

# 2024/25

## Annual Report & Accounts



**Derbyshire Healthcare**  
NHS Foundation Trust





Derbyshire Healthcare NHS Foundation Trust  
Annual Report and Accounts 2024/25

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



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## Chair's Foreword

Welcome to the Annual Report and Accounts for 2024/25.

The development of a new Trust Strategy to drive our plans and improvements for the coming years, has been a highlight of 2024/25. Following engagement with colleagues, partners and people who use our services, the new Trust Strategy clarifies the Trust's ambitions and the way we will work to achieve our vision.

Our four strategic priorities (known as our 4Ps) are patient focused, people, partnerships and productive. These form the basis of how we will measure performance and successful delivery of the Trust Strategy. The Trust's vision and values were refreshed as part of this approach, alongside a new brand identity. I look forward to seeing progress in achieving our strategic plan over the coming year, to make improvements in the ways we work to deliver the best possible care to our local communities.



There have been many achievements and celebrations throughout the year as our work has been recognised at a local and national level. The annual HEARTS awards in 2024 recognised numerous examples where teams and colleagues had gone above and beyond the expectations of their role to support people in our services. I was delighted to see Balbir Kaur, a Domestic Assistant who started working for the NHS in 1974, be recognised for her achievements.

I was proud to receive a national award in June for our work supporting adults with autism and enhancing their quality of life. It was also very touching to meet a local family in January to receive their generous donation to our Dementia Rapid Response Team. Thank you to Jack, who raised money for the team in memory of his grandfather, Barry. We will be looking to further develop our charitable funds approach over the coming year.

I have met with many colleagues, carers, service users and partners over the last year and I continue to be impressed by the breadth of services we offer and the compassionate approach I have witnessed across our teams. Staff engagement has continued to be a priority and whilst there are many areas of focus for the coming year, we were pleased to benchmark positively in the annual Staff Survey results, with the majority of our scores being above the national average.

New and innovative approaches to recruitment and retention have been implemented, in response to the challenges experienced by many NHS trusts, so that we could begin to safely open our new services early in 2025. We look forward to benefiting from a new cohort of internationally trained colleagues joining our medical workforce in the coming year.

I was pleased to welcome new members to the Board of Directors this year. Tumi Banda returned to the Trust as Director of Nursing, Allied Health Professionals, Quality and Patient Experience in September 2024 and Rebecca Oakley was appointed as the substantive Director of People, Organisational Development and Inclusion. Andrew Harkness also joined the Trust as a Non-Executive Director in January 2025.

In February 2025 we welcomed newly elected members of the Council of Governors, and I am pleased to introduce Neil Baker, Jane Chukwudi, Ruth Day, Mathew Joseph and Christopher Williams. Andrew Beaumont, Angela Kerry, Hazel Parkyn and Jill Ryalls were also re-elected for a further term of office. Thank you to those who retired from their governor roles in 2024/25.

Sadly, we lost several special colleagues this year. Jane Giles, Deborah Hall, Samantha Hourd, Deborah Matthews, Joanne Roberts and Simon Stansfield will each be remembered in our memorial garden at Kingsway Hospital. We also paid tribute to the work of Trust staff and the

wider role of the NHS during the COVID-19 pandemic, when the five-year anniversary took place in March.



Selina Ullah  
Trust Chair

### Trust celebrates its fantastic workforce this International Women's Day

International Women's Day (Saturday 8 March) is a celebration of the social, economic, cultural and political achievements of women. This year's theme was 'Accelerate Action'.

The theme highlights the importance of taking swift and decisive steps to achieve gender equality. It calls for increased momentum and urgency in addressing the systemic barriers and biases that women face, both in personal and professional spheres.

This International Women's Day, we asked some of the incredible women at the Trust about what inclusion means to them and the importance of 'accelerating action' to create an environment free from gender bias and challenges.





# Chief Executive's Introduction

2024/25 has been a significant year for the Trust, with important changes shaping the services we offer to local people. I was delighted to see the new facilities that form our Making Room for Dignity programme begin to open in early 2025. This included the Derwent Unit in Chesterfield which welcomed its first patients in March with the Carsington Unit on the Kingsway Hospital site in Derby opening in May.



Bluebell Ward, a new specialist unit for older adults in North Derbyshire opened at the start of January, and we look forward to a new Psychiatric Intensive Care Unit and Audrey House opening later in 2025. Refurbishment work will also resume at the Radbourne Unit, to offer single en-suite bedroom accommodation in line with the quality of our new facilities. You can read more about these exciting developments on page 90 onwards.

I am grateful to everyone who has supported the extensive planning process to ensure that we have been able to open these new facilities. I am extremely proud of the level of engagement that has taken place, allowing our services to truly be shaped by people with lived experience, carers, clinicians and wider partners. We have already received positive feedback from people being cared for in our new facilities about the therapeutic environments offered and how the designs support their privacy and dignity.

The Care Quality Commission (CQC) visited the Trust's acute inpatient services during the year and in January, confirmed our services received a good rating. This reflects several improvements delivered by our teams, which we continue to build on to improve the services we offer to local people.

It has also been an important year for our community mental health teams as we completed the initial phase of implementing our Living Well service, which provides joined up care to local people in partnership with the Local Authority and voluntary and community sector partners. These changes aim to make it easier for local people to access support for a wide range of mental health and emotional wellbeing needs.

This is one example of our growing partnership work across the Derbyshire health and care system. This approach also extends to the integration of adult neurodevelopmental services across north and south Derbyshire through our close working with Derbyshire Community Health Services NHS Foundation Trust. Our alliance work with other mental health providers across the East Midlands has also grown over the last year and we continue to work alongside other trusts and wider bodies to support the needs of our local communities.

As reflected in the welcome from our Trust Chair, there have been many developments and initiatives to celebrate this year. As we reach the end of 2024/25 the Trust received the news that we have been selected as finalists in three categories at the Digital Health Service Journal Awards. Our Derby city school nursing team have been shortlisted in two categories, for the way they have digitised their services, using data to improve young people's lives. The Trust has also been shortlisted in the 'digital organisation of the year' category.

This has been a challenging year on many fronts and the Trust ended 2024/25 with a planned financial deficit. Significant savings have been achieved following a wide range of efficiency measures, with more planned for the coming year. The Trust, like many others has a number of challenging years ahead in order to achieve financial balance and continue to provide safe services. We remain committed to working in new and different ways to reduce our expenditure whilst seeking to protect frontline services and the people's experience of the care we provide.



My thanks to everyone who has supported the Trust over the last year.



Mark Powell  
Chief Executive

**Exceptional mentoring, leadership and improvements in health outcomes for patients earned Derbyshire NHS nurse spot on national award shortlist for Nurse of the Year award**

A Trust nurse was shortlisted at a national awards ceremony for his efforts to deliver strong leadership and mentoring as well as addressing health inequalities to improve health outcomes for patients.

Enoch Marandure, known to many as 'Toby', who is Head of Nursing for Community Mental Health Services and Substance Misuse at the Trust, was named as a finalist at the BAME Health and Care Awards for ensuring high-quality and compassionate nursing practice and for his proactive approach to reducing inequalities for BAME patients and BAME staff.

Toby was also shortlisted for the Nurse of the Year award. Toby oversees and manages various aspects of mental health care delivery and plays a pivotal role in ensuring the delivery of high quality, person-centred care to individuals with mental health needs while also promoting innovation, collaboration, and continuous improvement within mental health services.



# Performance report

This overview of performance provides a short summary of the organisation, its purpose, the key risks to achievement of our objectives and performance throughout the year. It is supported by further detail outlined in the 2024/25 performance section that follows on page 26.

## Overview of performance

2024/25 has been a busy year for the Trust with a number of important developments, including two of our new inpatient units opening at the start of 2025. Performance across all our services has remained strong throughout the year and we have taken proactive steps to reduce the length of time people wait to access our services.

Nationally the NHS has experienced a number of financial challenges this year and the impact of this has been experienced locally, with the Trust making significant cost savings. Our approach has sought to be innovative in the way we transform our services, becoming increasingly efficient whilst protecting people's experiences of our services and retaining positive clinical outcomes.

Our services have also felt the impact of wider societal changes, with periods of industrial action taking place at the start of the financial year. These challenges were carefully managed through an incident management approach, to ensure our services remained safely staffed.

## Meeting an increased demand for our services

Throughout 2024/25 the Trust has experienced an ongoing high level of demand for services. We have worked hard to improve access to our services and to reduce waiting times whilst experiencing this increase in demand, looking at new ways to work with our local communities to provide relevant and timely support. We have been pleased to improve access to our perinatal services, making improvements to our memory assessment services and increasing dementia diagnosis rates.

The high level of admissions under the Mental Health Act has persisted since the COVID-19 pandemic, with people presenting with a higher level of acuity. Our new inpatient units are designed with a therapeutic model of care which aims to support people's recovery, reducing their length of stay in our ward environments. Over the coming year we will also open a new Enhanced Care Unit and Psychiatric Intensive Care Unit (PICU) which will provide new opportunities to support people locally.

Demand for services in the community also remains high, and our community mental health teams have increased the number of contacts they have with local people. The Trust has met national targets relating to the number of people accessing talking therapy services, including the length of time to receive appropriate support. We are also increasingly working in partnership with other local agencies, including the voluntary sector to provide easy access to a wide range of mental health and wellbeing support across our communities.

We continue to experience long waits to access some of our services, including adult autistic spectrum disorder (ASD) assessments and children's and adolescent mental health services (CAMHS), yet have proactively sought to reduce these where possible. We are also providing additional information and guidance to people who are waiting to access our services.

## Successes

There have been many achievements and positive developments throughout the year, many of which are included throughout this Annual Report.

### **Eradication of dormitories**

The modernisation of our adult acute inpatient units in Derby and Chesterfield (through our Making Room for Dignity programme) has continued to progress and has been a key highlight of the financial year. The existing dormitory-style wards have been replaced with single en-suite bedrooms at the new Derwent and Carsington Units, improving the privacy and dignity of people experiencing mental illness who require inpatient care and treatment. We have also opened a new ward for older adults in North Derbyshire. Bluebell Ward, based on the Walton Hospital site in Chesterfield, provides 12 specialist beds for older adults with acute mental health needs. For more details, please go to page 90.

### **Psychiatric Intensive Care Unit for Derbyshire**

The programme also includes the creation of a PICU for Derbyshire. Kingfisher House, a 14-bed new build PICU on the Kingsway Hospital site will make a positive difference to male patients requiring an increased level of support, as they will receive the care and treatment that they need close to their family and support networks, instead of having to be cared for outside Derbyshire. For more on the Making Room for Dignity programme, please go to page 90.

### **Help in mental health crisis**

An increased range of options are now available for people who require urgent mental health crisis support, with the following local support services now in place across Derby and Derbyshire:

- Patients can utilise Mental Health Crisis Support Drop-in services (or 'Crisis Cafes'). These offer immediate out-of-hours support for those with mental health concerns or experiencing emotional distress. Services are available in Ripley, Swadlincote and Buxton. [Crisis Support Drop-In Services - Derbyshire Mind](#).
- Patients can contact the Mental Health Helpline and Support Service by calling 111 and selecting the 'Mental Health' option (option 2). The service is available 24 hours a day, seven days a week, for residents of Derby and Derbyshire.
- Patients can access the Safe Haven for immediate support within a crisis when feeling overwhelmed or unable to cope. These are Life Links in Derby, and P3 in Chesterfield. [Safe Haven - Derby Life Links | Supporting Mental Health in Derby](#). [Derbyshire Safe Haven - P3](#).

### **Living Well Derbyshire**

Mental health services available in the community to support people with mental ill health have continued to develop and improve throughout the year. In alignment with the Community Mental Health Framework, mental health services are transforming to reach a wider cohort of people, including those who have traditionally fallen between the gaps of primary and secondary care, as well as those people with a severe mental illness. Health services, social care and the voluntary, community and social enterprise (VCSE) sector are working in partnership to deliver new integrated ways of working that are modernising community mental health services for adults and older adults, considering the needs of each local area. In Derbyshire, this is called the Living Well Derbyshire programme. In Derby, it is called the Derby Wellbeing programme.

All teams are now established and receiving referrals from Primary Care and through self-re-introductions.

## Staff feedback – survey results


Last year we saw 64% of colleagues complete the staff survey. This is the highest response rate to date and is an increase on the 62% of staff who shared their views in 2023. We will continue to promote the survey to all Trust staff and seek to further increase our response rate next year.

The survey results show that our feedback has improved in 38 questions and in almost all areas the feedback received remains higher than the national average. Areas that have improved include the Trust's response to health and wellbeing, how reasonable adjustments have been made to support colleagues with a disability, and a rise in colleagues feeling a personal attachment to their team. Full details on the survey are on pages 127-130.


Signed



Mark Powell  
Chief Executive  
25 June 2025


  
**Derbyshire Healthcare**  
NHS Foundation Trust

# 2024/25 *in numbers*





Our **Work Your Way** employment service successfully supported **220 people** open to community mental health services into **permanent work in roles of their choice**.


The East Midlands **Gambling Harms** Service received **423 self referrals** from people concerned about their gambling habits.




**326 pregnant women or new mothers** made a self referral to our **perinatal mental health services**.








Derbyshire Healthcare received **1,730 compliments** from service users, carers, families and students.




The **Mental Health Helpline and Support Service** spoke to **30,724 people** who needed help.




**812 DEED** (Delivering Excellence Every Day) nominations, **celebrating staff, teams and services**, were received.

The Derbyshire Healthcare **website** was visited by **227,454 people** on **419,390 separate occasions**.



The Strategic Health Facilitation team in our **Integrated Adult Neurodevelopmental Service** supported **5246 people with a learning disability** to get an **annual health check** from their GP.



## About us

### Purpose and activities of Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust (DHCFT) is a provider of mental health, learning disability and children's services across the city of Derby and wider county of Derbyshire. We run a variety of inpatient and community-based services throughout the county. We also provide specialist services across the county including substance misuse and eating disorders services, and we run the East Midlands Gambling Harms service.

The Trust provides services to a diverse population, including areas of wealth alongside significant deprivation. The Trust's catchment area includes both city and rural populations, with over seventy different languages being spoken.

Successful partnership working is essential to the delivery of many of our services and central to our values. The Trust works in close collaboration with the Derbyshire Integrated Care Board (ICB) and fellow providers of local healthcare services, together with local authority colleagues at Derby City Council and Derbyshire County Council, and voluntary and community sector organisations. Derbyshire Healthcare is an active partner in the Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS), which is a partnership of health and care organisations working collectively to address challenges and improve the level of joined up working within the local health and care economy.

### History of The Trust

Previously Derbyshire Mental Health Services NHS Trust, the Trust was granted Foundation Trust status on 1 February 2011. Universal children and family services for Derby transferred to the Trust in 2011, following the dissolution of Derby City Primary Care Trust.

### Our services

Derbyshire Healthcare has a broad range of services that are currently structured within the following clinical divisions:

- **Acute Mental Health Services for Adults of a Working Age:** manages our adult inpatient services at the Radbourne Unit and the Derwent Unit (formerly the Hartington Unit) and also provides urgent assessment and home treatment services, including our crisis services and liaison teams, and helpline. Adult inpatient services will also be delivered from the Carsington Unit, Kingfisher House, our new Psychiatric Intensive Care Unit (PICU) and Audrey House (enhanced care unit), once open.
- **Community Mental Health Services for Adults of a Working Age:** provides community mental health services, locally based across Derbyshire, for people experiencing significant mental health difficulties requiring specialist interventions, including Consultant Psychiatric outpatients services and Early Intervention services. Physical Health Monitoring Clinic for people commencing on antipsychotic medication or having this adjusted, Individual Placement Support team and Primary Care Networks (PCN) Mental Health Practitioners.
- **Forensic and Mental Health Rehabilitation and Specialist Services:** includes a Community Forensic Team, a Criminal Justice Liaison and Diversion Team and a Placement Review Team with a Low Secure Inpatient Unit provided at the Kedleston Unit. Currently there is a rehabilitation inpatient service at Cherry Tree Close and there is an ongoing transformation to extend the rehabilitation pathway including a community rehabilitation team. The division also includes a number of specialist teams including Perinatal Services (inpatient and community), Eating Disorders services for adults, Substance Misuse services through Derby Drug and Alcohol Recovery Service and Derbyshire Recovery Partnership, Physiotherapy and Dietetics services. Also, the new Gambling Harms service.



- **Mental Health Services for Older People:** provides an inpatient service for people suffering with dementia on the Cubley Court wards and an inpatient service for older people experiencing functional illness, such as severe depression or psychosis, at Tissington House. This division also delivers services locally across Derbyshire within the Community Mental Health Teams (CMHT) and Memory Assessments Service (MAS) and provides an intensive alternative to hospital admission through the Dementia Rapid Response Teams (DRRT) and the In-reach and Home Treatment Team. Specialist services for older adults are provided at the Bluebell Ward.
- **Children's Care Services:** provides Child and Adolescent Mental Health Services (CAMHS) including CAMHS RISE, a team supporting Accident and Emergency (A&E) liaison and acute inpatient services. It also includes 0 to 19 Universal Children's Services, with public health teams including health visitors and school nurses and specialist children's services providing therapy and complex needs services, and a service for looked after children in care.
- **Neurodevelopmental Services:** this division provides Autistic Spectrum Disorder (ASD) assessment and learning disabilities (LD) services including an intensive LD support team to help prevent hospital admission.
- **Psychology and Psychological Therapies:** This division provides psychological assessment and interventions for patients across the Trust. Interventions are delivered in one to one or group format and utilise the range of psychological models highlighted in guidance. All talking therapies including Talking Mental Health Derbyshire (Improving Access to Psychological Therapies (IAPT)) across all services sit within the Division. Psychological therapy is delivered by a range of therapists and clinical psychologists for all age groups and presentations in the community and in patient services. They are embedded in teams across the Trust.

Further details on the above services can be found on the Derbyshire Healthcare Foundation NHS website: <https://www.derbyshirehealthcareft.nhs.uk/>



*Colleagues from our CAMHS team*



## Our Green Plan

### **Task force on climate-related financial disclosures (TCFD)**

The Green Plan is approved by the Finance and Performance Committee (FPC) with a twice-yearly update report. The Senior Responsible Owner (SRO) for these disclosures is the Trust's Director of Finance who line manages the Sustainability Manager, allowing monthly oversight.

The Integrated Care Board (ICB) Chief of Staff chairs a quarterly Greener Delivery Group for Joined Up Care Derbyshire (JUCD) attended by all Derbyshire Trusts and the NHS England Regional Net Zero Team. The purpose of the JUCD Greener Delivery Group is to provide the oversight and accountability for the achievement of the carbon reduction targets. JUCD work with Provider Boards to promote the success of the Green Plan.

The Trust's Strategic Plan aims to reduce its carbon footprint by 80% by 2032.

The FPC approves and reviews targets set annually in the Green Plan. Risk assessments are undertaken in line with its Risk Management policy. The Green Plan complies with the Climate Change Act and Adaptation Reporting requirements.

A 0.4wte Sustainability Manager was appointed in February 2025. There are no other formal sustainability posts. The post holder is responsible for co-producing the Green Plan in line with the nine areas as outlined in NHS Guidance<sup>1</sup>. Each of the nine areas have designated leads related to their sphere of operations and are responsible for the actions within their areas.

