1 or less) per share, this is determined to be an immaterial amount and therefore

there are no investment assets shown as held on the Statement of Financial Position. The results to date are not material and therefore iQudos has not been consolidated into the Group Financial Statements.

Additionally the Trust is a 50% shareholder in STRIDE a Joint Venture company. Again the results to date are not material and therefore are excluded from the Group Financial Statements.

Investments in subsidiaries held by Trust

Trust	31 March 2019	31 March 2018
	£m	£m
D Hive	15.625	1.087
Investments Held Directly by Trust	**15.625**	**1.087**

Investments held by D-Hive

D-Hive	31 March 2019	31 March 2018
	£m	£m
Clinicians Connected	0.090	0.090
Derby Health Staffing	0.0001	0.000
Pride Pharmacy	0.0001	0.000
Investments Held by D-Hive Limited	**.0902**	**0.090**

D-Hive Limited
D-Hive Limited (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 £15.625m into D-Hive Limited; £14.538 of this total was invested during 2018-19.

D-Hive Limited is the sole shareholder of the following three subsidiary companies;
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.

Derby Health Staffing Ltd (company number 11425097) began operating in 2018.This company was established to provide clinical bank staff to the Trust to fulfil the Trust's flexible staffing requirements.

Pride Pharmacy Ltd (company number 11508893) was established in 2018. This company has not yet commenced trading. The intention is for Pride Pharmacy Ltd to provide a range of pharmacy related services commencing in 2019.

D-Hive and its group companies listed above are exempt from the requirements relating to the audit of Financial Statements under sections 479A-479C of the Companies Act 2006.

Derby and Burton Hospitals Charity
The Charity (charity no. 1061812) aims to support the delivery of innovative, cost effective and value for money charitable funding, with a focus on ensuring that money is spent effectively to enhance patient care.

The objectives of the Charity as detailed on the Charity Commission website are:
For any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services

provided by University Hospitals Derby and Burton NHS FT.

The Charity's 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 lives better. The Charity is on track to achieve this target, having spent £2.5m this financial year, which compares to £2.7 m expenditure the previous year.

On 1st July 2018 the Charity was granted £2.193 million, this being the net balance on the Burton Hospitals Charitable Fund which transferred to the Charity following the Trust's merger by acquisition of the Burton Hospitals NHS Foundation Trust.

During the year the Trust entered into a significant transaction with the Charity, this is explained in further detail in note 2.

18. Impairments and revaluations

The land and buildings owned by the former Derby Teaching Hospitals NHS FT (DTHFT) were revalued as at the 31st March 2016 by RICS qualified valuer GVA Grimley

The land and buildings owned by the former Burton Hospitals NHS FT (BHFT) were revalued as at the 31st March 2018 by GVA Grimley.

For year ended 31st March 2019 the Trust asked GVA Grimley to conduct a desktop revaluation exercise across all five of the merged University Hospitals of Derby and Burton NHS FT sites.

The impairment and revaluation changes to assets this financial year were as follows;

Asset	NBV Prior to revaluation	Revaluation adjustment				Closing NBV as at 31 March 19
		Gain to I&E	Gain to Revaluation Reserve	Impairment to I&E	Impairment to Revaluation Reserve	
	£m	£m	£m	£m	£m	£m
Royal Derby Hospital						
Land	14.140	0.000	2.758	0.000	0.000	16.898
Buildings	275.338	0.000	15.723	(2.910)	(0.866)	287.285
Dwellings	0.000	0.000	0.000	(0.081)	(0.116)	(0.197)
London Road Community Hospital						
Land	2.608	0.000	0.522	0.000	0.000	3.130
Buildings	19.395	0.000	1.178	0.000	(0.490)	20.083
Dwellings	0.000	0.000	0.000	0.000	0.000	0.000
Queens Hospital Burton						
Land	4.213	0.000	0.000	0.000	0.000	4.213
Buildings	55.895	0.000	0.537	(0.779)	(0.889)	54.764
Dwellings	1.722	0.000	0.018	(0.018)	(0.009)	1.713
Samuel Johnson Hospital						
Land	0.500	0.000	0.000	0.000	0.000	0.500
Buildings	10.960	0.000	0.181	0.000	0.000	11.141
Dwellings	0.000	0.000	0.000	0.000	0.000	0.000
Sir Robert Peel Hospital						
Land	0.500	0.000	0.000	0.000	0.000	0.500
Buildings	8.635	0.000	0.000	(1.007)	0.000	7.628
Dwellings	0.000	0.000	0.000	0.000	0.000	0.000
Other						
Other Land	1.726	0.000	0.000	0.000	0.000	1.726
Other Building	4.897	0.000	0.168	0.000	(0.013)	5.054
Dwellings	0.000	0.000	0.000	0.000	0.000	0.000
Total	400.529	0.000	21.085	(4.795)	(2.383)	414.438