The Care Quality Commission (CQC) checks sustainability as part of the Well Led quality domain. The Trust's CQC Compliance and Responsibility Manager works with the Sustainability Manager in this area.

The Emergency Preparedness, Resilience and Response (EPRR) lead also works with the Sustainability Manager to handle risks to patient safety caused by climate change, mostly around our responses to business continuity following extreme climatic events.

The Trust's Sustainability Manager works with the ICB's sustainability team. The JUCD Greener Delivery Group supports its members in coming together with the East Midlands Combined County Authority (EMCCA), NHS England (NHSE), and governmental bodies to look at risk and mitigation that fall outside of the Trust's control but affect the Trust directly. The Sustainability Manager brings local or regional information into the Trust through the ICB forum and has regular meetings with key stakeholders.

A virtual team supports sustainability. Leaders of the nine areas of interest share information in real-time and host documents and links.

### **Risk Management**

Risks are identified and managed in line with the Trust's Risk Management Policy. The Trust's Green Plan identifies priorities for action. The Trust acts in accordance with its legal responsibilities to meet NetZero. Our Emergency planning system also highlights known risks and logs mitigations, including managing climate risks to patient safety.

**Transition Risks:** Achieving NetZero demands significant investment and reliance on a single power source, reducing flexibility. Contracts may increase financial burden as the Trust does not produce its own electricity. Compliance costs will rise due to increasing regulation, and replacing assets ahead of schedule reduces initial value for money. Non-compliance may result in fines, legal judgments, or CQC actions.

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<sup>1</sup> [NHSE - Green Plan Guidance](#)

**Technological Risks:** New technologies may not meet expectations, though this is mitigated by using established technologies. The technology may not reach its predicted life expectancy or provide the necessary efficiency for a safe hospital environment.

**Market Risks:** Car parking remains problematic and could impact recruitment and retention. Energy tariffs are volatile, and the Trust has no energy generation to mitigate rising costs.

**Transition Risks:** Achieving NetZero requires significant investment and reliance on a single power source, reducing flexibility. Contracts may increase financial burden. Compliance costs will rise due to increasing regulation and legislation. Replacing assets ahead of schedule reduces initial value for money. Non-compliance may result in fines, legal judgments, or CQC actions.

**Reputational Risks:** Climate change is particularly important to women and people holding degree-level qualifications<sup>2</sup>. As Derbyshire Healthcare's workforce is mostly female and highly educated, lack of engagement with climate change could affect morale, recruitment, and retention. As an "Anchor Institution," Derbyshire Healthcare must show commitment and effectiveness in reducing its environmental impact to meet stakeholder expectations<sup>3</sup>.

**Physical Risks:** Predictions<sup>4</sup> indicate that by 2080, Derbyshire's average temperature will rise by 3°C, with warmer winters and summer highs reaching 37°C in the south and 33°C in the peaks. The North will become wetter year-round but have drier summers, with more extreme weather events like downpours and heatwaves<sup>5</sup>. Flash flooding and storms will worsen, causing business continuity and financial risks for the Trust.

**Chronic Risks:** Derbyshire has 22 out of 491 small areas in the most deprived 10% across England. Climate change negatively impacts social determinants of health, disproportionately affecting communities least able to be resilient. This will increase demand for services due to climate anxiety and post-traumatic effects of extreme weather, and contribute to health inequalities, especially among those with pre-existing health problems and people from the global majority<sup>6</sup>.

**Climate risks:** Are of real concern to the Trust and have direct effects. It is however the social determinants of health that are the main drivers of people coming into contact with services.

The climate-related risks have been identified using system data, and that provided by government agencies and our colleagues in our partner local authorities. We have used this data coupled with our own data to provide business continuity plans and emergency responses to climatic change. The assessment and mitigation is made using Emergency Preparedness, Resilience and Response (EPRR) methodology.

The Board Assurance Framework (BAF) holds all the identified trust wide risks and mitigation plans. Local Risk assessments are recorded via our Datix risk assessment mechanisms and feed up to BAF via the Risk and Assurance Manager and operational procedures.

Much of our information around risk comes from external sources. These include the Environment Agency, published guidance from NHSE and Department of Health and Social Care, and Local Government. More recently, closer working with our ICB and system partners has improved the

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<sup>2</sup> [www.ons.gov.uk 2022](https://www.ons.gov.uk/2022)

<sup>3</sup> [www.health.org.uk](https://www.health.org.uk) - The NHS as an Anchor Institution

<sup>4</sup> [www.derbyshire.gov.uk](https://www.derbyshire.gov.uk) - Changing climate

<sup>5</sup> [www.derbyshire.gov.uk](https://www.derbyshire.gov.uk) - Climate Change Strategy

<sup>6</sup> Galabuzi, G., Labonte, R., 2002. Social Inclusion as a Determinant of Health. Presented at the The Social Determinants of Health Across the Life-Span Conference, Toronto, Ont., pp. 1–6.

quality of information exchange, and mitigation opportunities. We also feed into larger plans, such as Mayoral or national initiatives for active travel.

Climate-related issues are not a principal risk for the Trust although the Trust operates in alignment with its legal duties to reduce carbon emissions.

Table 1 below shows the nine areas of focus of the NHS Green plan. Each of these comes with a series of technical metrics that support success. As there are several metrics for each section an illustration is given here:

The nine elements of the NHS Green Plan		
Element	Description	Example metrics
1. Sustainable Models of Care	Reducing carbon emissions through new care models, optimising care locations, and improving clinical practice.	Establish a clinical lead and multidisciplinary working group responsible for reducing emissions in the clinical area(s).
2. Digital Transformation	Leveraging digital technology to reduce the need for physical appointments and travel.	Maximise the benefits of digital transformation to reduce emissions and improve patient care, for example, by reducing the use of paper and providing virtual pathways where clinically appropriate (see also Net zero clinical transformation).
3. Travel and Transport	Reducing emissions from patient, staff, and supplier travel through various interventions.	Develop a sustainable travel plan by December 2026.
4. Estates and Facilities	Ensuring new and existing buildings are energy-efficient and net zero compatible.	Ensure all applicable new building and major refurbishment projects are compliant with the NHS Net Zero Building Standard.
5. Medicines	Reducing emissions from pharmaceuticals, particularly anaesthetic gases and inhalers.	Improving inhaler use and adherence as part of the larger national plan that refers to inhalers and their gasses.
6. Supply Chain and Procurement	Encouraging suppliers to disclose emissions and publish carbon reduction plans.	Reduce reliance on single-use products, considering how to safely build this work into clinical improvement projects
7. Food and Nutrition	Promoting sustainable food practices and reducing food waste.	Measure food waste in line with the Estates Returns Information Collection (ERIC) and set reduction targets
8. Climate Adaptation	Preparing for the impacts of climate change on health services and infrastructure.	Factor in the effects of climate change when making infrastructure decisions and designing new facilities, including enhancements for example improved green spaces, drainage systems and passive cooling solutions.
9. Workforce	Mobilising and upskilling NHS staff to support and implement green initiatives.	Assess workforce capacity and skill requirements for delivering the green plan, considering good practice examples such as hybrid

		roles apprenticeships, fellowships and NHS estates sustainability career pathways.
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The Trust has committed to a decrease of 5% each year for CO2 emissions until 2032 in its strategic plan. This is measured using Estates Return Information Collection (ERIC). Other metrics used align with those mandated in the NHS Green Plan guidance are contained in the Green Plan. We report what is required via the Greener NHS Dashboard, which includes a range of technical measures including our use of LED lighting, gas consumption, energy consumption per m<sup>2</sup>, and progress towards heat decarbonisation.

The Greener NHS Dashboard allows us to use historical data, and to compare when needed with similar Trusts. Current data supports progress in Carbon reduction:

<b>Annual carbon emissions (tCO2e)</b>					
	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>
<b>Gas</b>	1,687	1,701	1,501	1,595	1,579
<b>Electricity</b>	1,110	867	841	702	900
<b>Waste</b>	25	18	33	33	32
<b>Water and Sewerage</b>	25	32	11	13	11
<b>Coal</b>	0	0	0		
<b>Hot water and steam</b>	0	0	0	0	0
<b>Oil</b>	0	0	0	0	0
<b>Grand Total</b>	<b>2,847</b>	<b>2,618</b>	<b>2,386</b>	<b>2,342</b>	<b>2,522</b>

The buildings within the Trust's Making Room for Dignity programme are designed to be energy efficient. We would expect to see further reductions as we go forwards.

All the calculations required are either internally generated using best practice or supplied by NHSE. We do not use internal carbon pricing.

The sub-targets under our commitment to reduce emissions we control directly by 80% by 2032 are informed by guidance published from NHSE. We publish a 3-year plan that will be reviewed in July 2025 that is split into the nine areas shown in table 1. Each area has a range of targets, with different timescales and measures. We incorporate local goals complementary to achieving the stipulated aims of national guidance. Baselines are provided by NHS statistical returns (e.g. ERIC) and national data.

#### **Update on our existing plan outside of the above:**

- Workforce - appointment of an interim sustainability manager with a plan to appoint to a 0.4 whole time equivalent in the Summer of 2025. We have appointed an SRO who is the Director of Finance, and a Non-Executive Director has been identify to ask as a champion.
- sustainable models of care - we have our major new building projects. These come with strong environmental credentials (Building Research Establishment Environmental Assessment Method (BREAM) "Excellent" ratings) that includes positive net gains in our existing estates in terms of biodiversity.

- digital transformation - we have continued to use virtual appointments, which have saved the Trust over £1 million. Studies<sup>7</sup> have shown positive carbon savings of between 0.70–372 kg CO<sub>2</sub>e per consultation plus an additional travel reduction of 1.86–8.43 kg CO<sub>2</sub>e per hour consultation. Since October 2023 we have recorded over 10,000 hours of virtual consultation hours, showing the size of the CO<sub>2</sub>e saving. We also have a more developed Electronic Patient Record and have integrated IT communication channels as a norm.
- travel and transport - we have sourced electric car chargers for our Kingsway Hospital and Chesterfield Royal Hospital sites, which will come online in 2025/6. We continue to promote electric vehicle car leases and “cycle to work schemes”.
- Our estates teams have been busy successfully supporting the new build programme. We source only renewable energy and continue to replace light fittings across all our sites with LED alternatives. We plan to replace our fossil fuel fleet vehicles with ultra-low electric vehicles at the end of their life cycle.
- Medication - as we do not use the major CO<sub>2</sub>e gasses, we support the Integrated Care System with their inhaler improvement project.
- Food waste continues to be recycled into energy and fertilizer.



<sup>7</sup> Purohit A, Smith J, Hibble A (2018) Does telemedicine reduce the carbon footprint of healthcare? A systematic review. *Future Healthc J* ;8(1):e85–e91. doi: 10.7861/fhj.2020-0080

## Trust Strategy

The new Trust Strategy (2024-2028) was approved by the Board of Directors and launched in November 2024. This followed engagement that took place throughout the year with colleagues, partners, carers and people who use our services. Numerous engagement sessions captured feedback which directly shaped the content and format of the new Trust Strategy. It was important to co-create the new Trust Strategy, as it outlines a shared direction of travel for the coming years.

The new Trust Strategy outlines our new Trust vision, values and strategic priorities.

### Trust vision and values

The Trust's vision has been updated to 'We make a positive difference in everything we do'.



Our values were developed in partnership with staff, partners, patients, service users and carers.



#### **Caring**

We provide safe care and support people to achieve their goals.



#### **Inclusive**

We respect everyone in all we do.



#### **Ambitious**

We offer high quality services, and we commit to ongoing improvement.



#### **Belonging**

We come together to create a culture that is welcoming, open and trusting.



#### **Collaborative**

We work together to achieve the best outcomes for our people and communities.



### **Strategic priorities – the Four P's**

Our strategic priorities outline the high-level initiatives we will focus on to deliver the Trust vision. They will be a foundation for our decision making and resource allocation and form the basis of how we will measure performance and successful delivery of the Trust Strategy.

The priorities are all of equal focus and importance. Each has a set of key deliverables which set under each priority. These will be reviewed on an annual basis to monitor progress, completion and to identify any new deliverables that reflect the changing environment in which we work.



## **Patient focused**

Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.

## **People**

We will attract, involve and retain staff creating a positive culture and sense of belonging.

## **Productive**

We will improve our productivity and design and deliver services that are financially sustainable.

## **Partnerships**

We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.

### **Personal Accountability Charter**

A consistent message shared during the Strategy engagement was the need to develop a framework that provided more detail on behaviours that aligned to the new Trust values and how these could be expressed in our day-to-day interactions. A new Personal Accountability Charter outlines these behaviours and supports the ongoing development of a positive culture in all our teams. This charter was developed alongside colleagues as part of the engagement to develop a new Trust Strategy.

### **Strategy on a page**

We have also created a single page summary of the new Trust Strategy that brings together the new vision, values and strategic priorities. This has formed the basis of our engagement. It is published within the strategy and also as a standalone document.

The Trust Strategy Delivery Plan was subsequently developed in collaboration with Trust Board members, staff, service users and partners. The Trust Board approved the Delivery Plan in March 2025 and will enable delivery of our agreed Trust Strategy.

Engagement has started on the development of a new Trust-wide Quality Plan.

Read more on the Trust's website page [Our strategy, vision and values :: Derbyshire Healthcare NHS Foundation Trust](#)

### **Exceptional NHS colleague and ex-army medic of 20 years carries Book of Remembrance at national service following her selfless efforts to save lives during war explosion incident**

A courageous NHS colleague and ex-army medic was honoured with the role of carrying the [Book of Remembrance](#) at this year's [Festival of Remembrance](#) at the Royal Albert Hall on Saturday (9 November), to honour the sacrifices made by the British and Commonwealth Armed Forces community.

The Book of Remembrance is a permanent record that commemorates the lives lost from war and other military operations, listing the names and dates of those who are to be remembered. Hayley Lawrence, a Clinical Nurse Educator at the Trust, received the honour after devoting 20 years of service to the military as a combat medical technician and a mental health nurse.



## Clinical ambition

Until the new Clinical Plan is fully developed later in 2025, the Trust has set out its clinical ambition, illustrated in the image below.



During 2024/25, we have engaged with the stakeholders – patients and staff to finalise the clinical strategy. We received good feedback from the EQUAL Forum and helpful suggestions to strengthen the governance and delivery of our Clinical Strategy. In line with current practice, we will be using the term “Clinical Plan” to distinguish the overarching Trust Strategy. The Clinical Plan will be aligning with the Quality Plan and the Digital Plan.

Our Clinical Plan will be aimed at reducing health inequalities by looking at population health. To this end we have developed a dashboard that is accessible by all our teams to consider their demography. Clinical teams will be encouraged to assess the demographic data over and above the patients presenting to us and represented in team caseloads. This will help them identify hidden needs and any barriers to accessing and utilising care.

Our Clinical Plan (2025/26 to 2027/28) is to address health inequalities in access, experience and outcomes through population health measures. We will focus on access in Year One, experience in Year Two and outcomes in Year Three.

## **Significant governance and regulatory events during the year**

### **Changes to the Board of Directors**

The two Interim Executive Director posts were substantively recruited to in 2024/25. Rebecca Oakley as Director of People, Organisational Development and Inclusion in June 2024 and Tumi Banda as Director of Nursing, Allied Health Professionals, Quality and Patient Experience in September 2024. There has been one new Non-Executive Director appointment and four Non-Executive Director re-appointments.

Further details of the changes to the Board membership are given in the Directors' report starting on page 64.

### **National Oversight Framework (NOF) change of segmentation**

Effective from 1 April 2024, the Trust was placed into NOF segment 3 'mandated support'. This was based on the Integrated Care Board's (ICB) assessment of the Trust's delivery against the performance measures set out in the NOF.

Under segment 3, the review meetings are jointly chaired between the ICB and NHS England and held more frequently. An important factor in this process has been to jointly agree the exit criteria and improvement plans against the areas flagged around quality, operational and financial performance. Good progress was recognised at the March 2025 review meeting, particularly the significant quality and safety improvements evidenced in the CQC's re-inspection report of the Trust's acute inpatient units. For further details please go to pages 85 and 137.

### **Constitution update**

The Trust's constitution was reviewed during 2024/25 and approved by the Board and the Council of Governors.

### **Aligning governance to our new strategy**

The Trust has updated its internal reporting and risk processes this year to align with the new Trust Strategy. This included updating the strategic risks within the Board Assurance Framework.

### **Financial position**

In terms of long-term trends, the Trust has performed well financially every year since becoming a Foundation Trust, demonstrating that our operating profitability is generally strong, and we built up our cash reserves in the years where a surplus was required to be generated. In more recent times financial measurement in the NHS has changed; with the expectation that Foundation Trusts such as our ourselves no longer seek to make a surplus. Instead, the NHS is asked to aim to deliver a balanced financial position called 'breakeven' where costs match income. Last year was the first year of reporting a deficit financial position due to cost pressures outside of our control. At the end of month 12 the outturn for the Trust was a deficit of £25.3m (breakeven after technical adjustments). This was better than the forecasted deficit plan of £6.4m. The improvement in the financial position compared to the plan was due to additional mitigations required to help support the system financial position along with additional income from the ICB to allow all organisation to deliver a breakeven position.

### **CQC oversight**

In April 2024, the CQC carried out an unannounced inspection at both of the Trust's acute inpatient units and raised some significant and immediate safety concerns. The service was rated as 'Requires Improvement' and restrictions were put in place. The Trust took immediate actions and strengthened its governance processes, working with partners on a comprehensive action plan to improve the service. In December 2024 the acute inpatient services were re-inspected by the CQC and following the inspection the service was rated as 'Good' with no safety concerns and all restrictions lifted. The Trust's overall rating remains unchanged at 'Good'.



## 10 year plan

In 2024 Lord Darzi published his initial report into issues facing the NHS. This report, together with the results from 'Change NHS' national engagement will shape the development of the new national 10-year health plan. The Trust is already adapting its plans in line with the Secretary of State for Health and Social Care's commitment to the three 'big shifts':

- From hospital to community care.
- From analogue to digital.
- From treating sickness to preventing it.

## Going concern disclosure

The Trust accounts, starting at page 152, have been prepared on a going concern basis. This assessment is based solely on the anticipated future provision of our services in the public sector in line with current guidance. This decision will be reviewed each year to ensure that accounts are prepared on an appropriate basis given prevailing circumstance at the time. The Audit and Risk Committee considered the basis for adopting the going concern approach for 2024/25 accounts and were able to make the following statement:

*"After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual."*

## First patients move into Derbyshire Healthcare's new 54-bed mental health unit in Chesterfield

Following years of planning and preparations the doors to the Derwent Unit opened on Thursday 20 March, ushering in a new era of care for people in Derbyshire with acute mental health needs.

The Derwent Unit, based on the Chesterfield Royal Hospital site, welcomed 54 patients – each of whom will have their own en-suite bedroom and will benefit from modern, therapeutic facilities, supporting their patient journey and mental ill health.



## **Performance Analysis – 2024/25**

### **Measuring performance**

This financial year an internal audit was undertaken by 360 Assurance to assess whether the Trust has a robust performance management framework in place, including how divisions are held to account for performance outcomes. The result of the audit was significant assurance: defined as 'there is a generally sound framework of governance, risk management and control designed to meet the objectives of the system under review, and controls are generally being applied consistently'.

The Trust measures its performance using a comprehensive range of online dashboards and reports linked to data in the electronic patient records. The dashboards and reports are automatically refreshed daily overnight, providing an almost live view of performance. During 2024/25 a number of new dashboards were developed using PowerBI, covering community caseloads, current waiting lists, and current inpatients. These are very powerful tools to support the provision of effective care and treatment, and the management of waiting lists.

The Trust Board meets every two months and is presented with an integrated performance report which provides a wide-ranging view of performance matters relating to operational services, people services, finance and quality. Data is presented in statistical process control format which provides assurance and enables measurement for improvement. The report summarises actions being taken to mitigate any identified issues, which provides assurance to the Board. In addition, each operational division has been subject to regular reviews of performance at a divisional level, which were led by the Deputy Chief Executive/Chief Delivery Officer. The structure and membership of these reviews was refreshed in 2024/25.

For financial reasons the Trust ceased to be a member of the NHS Benchmarking Network, however there is a wealth of national benchmarking data freely available which the Trust accesses and analyses for benchmarking purposes in order for comparisons to be made in key areas. Example benchmarking sources include FutureNHS, the NHS Model Hospital, and NHS England official statistics.

### **Performance monitoring**

The Trust's performance is monitored against a wide range of national and local targets and standards including:

- Financial plans
- Local Integrated Care System contractual targets
- Locally agreed performance measures
- NHS England Specialised Services contractual targets
- NHS Oversight Framework standards
- Quality priorities.

Performance management structures are in place in Operational Services to enable performance monitoring at all levels of the organisation. Operational performance is overseen by the Trust Leadership Team at monthly meetings. The remit of the team is to oversee quality and performance in the seven operational divisions and lead on quality and performance improvement.

Each operational division has a regular performance review at which a detailed overview of operational performance and quality is presented by clinical and operational staff to very senior management, with membership of the review committee including the Deputy Chief Executive/Chief Delivery Officer, the Director of Nursing, Allied Health Professionals, Quality and Patient Experience, the Medical Director, and the Director of Finance. This forum enables positive



challenge and confirm by senior management and provides an opportunity for the divisions to escalate issues they need help with to resolve.

The Trust Board receives patient stories, which provide direct feedback of patient experience of services and allows Board members to identify any areas for improvement, and areas of excellent practice.

Public Health commissioned contracts are monitored via quarterly performance review meetings with the Derbyshire Integrated Care Board (ICB).

Performance against the specialised services contractual targets and standards, which cover perinatal inpatients and low secure inpatients, has been monitored by NHS England (NHSE), then more recently by the provider collaborative lead provider, at quarterly Derbyshire contract review meetings.

The CQC continue to monitor performance through inspections.

NHS England (NHSE) continue to monitor performance against national priority measures. The Annual Governance Statement, on page 139 of this Annual Report outlines how the Trust manages its key risks.

### **Performance Overview and key themes in Trust performance 2024/25**

There have been a number of challenges faced by the Trust this financial year. The key areas of challenge were as follows:

#### Waiting times for adult autistic spectrum disorder (ASD) assessment:

At the end of March 2025, 1,371 adults were waiting for an assessment, with an average wait time of 51 weeks ((compared with 2,151 adults and 62 weeks in 2023/24). Demand has remained high with around 105 new referrals received per month, against the team being commissioned to undertake 26 assessments per month (312 per year). Following a review of clinical processes, new ways of working were adopted and the service managed to achieve completion of 943 assessments, exceeding the target by over 300%.

#### Waiting times for community paediatrics:

At the end of March 2025, 2,690 children were waiting to be seen, with an average wait of 63 weeks. Whilst referrals have continued to rise, an internal review of processes, including, as an example, job plans, has had the positive impact of increasing the number of assessments by 34%. However, demand continued to outstrip capacity by 38%.

The Trust has identified a number of internal and external factors contributing to increased demand on Community Paediatricians and has taken the following actions to manage the demand:

- Recovery action plan is in place. Transformation work for the children and young people's neurodevelopmental pathway is ongoing. There is a triage review of long waiters, with a system decision made to focus on education/schools in order to reduce referrals by offering advice, support and signposting as needed
- Mitigation measures have been put in place to address the vacancies arising and will form part of the service transformation programme, through a review of roles, skill mix, and service specification. A request for locum cover has been approved and a number of key roles are being recruited to
- There has been a review of service offer around priority needs and clinical risks
- Options are being considered about the use of artificial intelligence (AI) for referral management.

Waiting times for community paediatrics are likely to continue to rise. The ongoing challenge is to reduce the growth and speed at which this takes place.

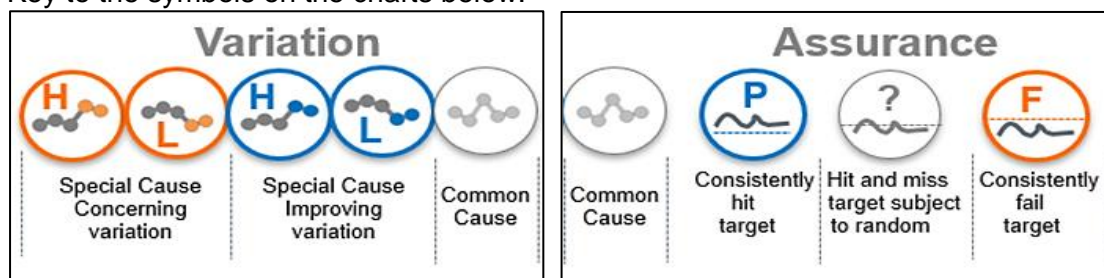
#### Inappropriate out of area placements in adult acute beds:

This continues to be impacted upon by high levels of bed occupancy, patients clinically ready for discharge whose discharges have been delayed, and above average length of stay. There has been an ongoing increase of patients being admitted under the Mental Health Act; these patients are being admitted more acutely unwell which results in longer lengths of stay. A comprehensive action plan has been developed and is being implemented in order to improve flow and release more bed capacity inhouse.

#### Inappropriate out of area placements in psychiatric intensive care units (PICU):

There is currently no local PICU so anyone needing psychiatric intensive care needs to be placed out of area. However, work is continuing to progress on a new build PICU provision in Derbyshire, which is scheduled to be completed in summer 2025.

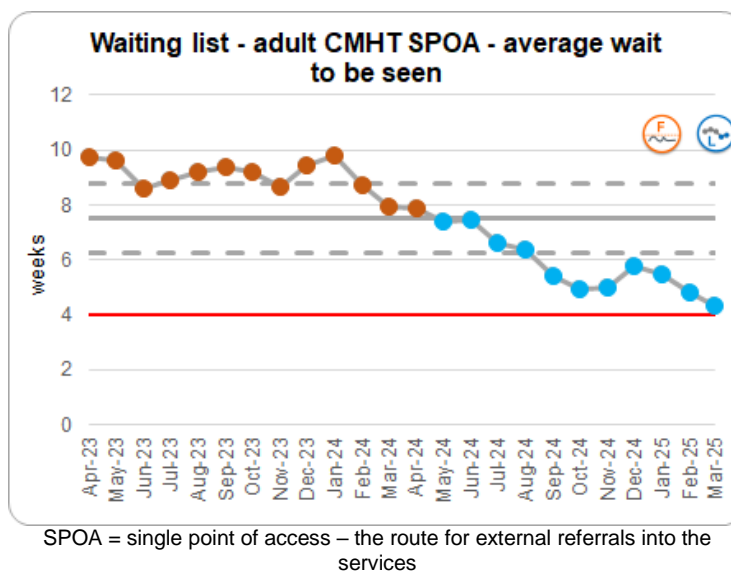
Key to the symbols on the charts below:



Blue dots indicate special cause variation – performing better than expected. Orange dots indicate special cause variation – performing worse than expected. Grey dots indicate common cause variation – performing as expected.

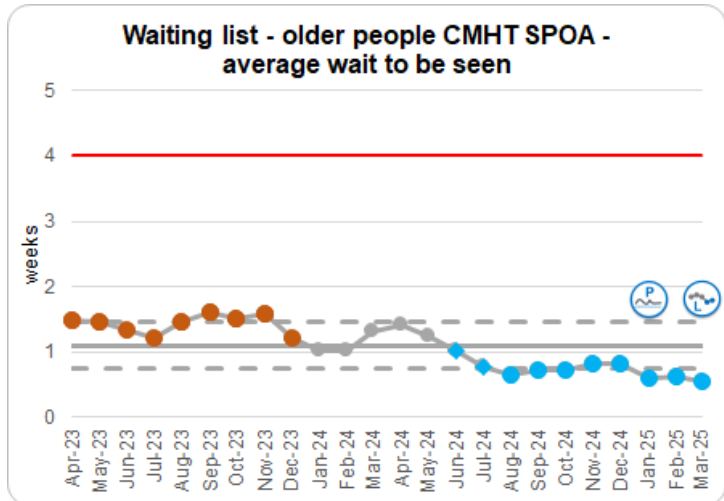
#### **Working age adult community mental health waits**

Although services are seeing an increase in referrals, the average wait to be seen continues to reduce and is currently just over four weeks. All sites have now mobilised Phase One of the Living Well Transformation. Proactive work continues through a focus on productivity, to address data quality issues, increasing flow through the service and creating capacity to be more responsive and reduce waiting times for people trying to access the services.



### Older people community mental health waits

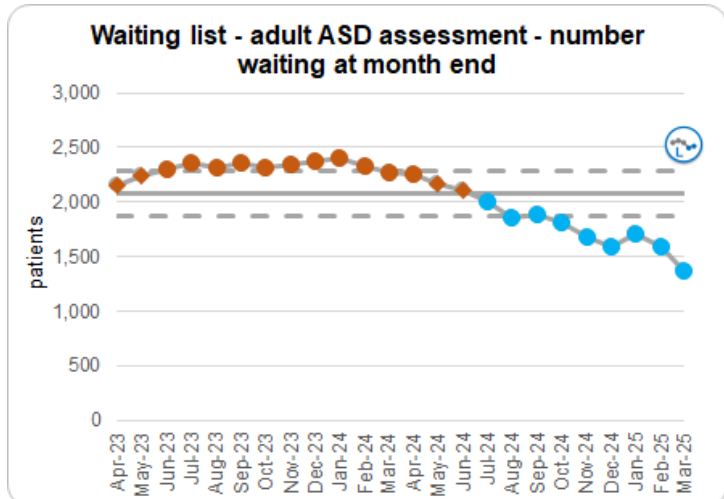
Wait time reduction has been maintained through proactive monitoring and triaging, with a continued focus on productivity and review of processes. Both the functional and organic pathways are under review to establish any potential transformational opportunities. Transformation of memory assessment services and day services is underway to improve patient experience and increase productivity. Continued engagement with primary care to support smooth and appropriate referral.



SPOA = single point of access – the route for external referrals into the services

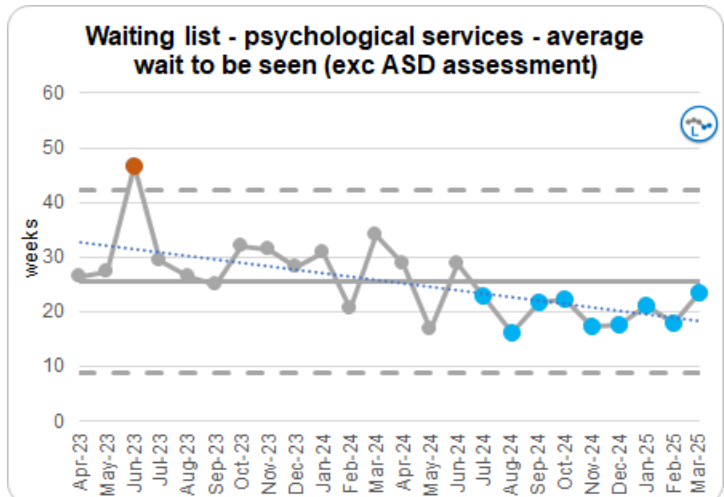
### Waiting times for adult autistic spectrum disorder assessment

1,371 people are currently waiting. The average wait is currently 51 weeks, and the longest wait is just over two years, which is a reduction from three years since the last annual report. Demand has remained high and this financial year around 105 new referrals were received per month, with the team commissioned to undertake 26 assessments per month (312 per year). Following a review of clinical processes, as a result of the new ways of working adopted the service managed to achieve completion of 943 assessments, exceeding the target by over 300%.



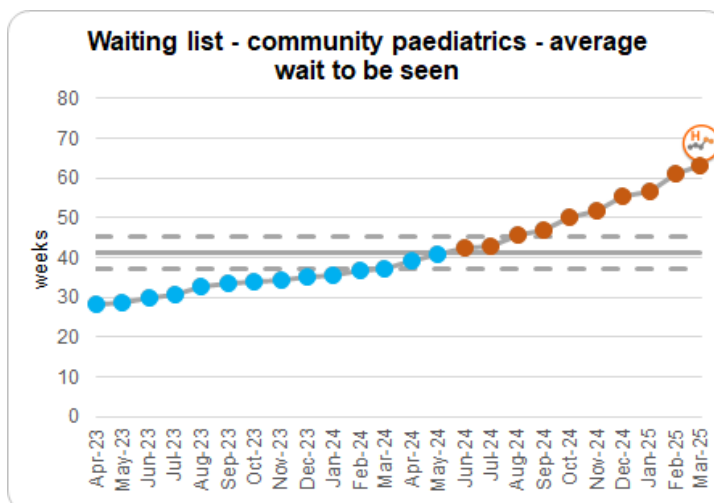
### Psychological services waits

Overall, there continues to be a sustained reduction in the number of people waiting for psychological input to around 25 weeks. Waiting lists continue to pose a challenge to staff in finding new ways to be able to psychologically support the people who use our services.



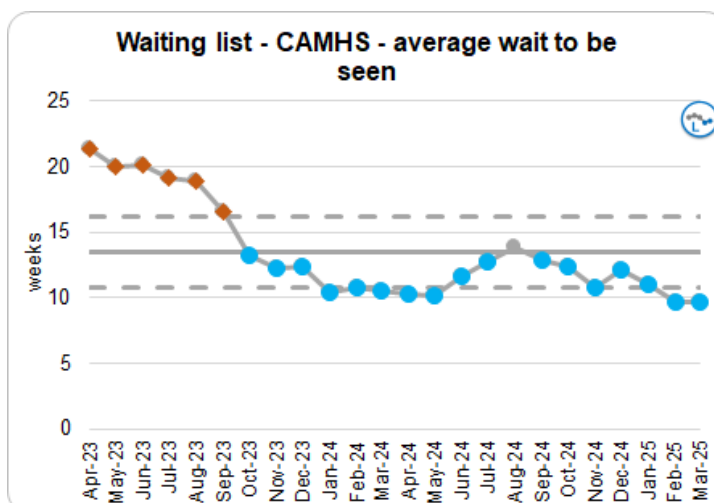
### Community paediatric outpatient waits

At the end of March 2025 there were 2,690 children waiting to be seen, with an average wait of 63 weeks. Whilst referrals have continued to rise, the positive impact of an internal review of processes, job plans etc. enabled increasing the number of assessments by 34%. However, demand continued to outstrip capacity by 38%. A recovery action plan is in place. Waiting times for community paediatrics are likely to continue to rise. The ongoing challenge is to reduce the growth and speed at which this takes place.



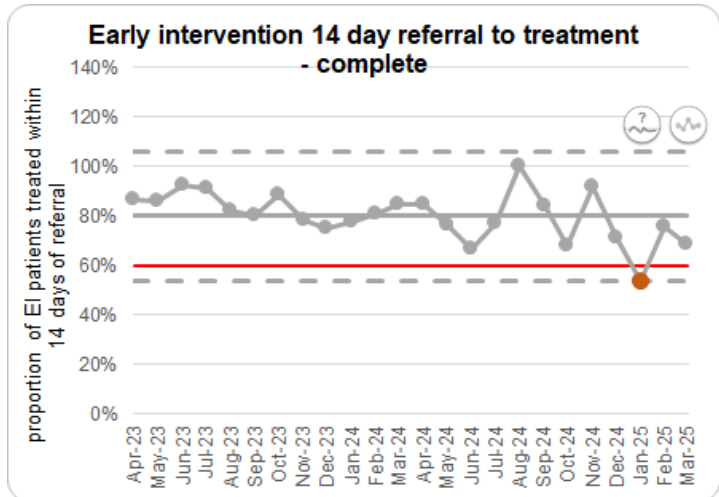
### Child and adolescent mental health services waits

At the end of March 2025, 300 children and young people were waiting to be seen, and the average wait time was just under 10 weeks. Priority referrals continue to be seen within four to six weeks and routine assessments up to 20 weeks, which is a significant improvement from the position in 2022. The triage and assessment team are continuing to positively impact on external waiting times and are adhering to the Trust waiting well policy. Owing to the efficiency of the Triage and Assessment Team, it is necessary to limit and control the rate of assessments so that the teams further down the pathway do not become overwhelmed.



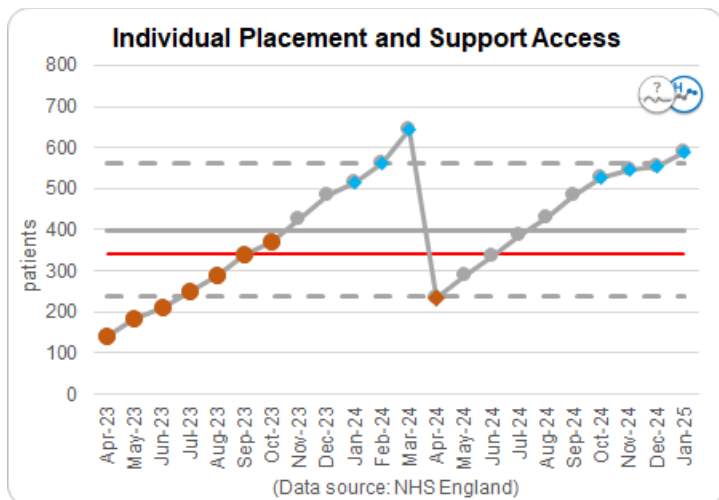
### Early intervention 14-day referral to treatment

Up until recently patients with early onset psychosis have received very timely access to the treatment they need, but for the last few months this has become more challenging. There are significant staffing pressures as a result of maternity leave, vacancies, and sickness absence, resulting in caseloads above the agreed standard and challenges in meeting the 14-day access target. Actions are in place to mitigate.



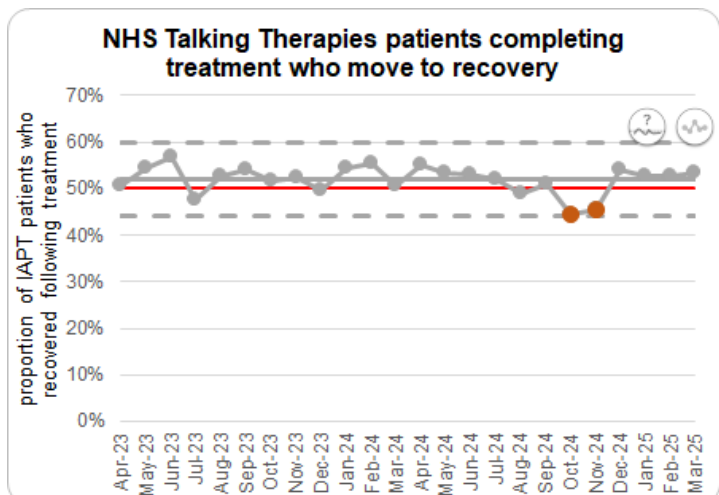
### Individual placement and support access

*Work Your Way* is a team of employment specialists and job coaches helping people using community mental health services in Derbyshire to find work and stay in work. The team is extremely productive, with the number of people supported showing a significant increase year on year. The team received a positive review from the national body that oversees it, *IPS Grow*, following a fidelity review, involving two days of observations and meetings.