Property Plant and Equipment

	Land	Buildings & Structures	Dwellings	Assets under Construction	Plant & Machinery	Transport Equipment	IT Equipment	Furniture & Fittings	Total
31st March 2019 Trust									
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Gross Book Value 1 April	16.749	297.666	0.386	4.683	64.738	0.109	6.935	3.518	394.784
Transfers by Absorption	6.938	89.945	1.862	2.412	21.499	0.313	11.606	1.884	136.459
Purchases	0.000	1.127	0.000	18.933	2.248	0.000	0.532	0.008	22.848
MES Additions	0.000	5.140	0.000	0.000	4.020	0.000	0.000	0.000	9.160
Grants & Donations	0.000	0.000	0.000	0.023	0.092	0.000	0.037	0.000	0.152
Impairments	0.000	(18.076)	(0.369)	0.000	0.000	0.000	0.000	0.000	(18.445)
Revaluation Loss	0.000	(2.257)	(0.125)	0.000	0.000	0.000	0.000	0.000	(2.382)
Revaluation Gain	3.280	10.403	(0.238)	0.000	0.000	0.000	0.000	0.000	13.445
Reclassifications	0.000	2.007	0.000	(3.145)	(0.692)	0.138	0.321	0.700	(0.671)
Disposals	0.000	0.000	0.000	0.000	(5.814)	(0.014)	(0.264)	(1.860)	(7.952)
Gross Book Value 31 March	26.967	385.955	1.516	22.906	86.091	0.546	19.167	4.250	547.398
Depreciation 1 April	0.000	7.996	0.184	0.000	36.504	0.084	3.196	2.714	50.678
Transfers by Absorption	0.000	8.761	0.286	0.000	14.981	0.255	8.822	1.625	34.730
Provided in year	0.000	4.008	0.055	0.000	7.580	0.022	1.473	0.403	13.541
Revaluations	0.000	(20.765)	(0.525)	0.000	0.000	0.000	0.000	0.000	(21.290)
Reclassifications	0.000	0.000	0.000	0.000	(0.872)	0.130	(0.025)	0.504	(0.263)
Disposals	0.000	0.000	0.000	0.000	(5.514)	(0.014)	(0.264)	(1.860)	(7.652)
Depreciation 31 March	0.000	0.000	0.000	0.000	52.679	0.477	13.202	3.386	69.744
Net Book Value 1 April	16.749	289.670	0.202	4.683	28.234	0.025	3.739	0.804	344.106
Movement in Year	10.218	96.285	1.314	18.223	5.178	0.044	2.226	0.060	133.548
Net Book Value 31 March	26.967	385.955	1.516	22.906	33.412	0.069	5.965	0.864	477.654
Made up of:									
Owned	26.967	100.888	1.516	22.881	16.028	0.056	5.751	0.598	174.685
Finance Leased	0.000	1.005	0.000	0.000	0.253	0.000	0.000	0.000	1.258
PFI / Managed Equipment Service	0.000	281.919	0.000	0.000	14.037	0.000	0.081	0.008	296.045
Donated & Granted	0.000	2.143	0.000	0.025	3.094	0.013	0.133	0.258	5.666
Net Book Value 31 March	26.967	385.955	1.516	22.906	33.412	0.069	5.965	0.864	477.654

	Land	Buildings & Structures	Dwellings	Assets under Construction	Plant & Machinery	Transport Equipment	IT Equipment	Furniture & Fittings	Total
				31st March 2019 Group Entity					
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Gross Book Value 1 April	**16.749**	**297.591**	**0.386**	**5.191**	**64.105**	**0.109**	**6.954**	**3.528**	**394.613**
Transfers by Absorption	6.938	89.945	1.862	2.412	21.499	0.313	11.606	1.884	136.459
Purchases	0.000	5.938	0.000	28.145	2.172	0.000	0.522	0.000	36.777
MES Additions	0.000	0.000	0.000	1.379	4.020	0.000	0.000	0.000	5.399
Grants & Donations	0.000	0.000	0.000	0.023	0.261	0.000	0.037	0.000	0.321
Impairments	0.000	(18.076)	(0.369)	0.000	0.000	0.000	0.000	0.000	(18.445)
Revaluation Loss	0.000	(2.257)	(0.125)	0.000	0.000	0.000	0.000	0.000	(2.382)
Revaluation Gain	3.280	10.403	(0.238)	0.000	0.000	0.000	0.000	0.000	13.445
Reclassifications	0.000	2.308	0.000	(3.556)	(0.629)	0.138	0.321	0.704	(0.714)
Disposals	0.000	(0.000)	(0.000)	(0.106)	(5.814)	(0.014)	(0.264)	(1.861)	(8.059)
Gross Book Value 31 March	**26.967**	**385.851**	**1.516**	**33.488**	**85.614**	**0.546**	**19.176**	**4.255**	**557.414**
Depreciation 1 April	**0.000**	**7.996**	**0.184**	**0.000**	**36.551**	**0.084**	**3.198**	**2.714**	**50.727**
Transfers by Absorption	0.000	8.761	0.286	0.000	14.981	0.255	8.822	1.625	34.730
Provided in year	0.000	4.009	0.055	0.000	7.571	0.021	1.473	0.402	13.531
Revaluations	0.000	(20.765)	(0.525)	0.000	0.000	0.000	0.000	0.000	(21.290)
Reclassifications	0.000	0.000	0.000	0.000	(0.872)	0.130	(0.025)	0.504	(0.263)
Disposals	0.000	0.000	0.000	0.000	(5.514)	(0.014)	(0.264)	(1.860)	(7.652)
Depreciation 31 March	**0.000**	**0.000**	**0.000**	**0.000**	**52.717**	**0.476**	**13.204**	**3.385**	**69.783**
Net Book Value 1 April	**16.749**	**289.595**	**0.202**	**5.191**	**27.554**	**0.025**	**3.756**	**0.814**	**343.886**
Movement in Year	10.218	96.256	1.314	28.297	5.342	0.045	2.216	0.056	143.744
Net Book Value 31 March	**26.967**	**385.851**	**1.516**	**33.488**	**32.896**	**0.070**	**5.972**	**0.870**	**487.630**
Made up of:									
Owned	26.967	112.978	1.517	33.463	15.511	0.056	5.756	0.603	196.851
Finance Leased	0.000	1.005	0.000	0.000	0.254	0.000	0.000	0.000	1.259
PFI / Managed Equipment Service	0.000	271.655	0.000	0.000	14.037	0.000	0.082	0.009	285.783
Donated & Granted	0.000	0.211	0.000	0.025	3.094	0.014	0.134	0.259	3.737
Net Book Value 31 March	**26.967**	**385.849**	**1.517**	**33.488**	**32.896**	**0.070**	**5.972**	**0.870**	**487.630**