### NHS talking therapies recovery rate

Recovery rates exceeded the 50% national target both at year-end and for the full year. All outcome measures were above national targets by a minimum of 2% and Reliable Improvement by over 4%.





### NHS talking therapies referral to treatment

The national 95% 18-week referral to treatment target, and 75% six-week referral to treatment target have both been exceeded throughout the financial year. Both are measures of referral to first contact. The wait from first to second contact is more challenging, with 30% of patients waiting over 90 days.

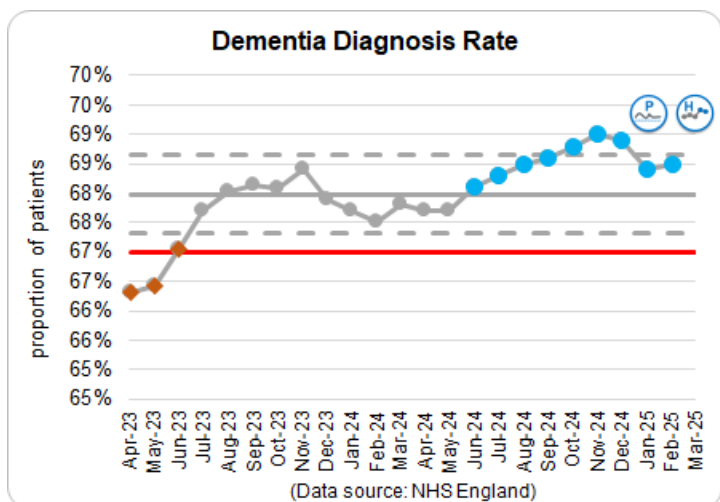
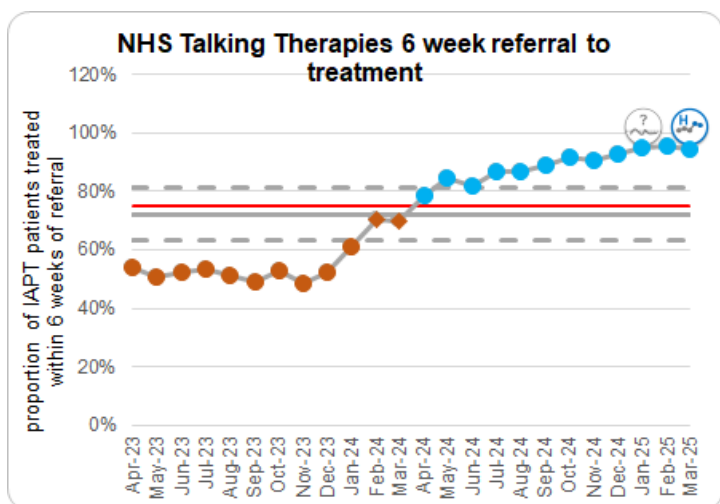
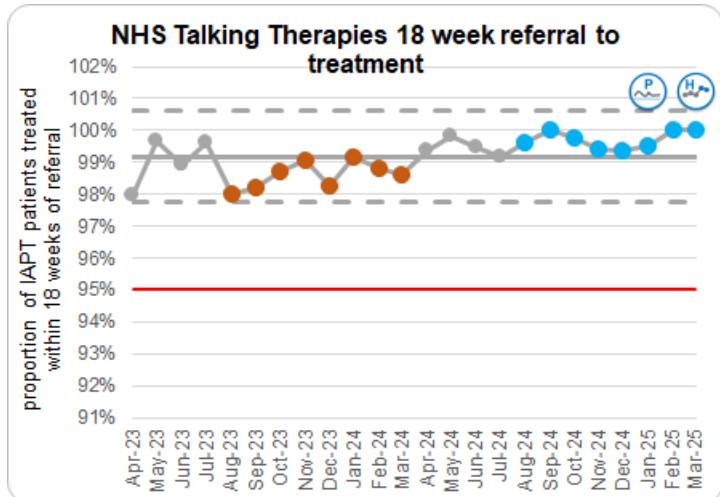
47% more treatments were completed than were requested by the requested by the ICB for 2024/25.

In preparation for contract end on 30 June 2025, considerable numbers of clinical and non-clinical staff have been lost in financial year 2024/25 with none being replaced, and the Trust's sub-contractors have also reduced staffing down to minimal numbers.

We continue to work on a project to close the service on the 30 June 2025 in order to ensure an orderly exit.

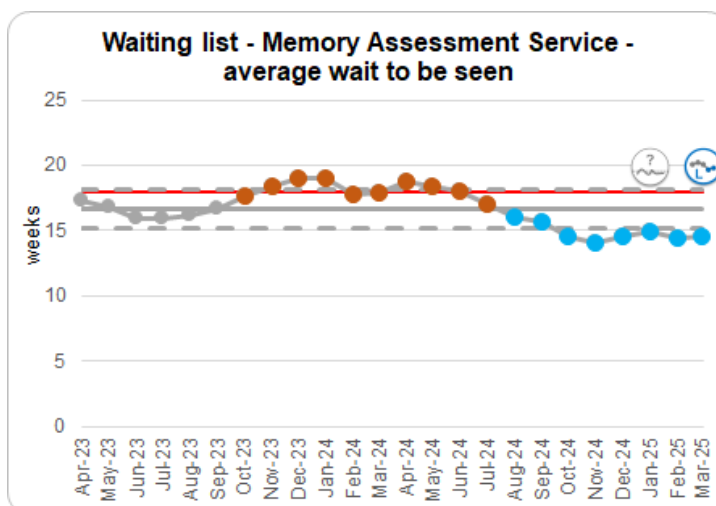
### Dementia diagnosis rate

There has been a national drive to increase the proportion of people estimated to have dementia, who have a coded diagnosis of dementia. The target for Derby & Derbyshire ICB has been achieved since June 2023 and steadily increasing for the last seven months. The prevalence of dementia is predicted to increase significantly by the end of the decade.



### Dementia diagnosis waits

There continues to be an extremely high demand for the service which exceeds capacity. At the end of March 2025 there were 1,178 people on the waiting list, with an average wait of 15 weeks, which includes people currently waiting as well as those who were assessed in month. Waiting times for initial assessment remain at approximately 24 weeks. Some progress has been made on assessment to diagnosis which is currently eight weeks across the county.

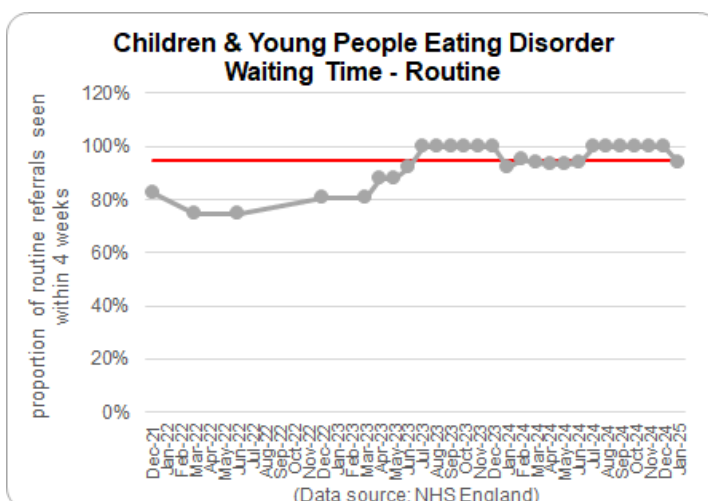
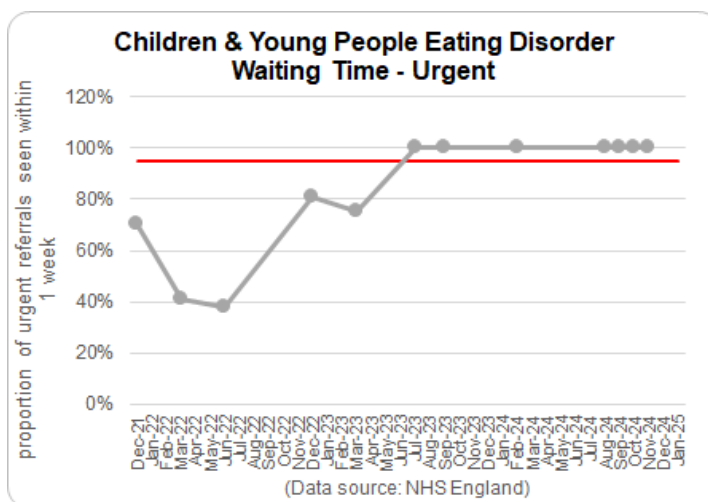


### Children and young people eating disorder waits

The waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases, and four weeks for every other case (target 95%). Data indicates that the Trust's Child and Adolescent (C&YP) Eating Disorder Service generally continues to achieve around 100% for both standards.

The Division also internally monitors the C&YP Eating Disorder Service average waits from first to second contact (days):

Days	Qtr1	Qtr2	Qtr3	Qtr4	
2023/24	11	4	4	8	
2024/25	2	3	4	2	



### Inappropriate out of area placements

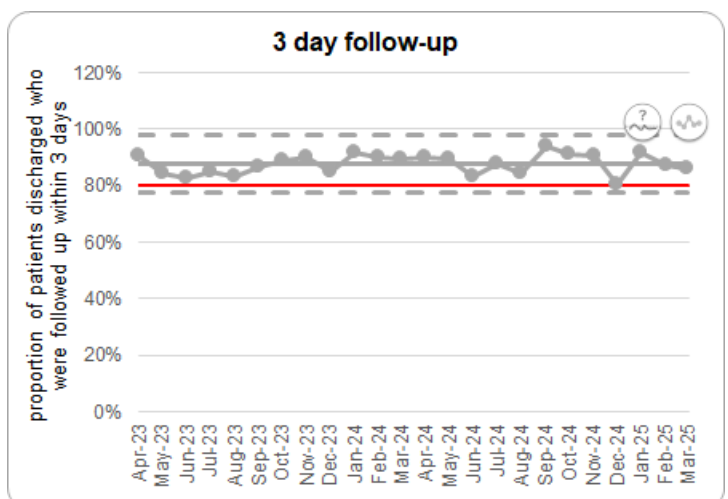
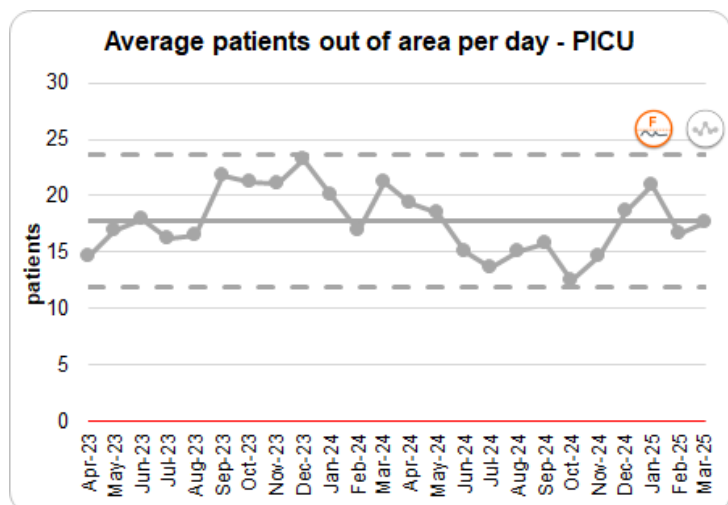
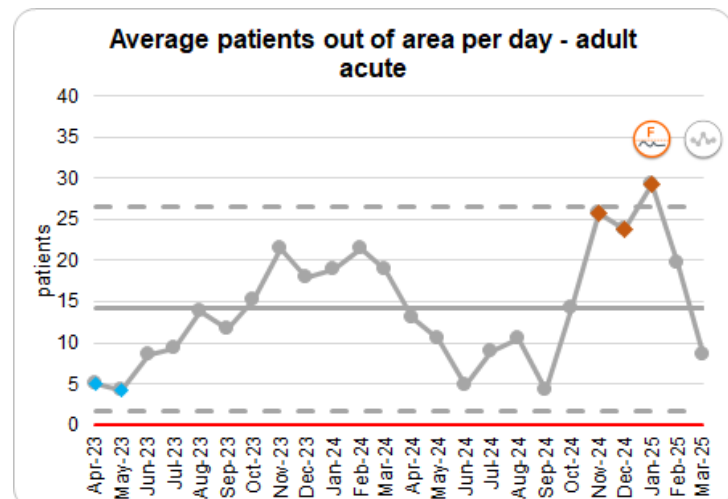
Adult acute beds: this continues to be impacted upon high levels of bed occupancy, patients clinically ready for discharge whose discharges have been delayed, and above average length of stay. There has been an ongoing increase of patients being admitted under the Mental Health Act; these patients are being admitted more acutely unwell which results in longer lengths of stay. A comprehensive action plan has been developed and is being implemented in order to improve flow and release more bed capacity inhouse.

### Psychiatric intensive care units (PICU):

There is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area. However, work is continuing to progress on a new build PICU provision in Derbyshire, which is scheduled to be completed in summer 2025.

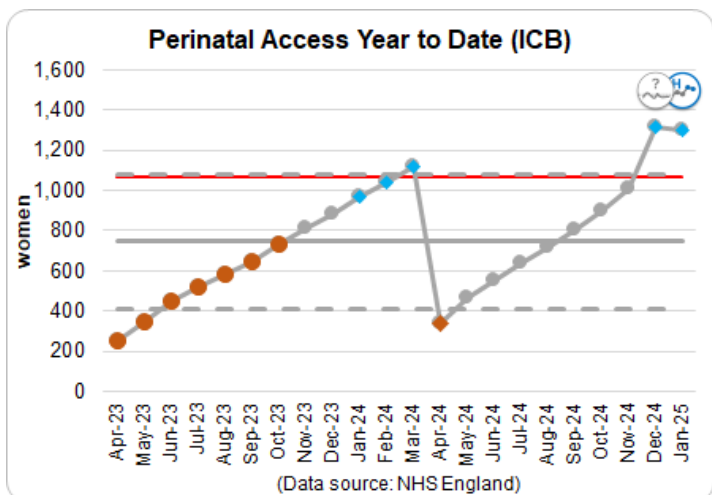
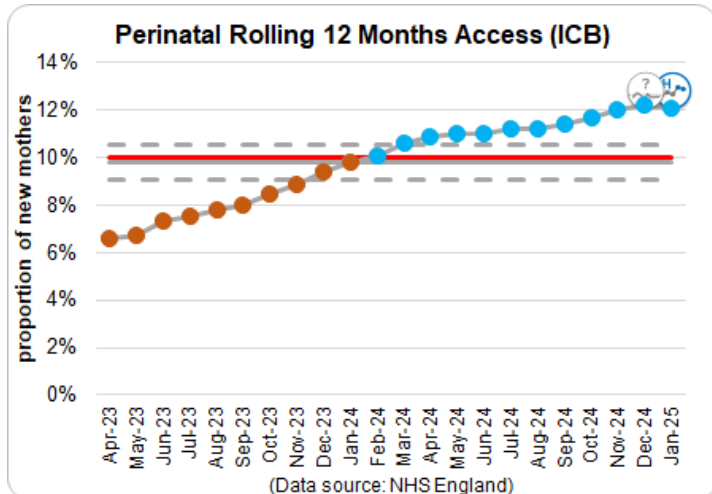
### Three-day follow-up

Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are potentially at their most vulnerable. The national standard for follow-up has been exceeded throughout the 24-month period. Regular audit of follow-ups to ensure improved accuracy of reporting. Completion of breach reports for any follow-ups that were not achieved to enable learning from breaches.



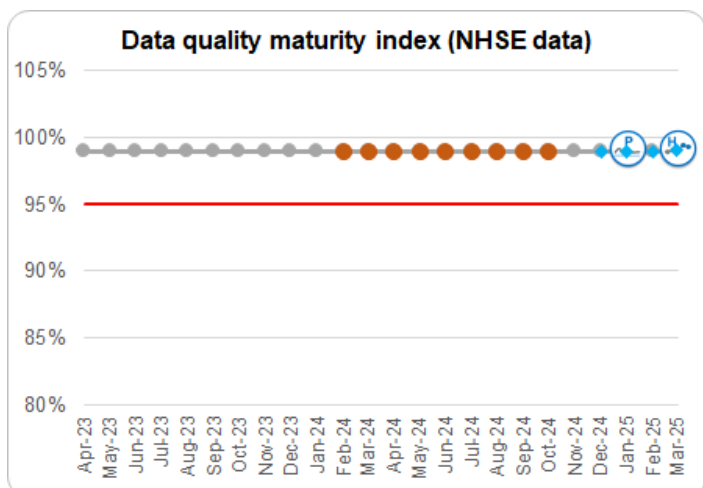
### Perinatal access

This is a measure of the number of women accessing services in the 12-month period as a percentage of Office for National Statistics (ONS) 2016 births (target 10%). There has been a significant increase in access when compared with last financial year, with the target set to be achieved once more. The service is now fully recruited to and has specialist assessor roles in place. Accepting self-referrals and developing an outreach workstream is improving inclusive, parity of access. There is a consistently high demonstrable demand for the service. The service is currently refining clinical pathways to ensure that wait times are managed effectively. Completion of assessments within the maternal mental health service (MMHS) and psychology are lower than initially projected owing to length of stay on caseload and workforce challenges.



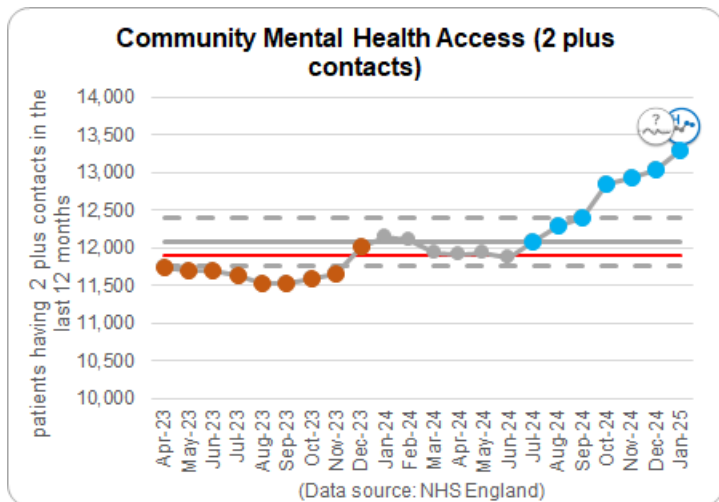
### Data quality maturity index

The level of data quality maturity is consistently high. It is expected that the national target will continue to be exceeded.



### Community mental health access (two plus contacts) – national priority standard

The Trust was set a challenging target to increase the number of adults and older adults receiving two or more contacts in a year from community mental health services. NHSE have published data for the current financial year 2024/25 up to January 2025, which demonstrate that the target level activity has been achieved, and this high level has sustained for months.