	31st March 2018 Group Entity								
	Land	Buildings & Structures	Dwellings	Assets under Construction	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**	**2.536**	**60.469**	**0.068**	**5.715**	**3.363**	**379.341**
Transfers by Absorption	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Purchases	0.000	2.072	0.000	3.987	2.960	0.000	0.880	0.045	9.944
MES Additions	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**
Transfers by Absorption	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
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**

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:

	Trust						
	31 March 2019				31 March 2018		
	Software Licences	IT (internally generated and 3rd party)	AUC	Total	Software Licences	AUC	Total
	£m	£m	£m	£m	£m	£m	£m
Gross Value 1 April	5.879	0.000	0.674	6.553	5.155	0.094	5.249
Additions – purchased	0.568	0.000	0.006	0.574	0.062	0.673	0.735
Transfers by Absorption	2.711	4.384	0.000	7.095	0.000	0.000	0.000
Additions - Leased	0.200	0.000	0.000	0.200	0.000	0.000	0.000
Additions - Donated	0.029	0.000	0.000	0.029	0.000	0.000	0.000
Reclassifications	1.006	0.000	(0.574)	0.432	0.657	(0.092)	0.565
Disposals	(0.129)	0.000	0.000	(0.129)	0.000	0.000	0.000
Gross Value 31 March	10.264	4.384	0.106	14.754	5.874	0.675	6.549
Amortisation 1 April	3.527	0.000	0.000	3.527	2.117	0.000	2.117
Provided during the year	1.231	0.223	0.000	1.454	0.895	0.000	0.895
Transfers by Absorption	1.519	0.616	0.000	2.135	0.000	0.000	0.000
Reclassifications	0.179	0.000	0.000	0.179	0.515	0.000	0.515
Disposals	(0.129)	0.000	0.000	(0.129)	0.000	0.000	0.000
Amortisation 31 March	6.327	0.839	0.000	7.166	3.527	0.000	3.527
Net Value 1 April	2.352	0.000	0.674	3.026	3.038	0.094	3.132
Net Movement in Year	1.585	3.545	(0.568)	4.562	(0.691)	0.581	(0.110)
Net Value 31 March	3.937	3.545	0.106	7.588	2.347	0.675	3.022
Made up of:							
Purchased	3.937	3.545	0.106	7.588	2.233	0.675	2.908
Donated	0.000	0.000	0.000	0.000	0.114	0.000	0.114
Net Value 31 March	3.937	3.545	0.106	7.588	2.347	0.675	3.022

	31st March 2018 Group Entity								
	Land	Buildings & Structures	Dwellings	Assets under Construction	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**	**2.536**	**60.469**	**0.068**	**5.715**	**3.363**	**379.341**
Transfers by Absorption	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Purchases	0.000	2.072	0.000	3.987	2.960	0.000	0.880	0.045	9.944
MES Additions	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**
Transfers by Absorption	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
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**

* AUC - Assets under construction

21. Other Non-Current Investments

	Trust		Group	
	2018-19	2017-18	2018-19	2017-18
	£m	£m	£m	£m
Opening Balance	**1.087**	**0.000**	**7.763**	**7.940**
Transfer by absorption	0.000	0.000	0.000	0.000
Investment in Subsidiary Company	14.538	1.087	0.000	0.000
Acquisitions in year	0.000	0.000	1.069	0.000
Movement in fair value through SOCI	0.000	0.000	0.130	(0.078)
Disposals	0.000	0.000	0.000	(0.100)
Closing Balance at 31 March	**15.625**	**1.087**	**8.962**	**7.762**

The investment held by the Trust is an equity investment in D-Hive a wholly owned subsidiary of the Trust. The group investments are external investment with Rathbones Bothers Plc held by the Derby and Burton Hospitals Charity.

22. Inventories
All of the Trust's 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	Consumables	Work in Progress	Energy	Total	UHDB Charity	Total
Value at 1 April 2017	**2.529**	**3.467**	**0.000**	**0.097**	**6.093**	**0.001**	**6.094**
Additions	61.543	52.138	0.000	0.002	113.683	0.000	113.683
Inventories consumed	(61.105)	(51.824)	0.000	0.000	(112.929)	(0.001)	(112.930)
Write-downs	(0.140)	(0.133)	0.000	0.000	(0.273)	0.000	(0.273)
Value 31 March 2018	**2.827**	**3.648**	**0.000**	**0.099**	**6.574**	**0.000**	**6.574**
Additions	78.397	59.819	0.013	0.038	138.267	0.000	138.267
Transfer by Absorption	0.936	3.306	0.079	0.049	4.370	0.000	4.370
Inventories consumed	(77.079)	(59.845)	0.000	0.000	(136.924)	0.000	(136.924)
Write-downs	(0.099)	(0.086)	0.000	0.000	(0.185)	0.000	(0.185)
Value 31 March 2019	**4.982**	**6.842**	**0.092**	**0.186**	**12.102**	**0.000**	**12.102**

23. Trade and Other Receivables

Amounts owed which are receivable within twelve months.

	Current			
	Trust		Group	
	2018-19	2017-18	2018-19	2017-18
	£m	£m	£m	£m
Contract Receivables invoiced	38.722	0.000	38.848	0.000
Contract Receivables not yet invoiced	9.102	0.000	9.496	0.000
Trade Receivables*	0.000	15.051	0.000	16.402
Accrued income*	0.000	5.889	0.000	5.889
Allowance for Impaired Receivables	(13.301)	(1.539)	(13.301)	(1.539)
Capital Receivables	0.135	0.000	0.163	0.000
Prepayments non PFI	3.873	2.127	3.873	2.171
Prepayments PFI	3.714	4.625	3.714	3.957
Vat Receivable	4.714	3.146	4.727	3.146
Charitable Fund	0.000	0.177	0.019	0.017
Other Receivables	3.812	2.540	3.296	1.287
Total Receivables	**50.771**	**32.016**	**50.835**	**31.330**

* Comparatives only, equivalent balances in 2018-19 are included within contract receivables invoiced and contract receivables not yet invoiced due to the adoption of IFRS 15.

The significant increase in receivables balances is as a result of the merger between Derby Teaching Hospitals NHS FT and Burton Hospitals NHS FT.

	Non Current			
	Trust		Group	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£m	£m	£m	£m
Capital Receivables	0.000	0.000	0.000	0.000
Prepayments non PFI	0.000	0.100	0.000	0.100
Prepayments PFI	5.883	5.416	5.883	5.416
Other Receivables	0.000	5.250	0.000	5.250
Total Receivables	**5.883**	**10.766**	**5.883**	**10.766**

Allowances for credit losses

IFRS 9 requires the recognition of impairments on an expected loss basis. The DHSC group accounting manual mandates the use of the simplified approach to measure the loss allowance for expected lifetime credit losses for current contract assets and receivables.

Expected losses are calculated on the probability of the loss occurring based on the type and age of the debt. The older the debt the higher the probability of credit loss.

	Trust	
	Contract receivables and contract assets	**All other receivables**
	£m	**£m**
Opening Balance as at 1 April 2018	**0.000**	**1.539**
Impact of implementing IFRS 9 on 1 April 18	0.000	0.000
Transfer by absorption	5.106	0.967
New allowances arising	5.789	0.870
Reversals of allowances	0.000	(0.746)
Utilisation of allowances (write offs)	0.000	(0.224)
Closing Balance at 31 March 2019	**10.895**	**2.406**

The large increase in the provision for bad debts relates to bought in balances as a result of the merger, and provision made in year for contract receivables which the Trust has reason to believe there is a significant increase in credit risk.

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	Trust
	£m
Opening Balance as at 1st April 17	**1.489**
Transfer by absorption	0.000
New allowances arising	0.105
Reversals of allowances	0.000
Utilisation of allowances (write offs)	(0.055)
Closing Balance at 31 March 2018	**1.539**

Ageing of Impaired Receivables
The ageing of receivables analysis is no longer required under IFRS 9, however as the prior year comparatives have not been restated on transition to IFRS 9 they are presented below for prior year only.