### NHS support worker received prestigious Chief Nursing Officer Award for providing 'complex and difficult' care to grateful dementia patients and their loved ones.

Only presented to those who have demonstrated the highest level of care and standards – a Derbyshire based NHS support worker received a national award from NHS England for showcasing excellence across the healthcare profession.

Lynne Woodroffe, Specialist Dementia Support Worker at the Trust, was presented with a Chief Nursing Officer Award for providing compassionate and person-centred care to dementia patients, particularly for supporting a patient who was declining in health.





## Tackling health inequalities

In 2020, Advancing Mental Health Equalities Strategy was launched nationally calling on all mental health services to take concrete steps to fight stigma and inequalities across the sector.

This strategy summarised the core actions that the system required to take to bridge the gaps for communities fairing worse than others in mental health services. It is also an important element of the overall NHS plans to accelerate action to address health inequalities in the next stage of responding to COVID-19.

There was a focus on measuring outcomes to understand and address the inequalities. A Mentally Healthier Nation was launched in September 2023 by Centre for Mental Health along with 30 organisations with an interest in mental health. This strategy called for a ten year, cross government plan for better prevention, equality and support.

The 10 Year Health Plan which is due to be published advocates three shifts – sickness to prevention, analogue to digital and hospital to community.

The Joined Up Care Derby and Derbyshire Strategy 2023 has a particular focus on:

- Prioritise prevention and early intervention to avoid ill health and improve outcomes
- Reduce inequalities in outcomes, experience and access.

## Promotion of equality of service delivery:

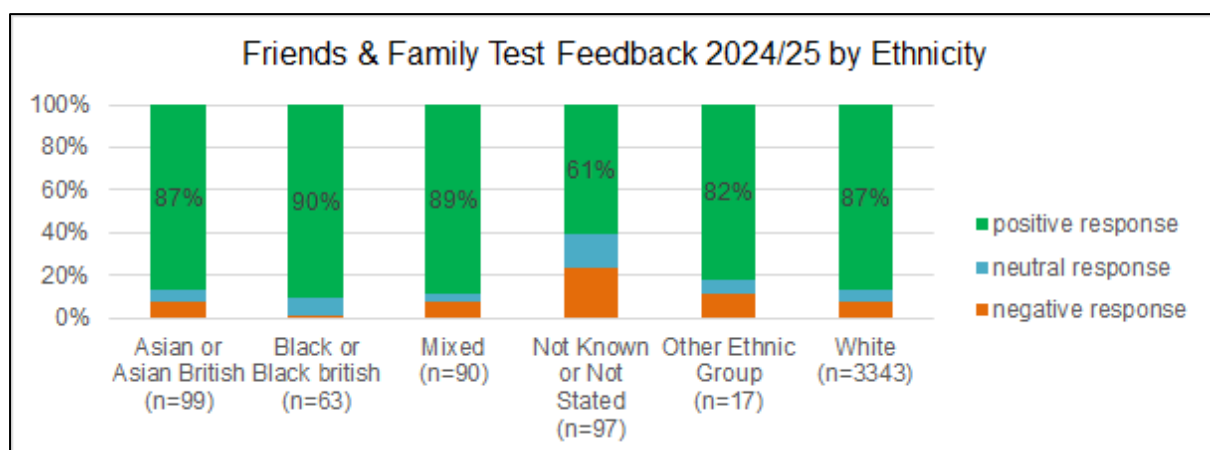
### Due regard to the aims of the public sector equality duty

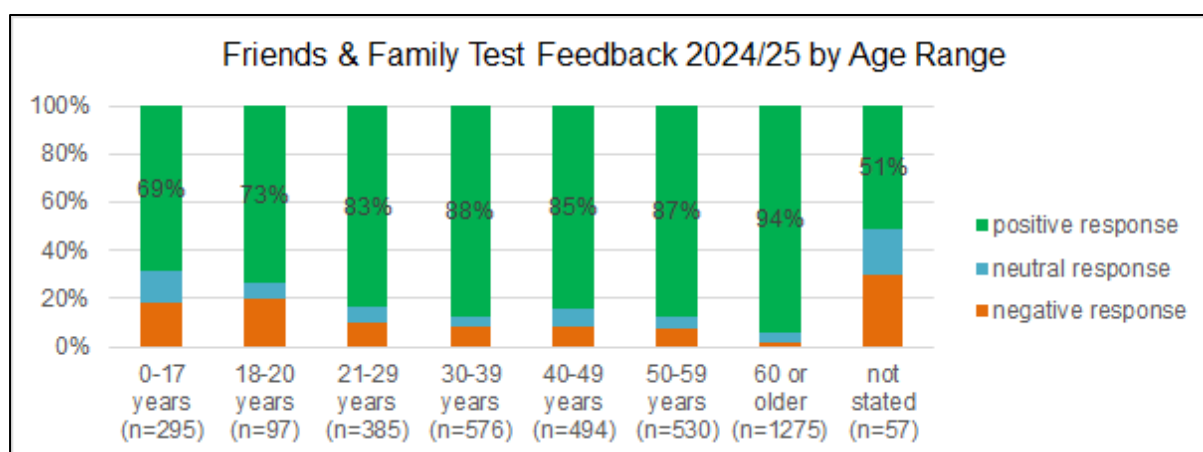
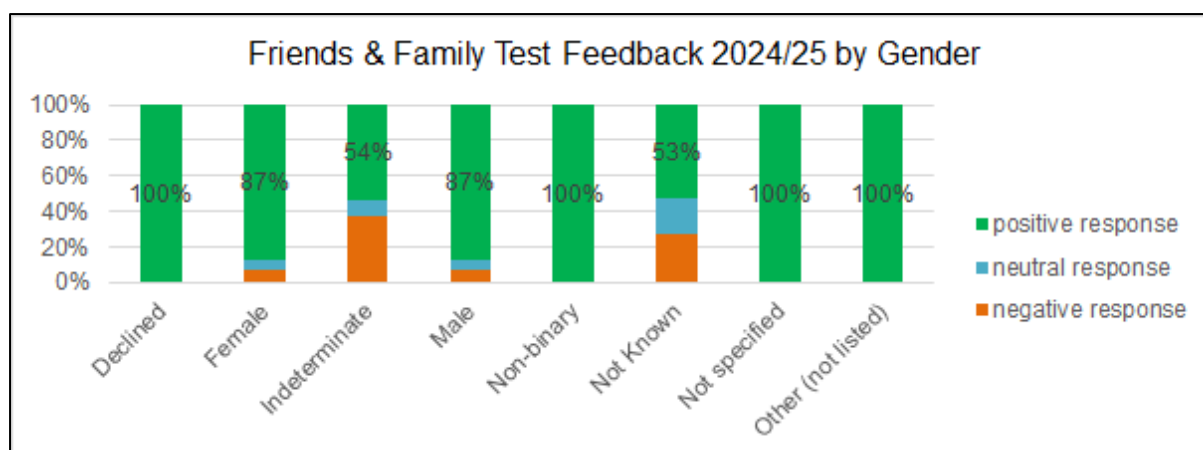
To meet the requirements of the Public Sector Equality Duties (PSED) Equality Act 2010, the Trust has published data on equality and diversity on its website

[www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity](http://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity) and shared it with the Derbyshire Integrated Care Board (ICB).

### Customer satisfaction scores broken down by protected characteristics

To measure customer satisfaction the Trust continues to promote the Friends and Family Test, and respondents are asked to provide their ethnicity, age and gender. Results for the 2024/25 financial year were as follows:





### Performance against equality of service delivery key performance indicators (KPIs) and metrics

The use of video for patient contact was introduced during the COVID-19 pandemic as a result of infection prevention. Post pandemic, patients have continued to be given a choice of the method of contact for their appointments, either by using video, by telephone or in person. This flexible approach has continued to have a positive impact. Clinically the Trust's mental health, substance misuse, and neurodevelopmental services have delivered a high volume of care and treatment contacts throughout the year. The Trust's child health services – health visiting, safeguarding, school nursing and child protection – have also experienced a high level of demand and provided a comprehensive universal children's service throughout the year.

### Explanation of activities the Trust is undertaking to promote equality of service delivery

The Trust continues to take a holistic, person-centred approach to care planning. Each person is treated as an individual and their care plan considers all of their individual needs, which ensures equality of service delivery. Through the use of person-centred care planning, the Trust ensures that all patients are informed and supported to be as involved as they wish to be in decisions about their care. A care plan is devised jointly with the patient, unless they are unwilling or unable to be involved. In addition, for service users with a learning disability an accessible care plan is utilised which contains symbols to aid understanding and so enables the service user to participate in the production of the care plan.

## Snapshot of activity 2024/25



Reception, Derwent Unit, Chesterfield

## Operational performance summary

Trust performance is measured against a number of national and local indicators and standards. The performance measures considered key by the organisation are summarised below:

### a) NHS Oversight Framework

The applicable trust level metrics are as follows. This is the latest data published by NHS England, downloaded on 2 April 2025:

Indicator	Trust Position	National Average	Target	Rank
S000a: NHS Oversight framework segmentation	3 – regionally mandated support	n/a	n/a	n/a
S035a: Overall CQC rating	3 - Good	n/a	n/a	13/62
S059a: CQC well led rating	3 - Good	n/a	n/a	13/62
S063a: Staff survey bullying and harassment score – proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers	5.49%	9.94%	n/a	5/66
S063b: Staff survey bullying and harassment score – proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues	13.5%	17.7%	n/a	33/66
S063c: Staff survey bullying and harassment score – proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/ service users	23.2%	25.1%	n/a	35/66
S067a: Leaver rate	5.12%	6.94%	n/a	2/67
S068a: Sickness absence rate	5.62%	5.01%	n/a	43/67
S069a: Staff survey engagement theme score	7.23/10	6.89/10	n/a	24/66
S071a: Proportion of staff in senior leadership roles who are from a BME background	10.4%	No data	12%	27/64
S071b: Proportion of staff in senior leadership roles who are women	53.6%	No data	62%	42/43
S071c: Proportion of staff in senior leadership roles who are disabled	4.17%	No data	3.2%	36/64
S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/ promotion regardless of ethnic background, gender, religion or sexual orientation	64.9%	56.4%	n/a	14/67
S086a: Inappropriate adult acute mental health placement out of area placement bed days	3,400	No data	0	47/52
S121a: NHS staff survey compassionate culture people promise element sub-score	7.38/10	7.09/10	n/a	33/66
S121b: NHS staff survey raising concerns people promise element sub-score	6.8/10	6.46/10	n/a	38/66
S125a: Adult acute length of stay over 60 days as % of total discharges	25%	No data	n/a	28/50
S125b: Older adult acute length of stay over 90 days as % of total discharges	51%	No data	n/a	41/50
S133a: Staff survey – compassionate and inclusive theme score	7.74/10	7.3/10	n/a	20/66
S134a: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.7	1	n/a	41/64
S135a: Relative likelihood of non-disabled applicants being appointed from shortlisting across all posts compared to disabled applicants	1.2	1	n/a	52/64

**b) NHS Single Oversight Framework**

This financial year the NHS System Oversight and Assessment Framework 2024/25 was put in place. The framework is used by NHS England's regional teams to guide oversight of integrated care systems and Trusts. However, the Trust has continued to value the importance of and to monitor its performance against the previous trust level indicators, which was as follows:

Performance indicator	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
CPA three day follow up	80%	90%	89%	83%	88%	84%	94%
Data quality maturity index (DQMI) – MHSDS Data Score	95%	96%	96%	96%	96%	96%	96%
EIP RTT within 14 days – complete	60%	85%	76%	67%	77%	100%	84%
EIP RTT within 14 days – incomplete	60%	100%	65%	71%	73%	94%	83%
IAPT people completing treatment who move to recovery	50%	55%	53%	53%	52%	49%	51%
IAPT referral to treatment within 18 weeks	95%	99%	100%	99%	99%	100%	100%
IAPT referral to treatment within six weeks	75%	79%	85%	82%	87%	87%	89%
Out of area – number of acute days	0	393	327	145	278	323	124
Out of area – number of acute patients	0	23	21	12	14	17	10
Out of area – number of PICU days	0	580	573	451	421	465	475
Out of area – number of PICU patients	0	34	29	28	22	24	21
Patients open to Trust in employment	n/a	13%	13%	13%	13%	12%	12%
Patients open to Trust in settled accommodation	n/a	52%	52%	52%	51%	50%	50%
Under 16 admissions to adult inpatient facilities	0	0	1	0	0	0	0

Performance indicator	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
CPA three day follow up	80%	91%	90%	80%	92%	87%	88%
Data quality maturity index (DQMI) – MHSDS data score	95%	96%	97%	97%	97%	97%	98%
EIP RTT within 14 days – complete	60%	68%	92%	71%	54%	76%	67%
EIP RTT within 14 days – incomplete	60%	100%	76%	53%	81%	80%	53%
IAPT people completing treatment who move to recovery	50%	45%	45%	54%	53%	53%	53%
IAPT referral to treatment within 18 weeks	95%	100%	99%	99%	100%	100%	100%
IAPT referral to treatment within six weeks	75%	92%	90%	93%	95%	96%	95%
Out of area – number of acute days	0	441	776	737	907	551	259
Out of area – number of acute patients	0	27	39	40	40	34	13



Out of area – number of PICU days	0	385	440	580	647	465	555
Out of area – number of PICU patients	0	19	24	27	31	26	27
Patients open to Trust in employment	n/a	12%	12%	12%	12%	12%	12%
Patients open to Trust in settled accommodation	n/a	50%	50%	50%	50%	48%	48%
Under 16 admissions to adult inpatient facilities	0	0	0	0	0	0	0

The Trust performed highly against the majority of indicators for most of the time. Out of area placements remained a challenge.

### c) Contractual targets

#### Main Contract

The following measures form part of the Trust's main contract with the Derbyshire Integrated Care Board (ICB):

Performance indicator	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Consultant outpatient appointments DNAs	15%	12%	12%	15%	13%	13%	13%
Consultant outpatient appointments Trust cancellations	5%	8%	6%	7%	10%	9%	8%
Delayed transfers of care	3.5%	14%	15%	12%	11%	9%	11%
Discharge email sent in 24 hours	90%	88%	89%	80%	90%	84%	86%
Inpatient 28 day readmissions	10%	6%	6%	3%	5%	6%	5%
Mixed sex accommodation breaches	0	0	0	0	0	0	0
MRSA – blood stream infection	0	0	0	0	0	0	0
Under 18 admissions to adult inpatient facilities	0	0	1	0	0	0	0

Performance indicator	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Consultant outpatient appointments DNAs	15%	12%	12%	11%	12%	12%	13%
Consultant outpatient appointments Trust cancellations	5%	9%	8%	6%	8%	10%	8%
Delayed transfers of care	3.5%	15%	13%	12%	14%	12%	11%
Discharge email sent in 24 hours	90%	86%	84%	77%	81%	74%	83%
Inpatient 28 day readmissions	10%	5%	4%	5%	6%	7%	7%
Mixed sex accommodation breaches	0	0	0	0	0	0	0
MRSA – blood stream infection	0	0	0	0	0	0	0
Under 18 admissions to adult inpatient facilities	0	0	0	0	0	0	0

There have been ongoing delayed discharges of people clinically ready for discharge from the inpatient wards, mainly as a result of care home or housing issues.

Performance indicator	Target	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Three day follow up – all inpatients	80%	90%	89%	83%	88%	84%	94%
Clostridium difficile incidents	7	0	0	0	0	0	0
CPA employment status	90%	96%	95%	95%	94%	94%	94%
CPA review in last 12 months (on CPA >12 months)	95%	73%	72%	72%	73%	73%	74%
CPA settled accommodation	90%	96%	95%	95%	94%	94%	93%
Ethnicity coding	90%	95%	95%	95%	95%	95%	95%
NHS number	99%	100%	100%	100%	100%	100%	100%

Performance indicator	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Three day follow up – all inpatients	80%	91%	90%	80%	92%	87%	88%
Clostridium difficile incidents	7	0	0	0	0	0	0
CPA employment status	90%	93%	92%	92%	91%	91%	90%
CPA review in last 12 months (on CPA >12 months)	95%	75%	75%	75%	74%	74%	77%
CPA settled accommodation	90%	93%	92%	92%	91%	91%	90%
Ethnicity coding	90%	95%	95%	95%	95%	95%	95%
NHS number	99%	100%	100%	100%	100%	100%	100%

We have continued to ensure that patients are followed up in the first three days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are potentially at their most vulnerable. The level of patients who have their ethnicity and NHS number recorded on their record remains high.

#### d) School Nursing

Category	Spec URN	Metric	Qtr 1	Qtr 2	Qtr 3	Qtr 4
School-age universal touchpoints – via the Lancaster Model	10	Number of health promotion sessions delivered in schools	74	60	88	101
	11	Number of C&YP that have received a support session (workbook) from the school nursing team	20	7	13	37
	12	Number of home-educated C&YP that have received a support session (workbook) from the school nursing team	1	0	0	0
	13	Number of health promotion sessions delivered in special schools	0	0	0	0

Children not brought	21	Proportion of appointments where C&YP/families were not brought	210 / 747 (28%)	158 / 648 (24%)	244 / 892 (27%)	237 / 856 (28%)
Safeguarding (across 0-19 pathway)	22	Number of early help assessments (EHA) completed	74	39	56	38
	23	% of children recorded as CIC	9 / 747 (1%)	6 / 648 (1%)	4 / 892 (0.5%)	6 / 856 (0.5%)
	24	% of children recorded as CIN	3 / 747 (0.4%)	5 / 648 (0.8%)	4 / 892 (0.5%)	3 / 856 (0.4%)
	25	% of children recorded as CP	19 / 747 (2.5%)	23 / 648 (3.6%)	12 / 892 (1.4%)	24 / 856 (2.8%)
	26	Attendance at safeguarding related meetings where 0-19s service has been actively involved in care of the child: over 5 yrs of age	98	80	50	99

**e) Health Visiting**

Category	Ref	Metric	Target	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
Best start in life touch points (universal and targeted)	1	% of antenatal reviews delivered	60%	148 / 360 (41%)		159 / 360 (44%)		137 / 360 (38%)		191 / 360 (53%)	
	2	% coverage of NBV within 14 days	92%	704 / 713 (99%)		783 / 792 (99%)		768 / 779 (99%)		757 / 763 (99%)	
	3	% of children receiving a six to eight week review	92%	686 / 715 (96%)		779 / 789 (99%)		782 / 792 (99%)		735 / 746 (99%)	
	4	% of children receiving a three/four month contact via text messaging		506 / 713 (71%)		583 / 713 (82%)		660 / 755 (87%)		558 / 768 (73%)	
	5	% of children receiving a three/four month contact via group setting or individually		3		12		9		8	
	6	% of children receiving a six month contact via text messaging		158 / 717 (22%)		229 / 706 (32%)		431 / 715 (60%)		356 / 796 (45%)	
	7	% of children receiving a 12-month review	92%	714 / 730 (98%)		766 / 781 (98%)		687 / 708 (97%)		682 / 709 (96%)	
	8	% of children receiving a two/two and half year review	90%	735 / 765 (96%)		685 / 711 (96%)		736 / 768 (96%)		689 / 740 (93%)	
	9	% of children receiving a three/ three and a half year contact via text messaging		269 / 782 (34%)		746 / 816 (91%)		750 / 780 (96%)		26 / 720 (4%)	
	10	Number of early help assessments (EHA) completed		74		62		78		58	

Breastfeeding	11	10-14 days – coverage	98%	705 / 713 (99%)		784 / 790 (99%)		766 / 778 (98%)		759 / 763 (99%)	
	12	10-14 days – prevalence	65%	491 / 713 (69%)		548 / 790 (69%)		538 / 778 (69%)		514 / 763 (67%)	
	13	Six/eight weeks – coverage	98%	703 / 712 (99%)		778 / 787 (99%)		784 / 787 (99%)		739 / 745 (99%)	
	14	Six/eight weeks – prevalence	43%	372 / 712 (52%)		426 / 787 (54%)		447 / 787 (57%)		406 / 745 (55%)	
SEND (ASQ / speech and language)	15	Two and a half year review – % of children with one or more delay as a result of concerns with ASQ3	n/a	31 / 735 (4%)		29 / 685 (4%)		30 / 736 (4%)		19 / 689 (2%)	
	16	Two and a half year review – % of children referred on as a result of concerns with ASQ3	n/a	31 / 31 (100%)		29 / 29 (100%)		30 / 30 (100%)		19 / 19 (100%)	
	17	% of children identified with SLC needs via ELIM	n/a	136 / 735 (19%)		123 / 685 (18%)		127 / 736 (17%)		102 / 689 (15%)	
	18	% of children with identified SLC needs referred on for additional support	n/a	0 / 735 (0%)		0 / 685 (0%)		0 / 736 (0%)		0 / 689 (0%)	
Healthy Weight	19	% of brief interventions around healthy weight and nutrition with parent/carers of children at/above 91 <sup>st</sup> centile	n/a	27 / 735 (4%)		13 / 685 (2%)		18 / 736 (2%)		17 / 689 (2%)	
	20	% of Healthy Weight resource packs provided via the two/two and a half year development review	n/a	69 / 735 (9%)		93 / 685 (14%)		173 / 736 (24%)		176 / 689 (26%)	
	21	% Referrals made into Tier 2 child weight management intervention for children at/above the 91 <sup>st</sup> centile	n/a	Not in place yet		Not in place yet		Not in place yet		Not in place yet	
Oral health	22	% of children under the young families health visiting team	n/a	n/a		1 / 2 (50%)		n/a		1 / 1 (100%)	

		receiving an oral health targeted intervention								
23	% of tooth brushing packs and advice given at six to eight week check	80%	415 / 686 (61%)		296 / 779 (38%)		461 / 787 (59%)		253 / 735 (34%)	

### School nursing

The service continues to deliver The Lancaster Model for contacts at reception, year six and year nine.

Recruitment into health visiting and school nursing posts remains a challenge for the service. There have been various discussions with the Trust in how we can improve recruitment, and we are looking into recruiting Band 5 staff with a view to them going on to do their specialist community public health nurses (SCPHN) training.

### Health visiting

We are now offering more antenatal contacts to service users. All first-time mothers are offered an attend anywhere contact. We target face to face contacts as agreed with our commissioners. However, all other families do receive a text message with links relating to the subjects covered in the antenatal contact, this is reported to the commissioners.

We continually flex the service to ensure that the mandated touch points are completed within relevant time scales. We currently have 229 families within the 0-5 service that are receiving enhanced support due to being on child protection, children in need or children in care plans.



*The courtyard, at the new Bluebell ward*



## Quality Performance

The quality performance overview highlights the Trust's review of its quality priorities from 2024/25 as well as a look forward at the priorities it will focus on in 2025/26. More information will be published in the Trust's Quality Account, available on the Trust's website from 30 June 2025.

Our quality priorities for improvement 2024/25 were focused on key areas of practice. These were linked to the key lines of enquiry and what were felt to be the key aspects of care management to ensure a positive experience for patients with evidence-based outcomes:

1. Improvement and reduction of restrictive practice
2. Improving physical health practice, promotion and monitoring
3. Improved use of research, service evaluation, audit and quality improvement to demonstrate evidence-based practice
4. Improvement in the quality-of-care plans and collaborative working, including engagement and communication with family, carers and friends
5. Improvement in the process and experience of key transitions of care.

### **1. Improvement and reduction of restrictive practice**

Working alongside collaboratives, staff and experts, the Trust will continue to improve the use of restrictive practice and reduce the need for restrictive interventions. This will take into consideration physical interventions, environmental restrictions, blanket restrictions, and cultural impact.

Over the past 12 months, in line with the priorities identified in 2023/24, the Trust has seen a reduction in use of seclusion by 24% over the past 24 months and continues to monitor the use of prone restraint.

In 2025/26 initiatives are in place to further reduce restrictive practice and improve patient experience including the following:

- Early identification and improvement of team cultures that may impact on restrictive practice use
- Improvements in environments to support positive outcomes, including sensory and low stimulus environments
- Utilisation of live data to identify learning opportunities
- Further reduction in the use of prone restraint and seclusion
- Improvements in feeling of "safe"
- Expert by experience involvement in restrictive practice policy and processes
- Sustain availability of training. This will include the ongoing availability of the Positive and Safe Support team in managing complex cases and the facilitation of early discussion and review of complex patients to reduce the need for restrictive practice.

### **2. Improvement physical health practice, promotion and monitoring**

The Trust remains committed to enhancing physical health practice, recognising the vital connection between physical and mental health outcomes. A range of initiatives are underway to ensure physical health is prioritised equally alongside mental health recovery.

Key areas of development include:

- The Trust has successfully implemented a smoke-free policy across all inpatient areas, aligning with the pending Tobacco and Vapes Bill and supporting a healthier, recovery-focused environment

- The expanded use of Oxehealth has been rolled out across all inpatient units, enabling safe and unobtrusive physical health monitoring in line with national best practice guidance on vision-based patient monitoring systems
- Continued development of digital platforms is improving the quality, accessibility, and use of physical health data to support clinical decision-making and outcome monitoring
- A focused "check and challenge" approach is being embedded to strengthen clinical practice, support adherence to physical health standards, and drive continuous improvement across services
- In collaboration with the Integrated Care Board (ICB), the Trust is expanding the offer of physical health checks and targeted interventions, with a particular focus on individuals with serious mental illness (SMI)
- The Trust continues to work closely with primary care and wider partners across the Joined Up Care Derbyshire (JUCD) system to promote integrated, holistic care
- Health promotion activity, including the expansion of the Living Well Project across Derbyshire, continues to support signposting and self-management of physical health needs
- Staff training and practice development remain a priority to ensure all improvements are embedded effectively and sustained.

### **The health positive project outcome report**

The NHSE funded project to improve the access and uptake of physical healthcare monitoring checks, vaccination and support for SMI service users in most deprived areas of Derbyshire. The Trust designed and leads this project which runs until June 2025.

Smoking reporting compliance 73% improved to over 95% April 2024 – April 2025.

Venous thromboembolism (VTE) compliance improved from less than 30% trust wide to over 76% trust wide from April 2024 to April 2025.

Physical health check compliance remains at around 54% trust wide. The low compliance figure is linked to system integration of blood results with our path lab system. There is an ongoing quality improvement project to resolve this.

### **Learning Disabilities**

The Health Facilitation team link into primary care (for example, working with GPs) to facilitate improving access to healthcare for people with learning disabilities to reduce health inequalities across Derbyshire. At present, the team focus on health facilitation for people with learning disabilities. However, changes to the Annual Health Checks policy extends the offer to autistic people and may mean a change to the offer of the team. Updates will be provided when this is the case. The team also advises GP practices about the principles of reasonable adjustments for all population groups, which enables primary care to better support people with learning disabilities, people with autism and people with dual diagnoses.



Daniel (pictured right) says: "we can't see inside our bodies". He is using the body apron to explain why health action plans are important.

### **3. Improvement use of research, service evaluation, audit and quality improvement to demonstrate evidence-based practice**

There are 639 staff who have been formally trained at a level of quality improvement methodology, with 55 currently booked on and waiting for their course to start. This does not include induction and other leadership training for which quality improvement forms a part, for example, Aspiring to Be.

34% of staff trained are at the higher levels of Champion (two-day) and above.

There is a spread of the training across service areas and corporate functions with all areas having multiple trained staff across the different levels.

Over the previous three years the Trust has purchased LiveQI which is a platform for collaborating on quality improvement work. As discussed in previous updates, during 2024 we have been working on a replacement for this platform with an in-house developed system.

LiveQI had served us well and helped us work on around 120 projects, with 200 staff licensed to use the system. However, it was not without limitations, particularly around its user interface, the limit on licenses and the £10k annual cost. The system we have developed, with the help of our Trust IT colleagues, went live in September and has focused on simplifying the interface, making it easy and intuitive to use.

Of particular benefit, the new system will provide the ability to quickly identify projects which may be stalling or have become dormant and enable the Improvement team to provide support. It has been the case with the old system that projects can be started and not completed and become dormant, or at times do complete but not fully evaluate benefits. There is focus going forward on 'getting things over the line' and the new system will help with this.

There are 31 live projects on the system and this number is growing daily as we transition some work from the old system and all new work goes on the new system. With research and development colleagues, we have also begun the process of expanding LiveQI for use on audits. The way the system is developed means we can build templates (without the need for IT support).

#### **The impact of Quality Improvement training and Infrastructure in Quality Improvement Projects and their benefits**

There are a number of quality improvement projects currently live. These focus on improvement initiatives in:

- Advanced Clinical Practitioner (ACP) CAMHS Physical Health
- Inpatient leave
- Clean air at schools
- Multiagency Discharge Event (MaDE) quality improvement project
- New Models of Care
- Culture of Care Programme
- ACP comprehensive geriatric assessment
- Oxehealth
- Paliperidone Pharmacist-led clinic
- Diversifying skill mix
- Relational security pilot
- Taxi usage project
- Bluebell project
- Day hospitals
- Memory Assessment Service
- Psychiatric Liaison Assessment of Dementia project
- Management and Supervision Tool (MaST)
- Reducing falls
- Bilateral base pilot
- Clinical triage algorithm
- Duty desk function
- Trust meetings

- Community Enhanced Rehab Team/Cherry Team Close Pathway
- Patient Experience Team process
- Patient communications
- Mental Health 111
- Medic caseload reduction
- Multi-professional approved clinician pilot
- Increase video consultation
- Autism spectrum disorder nurse pilot
- Outside of area inpatient roster
- Responsible clinician pilot
- Medical bank
- Quality improvement junior doctor induction

### **Medic Caseload Reduction – patient experience, staff wellbeing, productivity**

One of the projects to showcase comes from Dr Thiguti and his team. They progressed work with Dr Thiguti's operational colleagues and the Improvement team to support a project looking at reducing high consultant caseloads.

The approach incorporated a review of patient information, and for those where there was opportunity for discharge, extended clinic times were introduced to provide greater pre-discharge information and support. Significantly alongside this, Dr Thiguti was taking time each month to work with the GP practice to upskill them in an attempt to reduce referrals.

During the last 12 months, Dr Thiguti and his team have discharged 477 patients, which represents an increase in flow and has contributed to a 42% reduction in caseload from 551 to 320. Additionally, there is no evidence showing increased demand on our acute services.

### **Music therapy pilot on the Beeches and extended to Radbourne Unit – patient outcomes**

In the second quarter, the Beeches completed a pilot project exploring the clinical impact of music therapy utilising a music therapy masters student from University of Derby two days per week. Patients responded well, with one mother who arrived selectively mute writing a love song for her baby within three months, and another mother writing a lullaby for her baby in her home language. Nursery rhyme groups also gave the mothers confidence and attunement time with their baby and each other.

Having musical instruments in the lounge, alongside the arts and crafts table, worked well and provided a homely feel, and activities away from screens. The clinical team provided a fantastic lead and foundation for the music therapy student to provide joint-themed art and music afternoons. More singing and nursery rhymes started to be heard throughout the ward.



As part of the pilot, and to acquire more instruments, the unit and student ran an event in conjunction with local partners and raised £300. This led to the purchase of the instruments seen in the picture which remain at the unit. One of these is the tongue drum which hums at a frequency designed to calm the nervous system. On the back of the results from the Beeches pilot, music therapy is being further explored with further sessions in perinatal, and a project planned in the Radbourne Unit, likely to start in November 2025.

### **Culture of Care Programme – patient experience and outcomes and staff wellbeing**

The Culture of Care Programme is a national quality improvement initiative. It is a whole quality improvement approach across over 200 wards nationally and is the largest quality improvement project in the mental health sector ever undertaken. We are participating and, within the scope of our project are focusing on the four wards of Morton, Tansley, Ward 33 and Ward 36 (recognising these wards will have transferred to the new wards), who will be bringing their quality improvement ideas to life in line with our vision for patients to be able to access therapeutic support and be and feel safe, and for their care and treatment to be trauma informed, autism informed and culturally competent.

The programme comes with a supporting team, consisting of a lead coach, quality improvement coach and lived experience support. Our Improvement team is working closely with them to guide the work and align to our Trust quality improvement methodology and processes.

At the current stage in the programme, wards are generating ideas. This will lead to a number of initiatives being agreed per area, which, as they become projects, will be supported by typical quality improvement tools in their testing, measurement and evaluation stages and will be collaboratively worked on within the new LiveQI platform.

#### **4. Improving in the quality of care plans and collaborative working, including engagement and communication with family, carers and friends**

Improving carers and service users/expert by experience involvement:

##### **Triangle of Care**

The Trust has retained its Triangle of Care: Carers Included two-star status. This means that it has provided assurance that Trust teams have evidenced how they are meeting the six essential Carer Standards and have action plans that demonstrate continuous improvement and innovation.

The Carers Trust Triangle of Care National Leads gave some very positive and constructive feedback to our most recent submission:



*“Ensuring that the carer’s voice is central to everything we do is a key component of the Triangle of Care, as such it was a pleasure to read that the Trust continues to ensure that carers are represented across its Governance structure, with a variety of representation.”*

*“Well done for keeping the Carer Engagement Group going and holding meetings in person as requested, with the option to join remotely and widen involvement. The Carer Representative co-chair arrangement is good practice that we are pleased to hear about.”*

*“We commend the Trust for publishing a Triangle of Care Annual Report within its Annual Quality Report. This helps maintain the profile of carer involvement at a governance level and secure continued strategic buy-in, as well as providing publicly available information for carers about the Trust’s activities.”*

##### **Carer Engagement**

Carers, Trust staff, Carers Champions, stakeholders and partners from the local health and social care sector continue to attend monthly Carer Engagement Group meetings. The Carer Engagement Group workplan is aligned to the Trust’s Patient and Carer Experience Strategy and the fourth pledge of the Strategy, to “Increase Carer Involvement.”

The “Who Cares?” video, produced by Carers in September 2023 is now integrated into the Trust Carer Awareness and Triangle of Care Training. This has significantly improved the quality and impact of the training, which is consistently well-evaluated.



A co-produced Support for Carers leaflet was published in December 2024 and is available on the Carer Hub and in booklet form.

### **Patient Experience**

The Patient and Carer Experience Plan (Strategy) was published in April 2024. The revised plan was coproduced and reviewed by the Quality and Safeguarding Committee in March 2024.

To further enhance the patient and carer experience, various initiatives have been implemented to streamline processes and ensure the highest quality of care. Emphasis has been placed on listening to feedback and adapting services to better meet the needs of patients and carers alike.

We have renewed our focus on four areas:

- Improve communication
- Improve patient experience from referral to discharge
- Increase coproduction
- Increase carer involvement.

Significant progress has been made but areas of improvement include:

- The Electronic Patient Survey roll-out continues across community and inpatient services and work is underway to complete the roll-out across all Trust services
- 113 teams were live on the platform as of April 2024, with many teams awaiting set-up
- Action is being taken to provide administrative staff to support the continuation of the roll-out
- Working groups are in place looking at the four key areas within the Plan.

Focused improvement on care planning and patient centred care:

- A focus in 2023/24 was around back to basics care, with an aim to improve how people are engaged in their care and to improve how the persons voice leads their care. This focus has continued in 2024/25, and the Trust has achieved the target of a minimum of 85% of patients having a care plan in place with 90.4% of patients having a care plan in place as of April 2025
- In 2025/26 there will be a continued focus on sustaining the improvement of care planning and patient centred care and each division will have a crosscheck meeting with a focus on fundamental care standards to monitor incremental improvements in quality and compliance while giving services an opportunity to escalate barriers for support.

## **5. Improvement in the process and experience of key transitions of care**

Reduce reliance on inpatient care for people with a learning disability and autistic people.

In April 2022 JUCD Mental Health, Learning Disability, Autism and Children and Young People System Delivery Board approved an Initial Strategic outline case relating to improvements needed to local neurodevelopmental (ND) bedded care services.

Derbyshire Learning Disability and Autism Hospital is a Derbyshire Community Health Services (DCHS) building and commissioned service with both DCHS and DHCFT staff working into the ward and surrounding communities.

Following coproduction and engagement in the community, there was a clear preference for a 'home first' principle in the community as a preference for support.

The outline case for change, in line with the quality priorities and long term plan, were clear that the Ashgreen Hospital Assessment and Treatment Unit was not as effective or efficient as it could be and was not aligned with the long term plan to address reliance on inpatient care for people with a learning disability or people with autism.

Therefore, following board agreement (DCHS, DHCFT and JUCD), Ashgreen Hospital was closed to new admissions and once all patients had been discharged, the staffing temporarily transferred to the community teams to shift the culture of care to the 'home first' principle.

The JUCD Neurodevelopmental (ND) Programme has the aspiration *to 'change how neurodivergent people and people with a learning disability and their families receive any support they might need. We aim to move away from reactive and intensive interventions to preventative and flexible support provided in local communities.'*

Achieving this ambition will not only deliver better outcomes for local people but also help address the current financial challenge faced by ICB and the wider health and social care economy. Preventative, community-based and least restrictive care represents better value for money than pathways overly reliant on emergency care and inpatient services.

### **Care Quality Commission (CQC)**

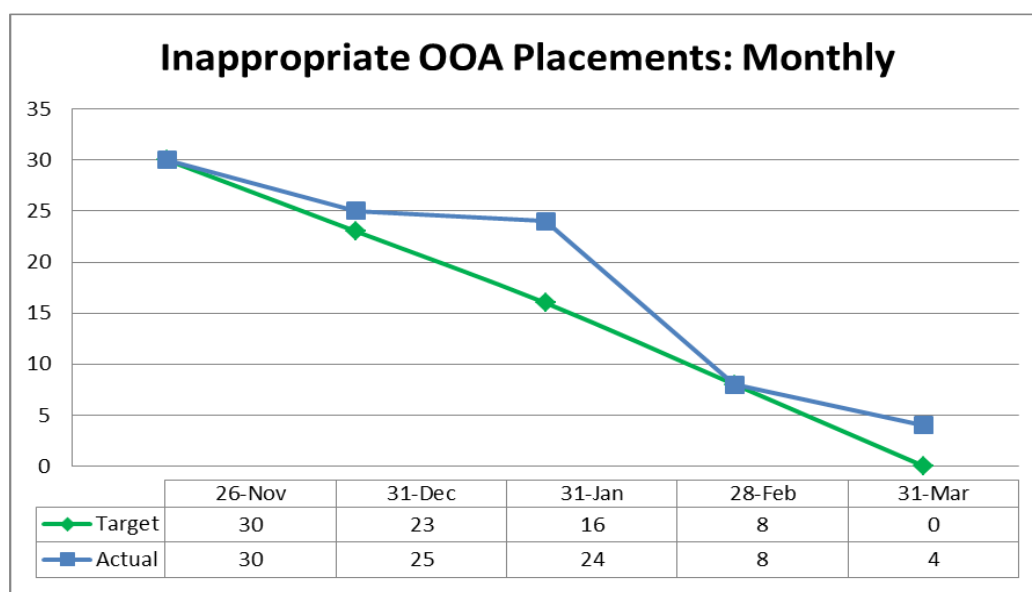
In April 2024, the CQC carried out an unannounced inspection at both of the Trust's acute inpatient units and raised some significant and immediate safety concerns. The service was rated as 'Requires Improvement' and restrictions were put in place. The Trust took immediate actions and strengthened its governance processes, working with partners on a comprehensive action plan to improve the service. In December 2024 the Acute Inpatient Services were re-inspected by the CQC and the service was rated as 'Good' following the inspection, with no safety concerns and all restrictions were lifted. The overall rating for the Trust remains as 'Good'.