	2017-18
	£m
Up to 3 months	0.144
In 3 to 6 months	0.078
Over 6 months	1.317
Total	**1.539**

Ageing of Non Impaired Receivables

	2017-18
	£m
Up to 3 months	24.356
In 3 to 6 months	0.246
Over 6 months	4.268
Total	**1.539**

24. Trade and Other Payables
Amounts owed which are payable within the next twelve months

	Trust		Group	
	2018-19	2017-18	2018-19	2017-18
	£m	£m	£m	£m
NHS Payables	9.711	6.178	9.711	6.178
Other Related Parties	0.025	4.995	1.944	4.995
Capital Trade Payables	10.825	4.177	10.825	4.177
Other Trade Payables	20.932	10.287	19.013	10.287
Accruals	33.651	20.657	35.500	20.657
Other Payables	8.528	1.720	8.708	2.147
Amounts Owed	83.672	48.014	85.701	48.441
Receipts in Advance	1.487	1.141	1.451	1.141
Current Payables	85.159	49.155	87.152	49.582
Tax Payable	10.849	7.540	12.782	7.576
Total Payables	96.008	56.695	99.934	57.158

Employers and Employees NHS pension contributions for the Group of £7.907m were outstanding at the reporting date (£4.701m 2017-18).

25. Borrowings
Current Liabilities in respect of loans and other borrowings are:

	Single Entity		Group Entity	
	31 March 2019	31 March 2018	31 March 2019	31 March 2018
	£m	£m	£m	£m
DHSC Capital	0.620	4.309	0.620	4.309
DHSC Support	72.942	36.100	72.942	36.100
Finance Lease	1.163	0.000	1.637	0.000
D-Hive MES	0.405	0.185	0.000	0.000
MES Liability	2.412	1.697	2.412	1.697
PFI Liability	7.325	6.478	7.325	6.478
Total	84.867	48.769	84.936	48.584

Non Current Liabilities in respect of loans and other borrowings are:

	Single Entity		Group Entity	
	31 March 2019	31 March 2018	31 March 2018	31 March 2019
	£m	£m	£m	£m
DHSC Capital	13.396	11.095	13.396	11.095
DHSC Support	134.625	72.030	134.625	72.030
Finance Lease	0.000	0.000	.878	0.000
D-Hive MES	6.270	1.451	0.000	0.000
MES Liability	11.658	9.899	11.658	9.899
PFI Liability	268.167	275.492	268.167	275.492
Total	434.116	369.967	428.724	368.516

2.6 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.

	Trust							
	2018-19					2017-18		
	Staff Pensions	Pensions - Injury Benefits	Legal Claims	Other Provisions	Total	Staff Pensions	Other Provisions	Total
	£m	£m	£m	£m	£m	£m	£m	£m
Liabilities at 1 April	**0.756**	**2.786**	**0.072**	**0.465**	**4.079**	**0.791**	**3.432**	**4.223**
Transfer by absorption	0.000	0.663	0.040	0.717	1.420	0.000	0.000	0.000
Arising during the year	0.122	0.602	0.105	1.978	2.807	0.007	0.397	0.404
Utilised during the year	(0.081)	(0.207)	(0.057)	0.000	(0.345)	(0.072)	(0.231)	(0.303)
Change in discount rate	(0.006)	(0.291)	0.000	0.000	(0.297)	0.005	0.040	0.045
Reverse Unused	(0.019)	(0.004)	(0.014)	(0.224)	(0.261)	(0.002)	(0.376)	(0.378)
Unwinding of Discounts	0.024	0.057	0.000	0.000	0.081	0.027	0.061	0.088
Liabilities at 31 March	**0.796**	**3.606**	**0.146**	**2.936**	**7.484**	**0.756**	**3.323**	**4.079**
Expected timing of cashflows								
Not later than 1 year	0.082	0.208	0.146	2.936	3.372	0.072	0.681	0.753
Current Liabilities	**0.082**	**0.208**	**0.146**	**2.936**	**3.372**	**0.072**	**0.681**	**0.753**
Between 1 and 5 years	0.324	0.813	0.000	0.000	1.137	0.288	0.577	0.865
Later than 5 years	0.390	2.585	0.000	0.000	2.975	0.396	2.065	2.461
Non Current Liabilities	**0.714**	**3.398**	**0.000**	**0.000**	**4.112**	**0.684**	**2.642**	**3.326**
Total Provisions	**0.796**	**3.606**	**0.146**	**2.936**	**7.484**	**0.756**	**3.323**	**4.079**

	Group							
	2018-19					2017-18		
	Staff Pensions	Pensions - Injury Benefits	Legal Claims	Other Provisions	Total	Staff Pensions	Other Provisions	Total
	£m	£m	£m	£m	£m	£m	£m	£m
Liabilities at 1 April	**0.756**	**2.786**	**0.072**	**0.465**	**4.079**	**0.791**	**3.432**	**4.223**
Transfer by absorption	0.000	0.663	0.040	0.717	1.420	0.000	0.000	0.000
Arising during the year	0.122	0.602	0.105	0.550	1.379	0.007	0.397	0.404
Utilised during the year	(0.081)	(0.207)	(0.057)	0.000	(0.345)	(0.072)	(0.231)	(0.303)
Change in discount rate	(0.006)	(0.291)	0.000	0.000	(0.297)	0.005	0.040	0.045
Reverse Unused	(0.019)	(0.004)	(0.014)	(0.224)	(0.261)	(0.002)	(0.376)	(0.378)
Unwinding of Discounts	0.024	0.057	0.000	0.000	0.081	0.027	0.061	0.088
Liabilities at 31 March	**0.796**	**3.606**	**0.146**	**1.508**	**6.056**	**0.756**	**3.323**	**4.079**
Expected timing of cashflows								
Not later than 1 year	0.082	0.208	0.146	1.508	1.944	0.072	0.681	0.753
Current Liabilities	**0.082**	**0.208**	**0.146**	**1.508**	**1.944**	**0.072**	**0.681**	**0.753**
Between 1 and 5 years	0.324	0.813	0.000	0.000	1.137	0.288	0.577	0.865
Later than 5 years	0.390	2.585	0.000	0.000	2.975	0.396	2.065	2.461
Non Current Liabilities	**0.714**	**3.398**	**0.000**	**0.000**	**4.112**	**0.684**	**2.642**	**3.326**
Total Provisions	**0.796**	**3.606**	**0.146**	**1.508**	**6.056**	**0.756**	**3.323**	**4.079**

- Pension provisions and pension injury provisions relate to the NHS pension scheme rules whereby scheme members made redundant or employees retired on the grounds of ill health may be entitled to early receipt of their pension plus enhancement, at the employer's cost. The provision is based on current payments discounted by the FReM discount rate for post employment benefits, and life expectancy based on the most up to date ONS life tables.

- The legal claims provision relates to both public liability and employer liability schemes provided by NHS Resolution. Provisions are made based on current open cases and their probability of success as advised by NHS Resolution. This provision does not include any clinical negligence cases, the liability for which is detailed in the following note.

- Other provisions relate to potential future costs which have occurred as a result of a past event, the Trust has assessed there to be a greater than 50% chance of realisation of these costs and can reasonably quantify the potential financial impact.

27. Clinical Negligence Liabilities

As at the 31st March 2019 £370.9m was included in the provisions of NHS Resolution in respect of clinical negligence liabilities of University Hospitals of Derby and Burton NHS FT at 31st March 18 the balance was £242.6m. The significant increase in the liability is in part due to the part year merger with Burton Hospitals NHS FT (BHFT). The balance held by Burton Hospitals NHS FT at 31st March 2018 was £121.9m.

28. Other Liabilities

	Current	
	Trust	
	2018-19	2017-18
	£m	£m
Deferred income - contract liabilities	2.840	5.244
Other deferred income	6.775	1.469
Total Other Liabilities	**9.615**	**6.713**

There is no Group or non-current deferred income for financial year 18-19.

29. Cash and Cash Equivalents

Cash and Cash Equivalents relate to amounts held by the Trust as;

	Trust		Group	
	31 March 2019	31 March 2018	31 March 2018	31 March 2019
	£m	£m	£m	£m
Balance at 1 April	15.583	8.705	16.649	10.207
Net Change in Year	(11.310)	6.878	(7.646)	6.442
Balance at 31 March	**4.273**	**15.583**	**9.003**	**16.649**
Made up of:				
Government Banking	3.782	15.438	3.782	15.439
Commercial Banks	0.463	0.134	5.193	1.199
Cash in Hand*	0.028	0.011	0.028	0.011
Balance at 31 March	**4.273**	**15.583**	**9.003**	**16.649**

30. Financial Instruments
Financial Assets

	Trust		Trust	
	Carrying Value		**Fair Value**	
	2018-19	**2017-18**	**2018-19**	**2017-18**
	£m	**£m**	**£m**	**£m**
Current				
Receivables	34.427	16.052	34.427	16.052
Cash and Cash Equivalents	4.273	15.583	4.273	15.583
Balance as at 31 March	**38.700**	**31.635**	**38.700**	**31.635**
Non Current				
Investments	15.625	1.087	15.625	1.087
Receivables	0.000	5.350	0.000	5.022
Balance as at 31 March	**15.625**	**6.437**	**15.625**	**6.109**

	Group		Group	
	Carrying Value		**Fair Value**	
	2018-19	**2017-18**	**2018-19**	**2017-18**
	£m	**£m**	**£m**	**£m**
Current				
Receivables	34.357	16.345	34.357	16.345
Cash and Cash Equivalents	9.003	16.649	9.003	16.649
Balance as at 31 March	**43.360**	**32.994**	**43.360**	**32.994**
Non Current				
Investments	8.964	7.762	8.964	7.762
Receivables	0.000	5.350	0.000	5.350
Balance as at 31 March	**8.964**	**13.112**	**8.964**	**13.112**