### **Improving Flow**

The Multiagency Discharge Event (MaDE) in April 2024 generated feedback on patient flow and discharge processes at the Radbourne and Hartington Units. This feedback was developed into Fishbone and Driver diagrams to organise into potential quality improvement projects.

Inpatient staff have been approached to prioritise the improvement ideas (n=19) to a smaller number (3-5). Staff have also been invited to provide additional improvement ideas in relation to flow to address the limited opportunity for their input during MaDE and asked to support the delivery of the quality improvement projects.

The use of out of area beds:



#### Flow Improvement Plan Variance:

An initial off plan position was initially generated by a spike of 18 acute adult inappropriate placements over an eleven-day period from 28 December 2024 and through the new year. Various initiatives are in place and the Trust reduced out of area bed from a high of 28 to 4 by the 31 of March 2025.

## Quality Priorities for 2025/26

### National Priorities:

- Reduce average length of stay in adult acute mental health beds
- Increase the number of C&YP accessing services to achieve the national ambition for 345,000 additional C&YP aged 0–25 compared to 2019
- Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction.

### Strategic Priorities:

- Patient focused.

### 1.1 Improve safety and effectiveness in line with our quality ambitions:

- Develop and implement Quality Delivery Plan, agree improvement ambitions and measures, and establish associated governance
- Monitor performance and implement action plans to address any identified improvement opportunities
- Implement national initiatives including Culture of Care inpatient quality improvement programme and Patient Carer Race and Equality Framework.

## **1.2 Improve experience for service users, patients and carers**

- Define and agree experience measures across all services
- Review and refine feedback mechanisms across all services
- Monitor feedback and implement plan to address any identified improvement aligned to transformation and continuous improvement portfolio.

## **1.3 Effective quality governance systems and processes that facilitate shared learning and support a positive safety culture**

- Review, refresh and embed quality governance systems aligned to new Quality Delivery Plan
- Refine Learning Culture and Safety Group as a mechanism to develop and assure a positive safety culture
- Agree preferred model and design plan for transition from Care Programme Approach to support safe care coordination.

## **1.4 Strengthen patient and carer empowerment**

- Develop and agree framework for empowerment
- Design and launch education programme.



*Therapeutic activities on the new Bluebell ward*

## Workforce performance

In support of our values and strategic 'People' objective we have maintained a strong focus on reducing sickness absence and improving staff wellbeing. We have also delivered an enhanced development programme for our leaders and managers.

At year end the Trust employed 3,453 contracted staff and 437 bank staff.

### Recruitment and retention

- **Turnover** – our annual staff turnover rate for 2024/25 was 10.90%. This is lower than last year, falling within the target of 10-12%.
- **Vacancies** – during 2024/25 we recruited 515 new starters and by the year end we had an overall increase of 145 staff. Our vacancy rate at the end of March was 11.90%.

### Staff attendance and wellbeing

Our annual sickness rate for 2024/25 was 6.01% which is 0.02% lower than the previous year. In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust's highest reason for sickness absence and accounted for 33.88% during 2024/25. Anxiety, stress, depression and/or other psychiatric illnesses accounted for 33.44% of sickness absence during March 2025, followed by other musculoskeletal problems at 9.39% and cold, cough, flu (influenza) at 7.95%.

### Appraisals

The Trust appraisal target rate is 90% and at the end of March 2025 the completion rate was 87.07%.

### Compulsory training

The Trust has a compliance target rate of 85% and at the end of March 2025 the compliance rate was at 92.54%.

### Leadership development

There is a range of leadership development support available designed to help the wellbeing, engagement and development of managers and their teams. There are several masterclasses on offer to colleagues along with a range of bite-sized resources, tools and webinars. Topics cover the practical elements of managing a team, from Trust policies and processes to supporting wellbeing and resilience within teams, having better conversations and handling conflict. This year saw the introduction of the Derbyshire Leader Network which offers core leadership development opportunities to all aspiring and existing leaders working across health, social care and the voluntary sector in Derbyshire.

### Programmes

There are also several programmes open to Derbyshire Healthcare colleagues which are designed to develop skills at different levels within the organisation and offer a developmental progression route for managers and leaders within the Trust.

This year saw the delivery of the fourth cohort of the First Steps into Leadership programme which gives aspirant managers an insight into leadership and management, aims to develop their self-confidence, increase self-awareness and encourages individuals to think about their career.

We are now on our fifth Cohort of the Aspiring to Be programme which completes in September 2025. This programme is aimed at colleagues who are looking to take their first steps into a leadership role. Evaluations show that the programme improves delegates confidence and their understanding of leadership and management within the Trust. Connection to the organisation has also increased. Over the four cohorts that have completed, 45% have moved on into other roles within the Trust.



The Mary Seacole programme was launched in January 2020 and is an NHS Leadership Academy management and leadership development programme which is facilitated locally for colleagues within the Derbyshire Health and Social Care System. Successful completion of the programme gives delegates an NHS Leadership Academy Award in Healthcare Leadership. It is aimed at first time managers and leaders. This programme gives the opportunity for managers to learn with colleagues across the Derbyshire Health and Social Care System. Evaluations show that the programme increases delegates confidence in their current role, makes them more aware of their approach and encourages them to try new ways of working.

A Mid-Level Leadership programme was launched in January 2025 and will commence on 21 May 2025. It will be the first Mid-Level programme run in-house and is aimed at colleagues who directly manage people who manage others, lead a team of professionals or a project across a network or system.

These initiatives offer a developmental pathway for managers and leaders fostering a culture of improvement and professional growth.



*The Trust's recruitment fayre, October 2024*

## Financial performance

### Detailed financial performance

The Trust and its system partners in Joined Up Care Derbyshire (JUCD) regularly updated their financial forecasts as the year progressed. Financial performance has been reported regularly to the Trust Board as part of an integrated performance report and described both the current and forecast financial position and key matters of interest as the year progressed.

Detailed scrutiny and assurance discussions take place at the Trust's Finance and Performance Committee. In addition, the performance of all partners and the overall system position is discussed in JUCD's System Finance and Estates Committee.

At the end of month 12 the outturn for the Trust was a deficit of £25.3m (breakeven after technical adjustments). This was better than the deficit plan of £6.4m. The improvement in the financial position compared to the plan was due to additional mitigations required to help support the system financial position along with additional income from the ICB to allow all organisations to deliver a breakeven position.

Our most important financial key performance measures are those that evidence achievement of the financial plan and any key variances to the plan. Ongoing and forecast achievement against these financial key performance measures is checked through a wide range of activities in the organisation; they range from meetings with individual budget holders to discuss performance against a single budget, to team and divisional reporting, culminating in reporting to Trust Board and the Finance and Performance Committee on the overall performance of the Trust.

The Board report in March 2025 summarised key risks to delivery of the financial position. Risks related to costs for adult acute out of area placements, delivery of efficiencies and temporary staffing costs. The Trust continued to enhance the reporting of both bank and agency expenditure which had increased at the start of 2024/25 but has made significant reductions in the second half of the financial year. Analysis of temporary staffing costs, for both bank and agency staffing, will continue, in order to inform and support decision making to deliver continued reductions in those costs going into 2025/26.

Among the notable successes, the Trust delivered on its efficiency requirement for 2024/25 in full. However, a proportion of those savings were non-recurrent in nature, meaning they do not carry forward a recurrent saving into the next financial year.

Key technical financial components which contribute to the plan delivery also includes our liquidity, net current assets/liabilities and cash levels which can be found on the statement of financial position. It is clearly important to ensure we are able to continue to service our debts, and our liabilities and these are included in the notes to the accounts.

Another important measure is our performance against our capital expenditure plan. At the start of the year our capital plan was for £8.3m, of which £4.8m was to be funded from national public dividend capital (PDC) allocations in relation to the Dormitory Eradication programme. During the year we received additional PDC funding for capital expenditure related to the Dormitory Eradication programme and other estate schemes. This in turn led to capital expenditure of £14.7m in year, £6.4m more than originally planned. This was agreed across the JUCD system utilising slippage in our partner organisations. Collectively we kept within our capital control total.

The Trust had previously received additional PDC capital funding for the earlier stages of the dormitory eradication programme in 2021/22, 2022/23 and 2023/24.

The capital expenditure across estates and technology and their sources of funding is summarised in the table below:

<b>Capital Expenditure Summary 2024/25</b>	<b>Plan £'000</b>	<b>Actual £'000</b>
<b>Self-funded capital schemes</b>		
Information and technology	550	152
Estates (including leases)	3,098	6,820
<b>Total self-funded schemes</b>	<b>3,548</b>	<b>6,972</b>
<b>PDC-funded capital schemes</b>		
Information and technology	0	573
Estates (including dormitory eradication funding)	4,780	7,150
<b>Total PDC-funded schemes</b>	<b>4,780</b>	<b>7,723</b>
<b>Total Capital expenditure 2024/25</b>	<b>8,328</b>	<b>14,695</b>

Although we are constrained by our share of JUCD's fixed capital limit we do review our priorities within the capital programme to enable us to seek to address 'People First' priorities, CQC requirements, urgent maintenance, and replacements.

As part of planning capital expenditure for the next financial year, system partners have worked together to agree a capital plan for 2025/26 within the limited resources available to the Derbyshire system and have clearly articulated the risks associated with those plans.

In terms of long-term trends, we have performed well financially every year since becoming a Foundation Trust, demonstrating that our operating profitability is generally strong, and we built up our cash reserves in the years where a surplus was required to be generated. In more recent times financial measurement in the NHS has changed; with the expectation that Foundation Trusts such as our ourselves no longer seek to make a surplus. Instead, the NHS is asked to aim to deliver a balanced financial position called 'breakeven' where costs match income.

Looking forward, we will continue to work closely with health and social care partners to deliver the strategic priorities of JUCD and have submitted a collective system financial plan as well as individual organisational plans. The plan submission for 2025/26 was a breakeven plan for both the Trust and the overall Derbyshire system.

Significant financial risks for running costs exist including cost inflation, not least due to world events, along with the requirement to be more productive and efficient from a cost perspective.

As referred to in the capital expenditure summary, the Trust is part of the National Mental Health Dormitories Eradication programme and national funding of £80m has been approved as per the business cases. During the last two financial years cost inflation exceeded the national funding and therefore local funding has been allocated to the programme along with further national funding and is being managed accordingly.

With regard to future financial risks and activities; as well as being part of JUCD the Trust is also a partner in Provider Alliances in the East Midlands. Part of these wider partnership arrangements is to look at joint planning and analysis of key risks and mitigations with assumptions across partners informing delivery plans and forecasts.

The Trust has not undertaken any work overseas during 2024/25.

### **Countering fraud and corruption**

The Trust's counter fraud service is provided by 360 Assurance who work with us to devise an operational counter fraud work plan for the year, which is agreed by the Trust's Audit and Risk Committee. The plan is designed to provide counter fraud, bribery and corruption work across generic areas of activity in compliance with NHS Counter Fraud Authority standards and our Local

Counter Fraud Specialist provided 45 days of service for us across the year. The number of days of activity across the year is summarised below grouped by type of activity:

Area of activity in countering fraud	Days
Proactive work	41
Reactive work	7
<b>Total days</b>	<b>48</b>

### **New mental health response vehicle launched in Derbyshire**

A new Mental Health Response Vehicle was introduced into the EMAS ambulance fleet, based in Derbyshire, to further ensure that people get the right mental health support at the right place and right time. The vehicle is crewed with an EMAS paramedic and mental health clinician from the Trust.

The vehicle will predominantly be dispatched to mental health incidents between 4pm – 12am in Derbyshire, seven days a week.

Mental health incidents are currently the reason for the fourth largest on scene attendance for EMAS. It can be challenging for people who are in mental health crisis to get the correct support 'on the spot', without first being taken to A&E.

This important development was thanks to a partnership between Derbyshire Healthcare, East Midlands Ambulance Service (EMAS), and Derby and Derbyshire's Integrated Care Board, with support from NHS England. The aim is to reduce avoidable conveyance to emergency departments and for care to be delivered in accordance with patient needs. Early data results show that the Mental Health Response Vehicle in Derbyshire is better at treating mental health issues in the community and reducing unnecessary Emergency Department visits compared to other EMAS resources. Although it's still early, the service is already improving patient outcomes. With a skilled paramedic and mental health clinician, the team provide a comprehensive assessment and use community resources effectively.



## Data Security and Protection

The Data Security and Protection [DS&P] toolkit is used by healthcare organisations to provide assurance around safe handling and protection of data, meeting legal requirements and maintain public trust in the NHS.

Derbyshire Healthcare NHS Foundation Trust successfully completed the most recent 2023/24 toolkit and is certified until 30 June 2025. Local audit provided by 360 Assurance highlighted five recommendations. Action has completed for all of these in advance of planned deadline 31 March 2025.

The current version of the DS&P toolkit is work in progress with 360 Assurance again scheduled for local audit later in April – May 2025. The Trust is on track to complete the toolkit submission on time ahead of the 30 June 2025 deadline.

### Policies

All Trust policies for DS&P Group have been kept in date and no policy has expired or needed an extension for review during the previous year. The DS&P policy compliance has been consistently 100% on the Trust policy dashboard.

### Mandatory training

Throughout April 2024 to March 2025 the Trust has consistently reported excellent compliance for mandatory Data Security Awareness training. Across the whole Trust the average has been 97-98%. This is delivered at Trust induction and as part of refresher training via a range on online e-learning, traditional paper workbooks, pre-recorded and in person classroom sessions.

		Total	Corporate Services	Operational Services
April 2025	Total target group	3242	582	2660
	In date	3150	565	2585
	Out of date	92	17	75
	Performance threshold %	97.16%	97.08%	97.18%

All staff must complete Data Security Awareness training annually and are sent reminders along with line manager leading up to expiry, on anniversary and warnings after expiration date. Although a compassionate approach is in place for staff on long term absence, if action is not taken, computer and email access is disabled until training is completed.

### Data Protection Act – subject access requests

Between April 2024 and March 2025 the Trust received 452 subject access requests (SARs) in year with a further seven carried over from previous year. These are requests from service users or those acting on their behalf. All of which were completed within the legal deadline with no breaches. The average time for all requests including complex cases was 11 days.

April 2024 – March 2025	Standard (one month deadline)	Complex (three-month deadline)	Total
Total requests received	446	6	452
Number of closed requests	453	6	459
Average days to complete a request	11	46	11



Despite being the busiest year for SARs, 2024/25 saw the Trust excel in Data Protection Act compliance. The success is attributed to a dedicated clinical team centralising and coordinating requests. This team offers support for displaced clinical staff in need of re-deployment. We look at where their knowledge and experience can add value to the process, in return for keeping their skills sharp, maintaining their own mandatory training and supervision compliance and to be in the best position when returning to their team.

### **Incidents – data security breaches**

Between April 2024 and March 2025 there has been one concern reported to the Trust from the Information Commissioner's Office (ICO). This was for a staff based subject access request which needed to have external support to help remove conflicts of interest. The request was completed, but beyond the three-month deadline for complex requests. Lessons learned from this incident include a change in how email searches and forensic discoveries requests are made to NHS Mail. This is to help focus the scope and to help speed up the overall process.

In addition to the above there have been a further nine incidents reported locally on our Trust Datix system which in turn have been reported externally via the DS&P toolkit. Of these nine, six met the threshold to be escalated further to the ICO. All incidents were investigated and lessons learnt were used to support improvements in processes and training.

### **Risks**

DS&P risks are reviewed monthly as part of the Information Management, Technology and Records Department (IMT&R) senior team meeting and in turn reviewed as part of DS&P Group. Our top three current DS&P related risks are:

- IT system collapse due to cyber attack
- Patient communication – incorrect recipients (includes email and SMS as well as traditional paper letters)
- Inappropriate disclosure of shared health records by third party organisation.

Current work is ongoing to help review and merge duplicate risks across the Trust.

### **Cyber security**

As shown above, cyber security remains one of the top DS&P related risks and is also recognised as part of the Board Assurance Framework (BAF).

During 2024/25 there has been continued collaboration and support across the regional JUCD system. This embodies the key message where organisations are stronger when working together. There have been a number of key sharing events to help with business continuity and links between technical and security teams across Derbyshire.

Our commitment to the new DS&P toolkit also reflects the increased importance around cyber security and improvements to help prevent and detect incidents. Key foundations as part of this include the continued need to help raise awareness for all staff. Specialist Information Asset Owner roles (staff who have greater knowledge and use of Trust systems) play a vital part in understanding and mitigating risks.

### **Freedom of Information**

The Trust's DS&P Committee is responsible for awareness and overseeing the Trust's compliance with the Freedom of Information Act 2000 and the implementation of an open culture to improve transparency. During the 2024/25 financial year, the Trust received 447 requests for information and responded to 401 within the 20 working daytime limit. The Trust received four requests for an internal review in respect of the information it provided to requesters. The Trust had one request referred to the ICO for consideration which was closed with no further action.

# Accountability report

The Trust's directors take responsibility for preparing the Annual Report and Accounts. We consider this information is 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.

This accountability report is signed in my capacity as accounting officer.



Mark Powell  
Chief Executive  
25 June 2025

## **Derbyshire NHS teams were chosen as finalists for not one but two national awards for supporting local people with learning disabilities and autism**

In May 2024, two Derbyshire NHS teams were shortlisted at a national awards ceremony next month for their efforts to support local people with a learning disability and/or autism.

Both the Autism Assessment Team and Community Learning Disability team were in the running for awards at the National Learning Disabilities and Autism Awards.

The awards celebrate excellence in the support of people with learning disabilities and aim to pay tribute to those individuals or organisations who excel in providing quality care.

The Autism Assessment Team are finalists for the Great Autism Practice Award, which recognises good autism practice to enhance quality of life for individuals, families and supporters by making reasonable adjustments or providing support developing strategies to increase happiness and wellbeing in people with autism.



## Directors' report

Trust Board members on 31 March 2025:



### **Selina Ullah, Chair**

Term of office: 14 September 2024 – 13 September 2027

Selina joined us on 14 September 2021 and re-appointed for a second three-year term. Before joining the Trust, Selina had been a Non-Executive Director at Bradford Teaching Hospitals NHS Foundation Trust for six years and became its Vice Chair and Senior Independent Director in 2019. Selina is a Board member for the Muslim Women's Council, having previously been its Chair for 10 years.