Financial Liabilities

	Trust		Trust	
	Carrying Value		**Fair Value**	
	31 March 2019	**31 March 2018**	**31 March 2019**	**31 March 2018**
	£m	**£m**	**£m**	**£m**
Current				
Payables	77.921	40.208	77.921	40.208
PFI Obligations	10.142	8.360	10.142	8.360
Borrowings	74.725	40.409	74.725	40.409
Balance as at 31 March	**162.788**	**88.977**	**162.788**	**88.977**
Non Current				
Borrowings	148.021	83.125	141.863	79.041
PFI Obligations	286.094	286.843	211.056	178.837
Balance as at 31 March	**434.115**	**369.968**	**352.919**	**257.878**
	Group		**Group**	
	Carrying Value		**Fair Value**	
	31 March 2019	**31 March 2018**	**31 March 2019**	**31 March 2018**
	£m	**£m**	**£m**	**£m**
Current				
Payables	81.607	41.058	81.607	41.058
PFI Obligations	10.109	8.175	10.109	8.175
Borrowings	74.827	40.409	74.827	40.409
Balance as at 31 March	**166.543**	**89.642**	**166.543**	**89.642**
Non Current				
Borrowings	149.289	83.125	141.864	79.041
PFI Obligations	279.435	286.843	206.917	177.582
Balance as at 31 March	**428.724**	**369.968**	**348.781**	**256.623**

Maturity of Financial Liabilities

	Trust		Group	
	31 March 2019	**31 March 2018**	**31 March 2019**	**31 March 2018**
	£m	**£m**	**£m**	**£m**
Not later than 1 year	221.532	146.267	223.683	146.645
Between 1 and 5 years	429.542	346.891	423.610	345.030
Later than 5 years	1,648.899	1,690.739	1,622.102	1,689.434
Total	**2,299.973**	**2,183.897**	**2,269.395**	**2,181.109**

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 University Hospitals of Derby and Burton NHS Foundation Trust (formerly Derby Teaching Hospitals NHS Foundation Trust) 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 the receivables note.

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.

3.2 Capital Commitments

The Trust does not have any un-accrued capital commitments at 31 March relating to its capital schemes. All Estates works undertaken during the year were completed to a satisfactory and safe level at the balance sheet date.

32. 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:

- £2.545m assets are expected within the next 12 months.
- £4.521m worth of assets are due between 2 and 5 years.
- £0.14m 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 estimates, its obligations, in relation to this contract is £21.280m (£23.420m 2017-18).

The Trust has potential liabilities 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 £0.081m (£0.185m 2017-18).

33. Related Party Transactions

The 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 directly with the Trust.

One Director of the Board has provided private consultancy to a company called Globis Ltd and another Director has provided private consultancy to Stryker and Smith & Nephew.

Although the Trust has had transactions of £27k 2018-19 (£41k in 2017-18) with Globis Ltd, Stryker Ltd £1.998m in 2018-19 (2.008m in 17-18), Smith & Nephew £1.199m (1.721m 17-18) neither of the Directors who had provided consultancy were involved in the procurement process relating to Trust expenditure with either of these companies.

Subsidiaries Associates and Joint Ventures

For further information regarding the nature of these relationships please read note

The following transactions have taken place between the Trust and its subsidiary group of companies:

- The Trust has invested £14.538m with D-Hive during the year
- The Trust has spent £1.721m (£0.635m during 2017-18) with D-Hive Limited relating to a range of service contracts.
- The Trust has spent £0.025m (£0.025m 2017-18) with Clinicians Connected Ltd for membership to the recruitment service provided by the company.
- The Trust has spent £13.5m with Derby Health Staffing Ltd relating to the supply of flexible staffing.

The Trust has provided D-Hive Limited (2018-19 £0 .497m 2017-18 £0.097m), Clinicians Connected Ltd (2018 -19 £0.047 m 2017-18 £.037m) and Derby Health Staffing Ltd (2018-19 £0.117m) with back office and management services as per a Service Level Agreement between the entities.

The Trust entered into an agreement on 1 April 2017 with D-Hive Limited for the supply and maintenance of Medical and Non-Medical equipment and other services, details of these are provided in note 13. In year the most significant new services provided were car parking and a temporary ward.

Derby and Burton Hospitals Charity
The Trust is Corporate Trustee of the Derby and Burton Hospitals Charity. Full audited Financial Statements are prepared for the Charity and the Charity Financial Statements (unaudited) have been consolidated into these Financial Statements. At the Balance Sheet date, the Charity owed the Trust £0.133m in relation to Trade Payables, Salaries and other expenditure paid by the Trust on behalf of the Charity (£0.177m 2017-18) During the year the Trust entered into a significant transaction with the Charity, this is explained in further detail in note 2.

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; Southern Derbyshire CCG, East Staffordshire 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	Expenditure	Receivable	Payable
	£m	£m	£m	£m
NHS Southern Derbyshire CCG	338.689	0.284	7.251	2.840
NHS East Staffordshire CCG	36.900	0.000	0.644	0.447
Cannock Chase CCG	4.640	0.000	0.006	0.767
NHS England	5.337	0.004	4.000	0.000
Health Education England	30.461	0.054	0.737	0.000
NHS England East Midlands	84.273	0.000	2.519	0.000
NHS England West Midlands	8.938	0.000	0.052	0.004
NHS Chesterfield Royal Hospital NHS FT	7.032	3.829	6.913	3.822
Midlands Partnership NHS FT	1.269	0.000	1.227	0.206
NHS Erewash CCG	32.609	0.000	0.096	0.083
NHS England North Midlands	17.183	0.000	0.666	0.000
NHS West Leicestershire CCG	20.827	0.000	1.080	0.000
Derbyshire Healthcare Foundation Trust	2.112	1.344	0.595	0.217
Derbyshire Community Health	4.845	2.316	1.273	0.816
NHS Hardwick CCG	3.814	0.000	0.028	0.018
NHS North Derbyshire CCG	3.347	0.011	0.239	0.000
NHS South East Staffs and Seisdon CCG	36.381	0.000	0.223	1.598
University Hospitals of Leicester	2.416	0.171	1.230	0.253
NHS Nottingham West CCG	1.937	0.000	0.070	0.001
Nottingham University Hospitals	1.538	2.376	0.982	1.582
North Staffordshire CCG	1.714	0.016	0.043	0.000
NHS Resolution	0.000	19.828	0.000	0.001

34. Losses and Special Payments

There were 327 cases of losses and special payments (108 in 2017-18) totalling £0.921m (£0.319m 2017-18) paid during the year.

During 2018/2019 there was one special payment totalling £0.431m. This payment relates to costs and compensation awarded by an employment tribunal.

All losses and special payments are reported on an accruals basis but exclude provisions for future losses.

35. Charitable Funds

The Derby and Burton Hospitals Charity has £9.546m in reserves this can be broken down as follows:

- Unrestricted Funds £9.203m (£7.784m 2017-18)
- Restricted Funds £0.036m (£0.055m 2017-18)
- Endowment Funds £0.307m (£0.307m 2017-18)

The Charity was the recipient of the funds held by the Burton Hospitals Charitable Fund on the 1st July 2018 following the merger of Derby Teaching Hospitals and Burton Hospitals. The value transferred was £2.193m.

36. Transfers by absorption

On the 1st July 2018, Derby Teaching Hospitals NHS FT and Burton Hospitals NHS FT merged to form, University Hospitals of Derby and Burton NHS FT. This transaction is accounted for by the application of Transfers by absorption accounting as prescribed by the NHS Group Accounting Manual.

Further detail regarding the merger transaction is shown in note 3 to these accounts.

As at the 1st July the Trust recognised £51.3m transfer by absorption gain in the Statement of Comprehensive income, made up of;

	Amount transferred 1 July 2018
	£m
Net book value of PPE transferred	101.728
Net book value of Intangibles transferred	4.960
Total receivables transferred	15.942
Total inventories transferred	4.370
Cash and cash equivalents	3.870
Total trade and other payables transferred	(27.244)
Total other liabilities transferred	(0.136)
Total borrowings transferred	(50.552)
Total provisions transferred	(1.630)
Transfer by absorption gain	**51.308**

37. Initial application of IFRS 9

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. No restatement of prior years has taken place

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking   'expected loss' impairment model.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are now measured on an amortised cost basis.

Consequently on 1st April 2018 borrowings increased by £0.58m, and trade payables correspondingly reduced. At the 31st March 2019 the increase in borrowings and reduction in trade payables was £0.74m

Reassessment of allowances for credit losses under the expected loss model resulted in an immaterial change in the carrying value of receivables.

All other financial assets and financial liabilities in the scope of IFRS 9 continue to be measured at amortised cost except for Charity investments which are now measured at fair value through profit and loss.

38. Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively, however the Trust has assessed there is no effect on initial application and therefore recognised no adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1st April 2018).

Implementation of the standard has had no impact in the financial year 18-19.

39. Accounting Standards Issued, Not Yet Adopted

Standards issued or amended but not yet adopted in FReM are shown below.	
IFRS 14 Regulatory Deferral Accounts	Not EU-endorsed.* Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
IFRS 16 Leases	Application required for accounting periods beginning on or after 1 January 2019 delayed in the NHS to 1st January 2020, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRS 17 Insurance Contracts	Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
IFRIC 23 Uncertainty over Income Tax Treatments	Application required for accounting periods beginning on or after 1 January 2019.

IFRS 16 is expected to have a significant impact in the NHS with operating leases previously accounted for off balance sheet moving on balance sheet with the recognition of right of use assets, and a corresponding liability recognised on the Statement of Financial Position. Depreciation and interest will be charged to the Statement of Comprehensive Income over the life of the asset.

The Trust has commenced a project to identify all leases currently classified as operating leases in order to assess their classification as operating leases and subsequently assess the impact of the application of IFRS 16. Work on this is not yet sufficiently progressed to be able to quantify the impact of implementation.

The new standard will apply for the 20/21 financial reporting year. Work will continue during 2019/20 in order that the opening balance sheet can be restated for the production of the 20/21 financial statements.

Glossary

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
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

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	NHS England
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	Referral 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
UHDB	University Hospitals of Derby and Burton
UV	Ultra Violet
VAT	Value Added Tax
VTE	Venous Thrombo Embolus

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