She holds a number of other Non-Executive Director positions including at the General Pharmaceutical Council and is a Trustee and Board Member at NHS Providers representing Mental Health Providers. Selina chairs the Board, Council of Governors and the Remuneration and Appointments Committee.



### **Mark Powell, Chief Executive**

Mark became Chief Executive of the Trust on 3 April 2023

Prior to commencing this role, Mark worked as Managing Director and Deputy Chief Executive at Leicestershire Partnership NHS Trust. Mark, who lives in Derby, has over 20 years' experience of working in the NHS and previously worked for Derbyshire Healthcare NHS Foundation Trust between 2015 and 2021 as Chief Operating Officer, leading the Trust's operational services, estates and facilities and IM&T. Mark also led the Trust's initial response to the COVID-19 pandemic. Previously, Mark has worked as Executive Director of Operations at Burton Hospitals NHS Foundation Trust. He has experience of working in public health, health improvement and developed one of the first community health improvement programmes for children with obesity. He has also worked in acute, community and mental health commissioning through a previous role at South Staffordshire Primary Care Trust.



### **Tony Edwards, Deputy Chair**

Term of office: 1 August 2022 – 31 July 2025

Tony is chair of the Trust's Finance and Performance Committee. Tony holds a BA in Accounting and Finance and is a Chartered Accountant. Tony spent the first half of his career in senior finance roles in manufacturing and then a further 17 years in business unit leadership roles with Filtrona plc and Luxfer Holdings plc. Tony spent 11 years as a governor at Nottingham Trent University and is currently a governor at University of Derby where he chairs the Performance, People and Resources Committee and the governance oversight board for the new Business School development project. Tony was also appointed as Deputy Chair on 11 January 2023.

## Other Non-Executive Directors



### **Geoff Lewins**

Term of office: 1 December 2024 – 30 November 2025

Geoff joined the Trust on 1 December 2017 and re-appointed to his second three-year term in 2020. He has since been re-appointed for two further one-year terms. A qualified accountant by background, Geoff has more than 30 years' experience in finance, IT and governance, having formerly worked as Director of Finance Strategy for Rolls-Royce plc. He is also a Trustee of The Arkwright Society, an educational charity devoted to the rescue of industrial heritage buildings in Derbyshire. Geoff is the chair of the Trust's Audit and Risk Committee. He is the Non-Executive Director Freedom to Speak Up lead.



### **Deborah Good**

Term of office: 1 March 2025 – 29 February 2028

Deborah joined the Trust on 1 March 2022 and was then re-appointed for a second three-year term. She is the chair of the Trust's Mental Health Act Committee and the Non-Executive Director lead for Carers and also Sustainability. A former Lead Housing Inspector at the Audit Commission,

Deborah holds a BA and a Postgraduate Diploma in Housing. She has spent most of her career in the social housing sector, working to improve the quality of services for local communities. Deborah has experience of serving on various multiagency boards, including in her role as Executive Director of Customer Experience and Business Support at Solihull Community Housing and as Non-Executive Director at Derwent Living. Deborah is a current Trustee of Artcore, a provider of visual arts to diverse communities across Derbyshire.



### **Ralph Knibbs, Senior Independent Director**

Term of office: 1 July 2022 – 30 June 2025 (since re-appointed for a second three-year term – 1 July 2025 – 30 June 2028)

Ralph joined the Trust on 1 June 2022 in designate role, before starting his first term on 1 July 2023, when he was also appointed as the Senior Independent Director (SID). The SID serves as an alternative point of contact for governors and directors when they have concerns or when it would be inappropriate to

contact the Chair or Chief Executive. Ralph is chair of the Trust's People and Culture Committee and the Non-Executive Director Lead for Inclusion and also for Health and Wellbeing. For over 20 years, Ralph has operated as a Strategic Senior Human Resources Business Partner, with experience of working in both the public and private sector, as well as within complex international matrix organisations such as Rolls-Royce plc. Ralph is highly skilled at delivering people transformational change programmes to improve business performance; and possesses a deep understanding of team working through his extensive experience of professional sport. He is a passionate ally of equality, diversity and inclusion. Ralph is currently the Head of Human Resources at United Kingdom Athletics Limited where he has been since 2011. From August 2022, he has also undertaken a volunteer role as a Steering Group Member of the Rugby Black List, with the aim to celebrate black achievement on and off the pitch in rugby union at all levels. During 2023, Ralph became a Trustee for the charity Star\*Scheme, with the stated mission to make a material difference in the lives of young people and their families who have multiple adverse childhood/community experiences (ACEs) or mental health issues.



### **Lynn Andrews**

Term of office: 11 January 2023 – 10 January 2026

Lynn first joined in a designate role in the autumn of 2022 as part of the handover for the clinical Non-Executive Director role before joining formally as a Non-Executive Director on the 11 January 2023. She is the chair of the Trust's Quality and Safeguarding Committee. Lynn's roots are in Scotland where she qualified as a Registered Nurse before moving to the Midlands where she has worked in

healthcare since 1987. Lynn has gained qualifications in nursing and NHS management and has a master's degree in health policy. Throughout Lynn's nursing career she has always worked in roles requiring ongoing professional, clinical and governance knowledge and skills. Lynn's most recent post was on the Board at Chesterfield Royal Hospital NHS Foundation Trust as Executive Director of Nursing and Patient Care and lead for quality, with a portfolio responsibility including quality improvement, patient experience and safety, safeguarding and infection control. Lynn has a strong commitment and passion to improving quality and experience for all patients and staff. Working with the East Midlands Strategic Health Authority and with the national NHS Teams, Lynn has gained an excellent understanding of healthcare and the requirements for regulation. Lynn has lived in Derbyshire for over 20 years, enjoys running in South Derbyshire and the Peak District.





### **Andrew Harkness**

Term of office: 13 January 2025 – 12 January 2028

Andrew joined the Trust on 13 January 2025. He is a pharmacist and Consultant in Public Health by background. He has extensive experience of leading public health programmes, addressing health inequalities and improving the health and wellbeing of local communities. Andrew has significant experience of working in senior roles across the NHS and local authorities, and was most recently Chief

Executive at St Giles Hospice, near Lichfield. Andrew lives in Staffordshire and enjoys participating in and coaching people for triathlons. He is currently training for a long-distance triathlon in 2025.

### **Other Executive Directors**



### **Vikki Ashton Taylor**, Deputy Chief Executive and Chief Delivery Officer

Vikki first joined the Trust as Director of Strategy, Partnerships and Transformation on 1 June 2022 and was appointed as Deputy Chief Executive in February 2024 and became the Chief Delivery Officer from 1 April 2024. She has worked in the NHS for over 25 years undertaking a range of both operational and strategic roles across acute, commissioning and regulatory organisations, including a number of years as an Executive Director. Vikki's joined us from her

Lead Director role for Joined Up Care Derbyshire, and she brings a wealth of system related experience and expertise. Vikki lives in Derbyshire and volunteers as a Magistrate for the Ministry of Justice.



**Tumi Banda**, Director of Nursing, Allied Health Professionals, Quality and Patient Experience. Tumi joined Derbyshire Healthcare in September 2024 as the Trust's Director of Nursing, Allied Health Professionals, Quality and Patient Experience. Prior to this, Tumi was at Essex Partnership University NHS Foundation Trust where he was the Trust's Interim Director of Nursing. Tumi qualified as a mental health nurse in 2004 from City University, London. He has worked in various mental health settings across the country and previously worked for the Trust in 2022 as Interim Director of Nursing and Patient Experience.

Tumi has a passion for improving the intensive and enhanced care given to people during psychiatric emergencies. He has a Masters in Trans-Cultural Health Care from Queen Mary University London. Tumi is also a Florence Nightingale Foundation Scholar and he is committed to continuous improvement approaches to improve patient outcomes and staff experience.



**Arun Chidambaram**, Medical Director. Dr Chidambaram was appointed the Trust's Medical Director in October 2022. A Forensic Consultant Psychiatrist by background, Arun was previously Deputy Chief Medical Officer and Locality Medical Director at Lancashire and South Cumbria NHS Foundation Trust. Arun has previously worked as a Deputy Medical Director across a number of organisations, including being the Interim Medical Director and Medical Director for Operations at Mersey Care NHS Foundation Trust. Arun holds two master's

degrees in psychiatry and a postgraduate certificate in Healthcare Leadership. He has a wealth of clinical experience in addition to leadership expertise within a healthcare setting. Arun is the executive lead for safety.



**James Sabin**, Director of Finance. James commenced in post as the Trust's Director of Finance on 5 February 2024. In addition to leading finance, James has taken up the portfolio of Estates and Facilities, Procurement and Contracting. During the year, James has also taken on leading our Making Room for Dignity Programme, Planning and Sustainability. James joined the Trust following over eight years in post as the Deputy Director of Finance, Procurement and Contracting at Sheffield Health and Social Care NHS Foundation Trust. He was

also Director of Finance at Southwest Yorkshire Partnership NHS Foundation Trust for a year, through a secondment arrangement, where James also led performance, informatics, digital teams and was the Trust's Senior Information Risk Owner (SIRO). A Chartered Accountant by background, James commenced his career at Leeds Teaching Hospitals, having originally been a placement student there as part of his degree before moving to Sheffield Children's NHS Foundation Trust. James is a member of The Chartered Institute of Management Accountants and completed his Chartered Global Management Accountant (CGMA) qualification in 2004.

#### **Other Directors who attend the Trust Board:**



**Justine Fitzjohn**, Director of Corporate Affairs and Trust Secretary.

Justine Fitzjohn joined as Trust Secretary on 3 June 2019 from University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust, where she was the Deputy Director of Governance. She brings a broad range of experience in regulation, statutory and legal compliance. Justine's responsibilities include arrangements for the Trust Board, Board Committees and Council of Governors, alongside membership, legal affairs and Freedom of Information. Since February

2021 she has been the Trust's Senior Information Risk Officer (SIRO) and her portfolio was broadened from 1 April 2024 to include Health and Safety and Risk Management.



**Rebecca Oakley**, Director of People, Organisational Development and Inclusion. Previously holding the Interim Director of People and Inclusion role, Rebecca was appointed to the Director of People Organisational Development and Inclusion on 1 June 2024. She has worked in the NHS in Derbyshire for over 20 years, working across a range of HR and Corporate teams, including Organisational Development, Service Improvement and Communications.

Rebecca joined Derbyshire Healthcare NHS Foundation Trust in 2021, having previously worked at Derbyshire Community Health Services NHS Foundation Trust leading the Organisational Development function across both organisations. Rebecca holds an MBA in senior leadership and a postgraduate certificate in clinical leadership.

#### **Others who had served as Board members in 2024/25**

**Dave Mason**, Interim Director of Nursing and Patient Experience. Dave left the Trust at the end of August 2024, having joined us on secondment from Nottinghamshire Healthcare. Dave qualified as a registered mental health nurse in 1995 and brought with him 30 years' experience of working in the NHS, predominantly within secure mental health services throughout the Midlands. He has worked in several professional nursing and operational leadership roles, joining us from his then Associate Director of Nursing, Quality and Patient Experience role at Nottinghamshire Healthcare NHS Foundation Trust.

**Michelle Bateman**, Interim Director of Nursing and Patient Experience. Michelle kindly stepped in to support the Trust as the Interim Director of Nursing between Dave Mason leaving and Tumi Banda commencing his post. She covered this role in addition to her substantive role as Executive Director of Nursing, Allied Health Professionals and Quality at Derbyshire Community Health Services NHS Foundation Trust.

**Ashiedu Joel**, Non-Executive Director. Ashiedu first joined us in January 2020 and was re-appointed for a second three-year term. An engineering graduate, who runs her own business



consultancy and training firm across the East Midlands, Ashiedu is a Justice of the Peace and an elected member of Leicester City Council. She brought extensive experience of supporting organisations, groups and individuals to engage constructively across racial, cultural and socio-environmental boundaries, while promoting opportunities for shared learning and collaboration. Ashiedu left to take up a Non-Executive Director position at Nottinghamshire Healthcare NHS Foundation Trust in August 2024.

### Writing competition winners reveal what it's like to be growing up in Derbyshire today

The Trust announced the winners of a writing competition in September 2024 for children and young people that shows how deeply and movingly young people think about their lives and their place in the world.

The Trust, in partnership with its [Council of Governors](#), invited children and young people in Derby and Derbyshire to send an original poem, prose, letter, diary entry or blog post on the theme of 'what it's like to be me'.

There were 14 finalists selected, and the winners of the competition were announced at the Trust's Annual Members Meeting on Thursday 26 September. The Annual Members Meeting provided an opportunity for anyone to come and hear about the progress the Trust has made in 2023/24 and priorities for 2024/25.

This year's meeting focused on 'the health of our children and young people', as the Trust provides a range of [children's and family health services](#) – which made the writing competition particularly appropriate. The aim of the competition was to celebrate equality, diversity and inclusion by giving entrants the opportunity to write about themselves and to share their experiences with others.

The winners of the writing competition were: Ages 5-7 years: Ivy Irunga Slack,  
Ages 8-10 years: Francesca Bowers, Ages 11-13 years: Stanley Yapp and Ages 14-18 years: Zofie Selucker.



## **Appointments by the Council of Governors**

During 2024/25 the Council of Governors re-appointed four Non-Executive Directors and appointed one new Non-Executive Director.

The balance of skills and expertise required by the Board is reviewed for each vacancy and this is then reflected in the recruitment and selection criteria. Non-Executive Directors are members of the Board and Board Committees and therefore retain significant independence from the operational management of the Trust. There are no links or directorships that could materially interfere with the exercise of independent judgement. No individual or group of individuals dominates the Board's decision making. Considering the criteria set out in the Code of Governance, the Trust Board has determined that all of the Trust's Non-Executive Directors are considered to be independent and provide an independent view on strategic issues, performance, key appointments and hold the Executive Directors to account. The role of Senior Independent Director is held by Ralph Knibbs.

Details of the skills, expertise and experience of the individual Executive Directors can be found in the biography section of the Directors' report see page 64. Throughout the year the Remuneration and Appointments Committee has sought to ensure the Board has a wide range of skills in order to fulfil its duties effectively.

### **Register of interests**

It is a requirement that the Chair, Board members and Board level directors who have regularly attended the Board during 2024/25, and current members, should declare any conflict of interest that arises while conducting NHS business.

The Chair and Board members declare any business interests, positions of authority in a charity or voluntary bodies in the field of health and social care, and any connections with a voluntary or other body contracting for NHS services. These are formally recorded in the minutes of the Board, and entered into a register, which is available to the public. Directorships and other significant interests held by NHS Board members are declared on appointment, kept up to date and included in the Annual Report.

A register of interests is also maintained in relation to all governor members on the Council of Governors. This is available by application to the Trust's Membership office by emailing [dhcft.membership@nhs.net](mailto:dhcft.membership@nhs.net)

The disclosure and statements referenced within this report are subject to the NHS Codes of Conduct and Accountability which is binding upon Board Directors. Interests are disclosed as set out on the next page.

## Declarations of interests register 2024/25 (as of 31 March 2025)

DECLARATION OF INTERESTS REGISTER 2024/25		
NAME	INTEREST DISCLOSED	TYPE
<b>Selina Ullah</b> Trust Chair	<ul style="list-style-type: none"> <li>Director/Trustee, Manchester Central Library Development Trust</li> <li>Non-Executive Director, General Pharmaceutical Council</li> <li>Non-Executive Director, Locala Community Partnerships CIC</li> <li>Non-Executive Director, Accent Housing Group</li> <li>Director, Muslim Women's Council</li> <li>Trustee and Board member of NHS Providers representing Mental Health Providers</li> </ul>	(e) (e) (e) (e) (e) (e)
<b>Tony Edwards</b> Deputy Trust Chair	<ul style="list-style-type: none"> <li>Independent Member of Governing Council, University of Derby</li> </ul>	(a)
<b>Deborah Good</b> Non-Executive Director	<ul style="list-style-type: none"> <li>Trustee of Artcore, Derby</li> </ul>	(e)
<b>Andrew Harkness</b> Non-Executive Director	<ul style="list-style-type: none"> <li>Spouse, Nicola Harkness, works at Staffordshire and Stoke-on-Trent Integrated Care Board</li> </ul>	(e)
<b>Ashiedu Joel</b> (until 31-Jul-2024) Non-Executive Director	<ul style="list-style-type: none"> <li>Director, Ashioma Consults Ltd</li> <li>Director, Peter Joel and Associates Ltd</li> <li>Director, The Bridge East Midlands</li> <li>Director, Together Leicester</li> <li>Lay Member, University of Sheffield Governing Council</li> <li>Fellow, Society for Leadership Fellows Windsor Castle</li> <li>Elected Member, Leicester City Council</li> <li>School of Business and Law Advisory Board Member, De Montfort University</li> <li>Independent Chair, Derby and Derbyshire Drug and Alcohol Strategic Partnership</li> <li>Justice of the Peace, Leicester, Leicestershire and Rutland Magistracy</li> </ul>	(a) (a) (a) (a) (a) (a) (a) (a) (e) (e)
<b>Ralph Knibbs</b> Senior Independent Director	<ul style="list-style-type: none"> <li>Trustee of the charity called Star* Scheme</li> </ul>	(d)
<b>Geoff Lewins</b> Non-Executive Director	<ul style="list-style-type: none"> <li>Director, Arkwright Society Ltd</li> <li>Director, Cromford Mill Limited (wholly owned trading subsidiary of Arkwright Society)</li> </ul>	(a) (a)
<b>Mark Powell</b> Chief Executive	<ul style="list-style-type: none"> <li>Treasurer, Derby Athletic Club</li> </ul>	(d) (e)
<b>Vikki Ashton Taylor</b> Deputy Chief Executive and Chief Delivery Officer	<ul style="list-style-type: none"> <li>Magistrate, covering mainly Derbyshire and Nottinghamshire Courts</li> </ul>	(e)
<b>Arun Chidambaram</b> Medical Director	<ul style="list-style-type: none"> <li>Clinical Director, NHSE Midlands Mental Health – 6 January 2025 - 31 March 2025</li> </ul>	(e)
<b>James Sabin</b> Director of Finance	<ul style="list-style-type: none"> <li>Spouse works at Sheffield Health and Social Care NHS Foundation Trust as Head of Capital and Therapeutic Environments</li> </ul>	(e)
<b>All other members of the Board of Directors have submitted a nil return, meaning they have no interests to declare.</b>		

### Details of any political donations

The Trust has made no political donations during 2024/25.

### Better Payment Practice Code:

	31 March 2025			31 March 2024		
	Number		£000	Number		£000
Total Non-NHS trade invoices paid in the year	16,728		86,558	15,673		119,990
Total Non-NHS trade invoices paid within target	16,249		85,202	14,859		117,778
Percentage of Non-NHS trade invoices paid within target	97%		98%	95%		98%
Total NHS trade invoices paid in the year	617		16,890	663		14,136
Total NHS trade invoices paid within target	587		16,105	605		13,492
Percentage of NHS trade invoices paid within target	95%		95%	91%		95%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

### Income disclosures

As an organisation we are required by the NHS Act 2006 (as amended by the Health and Social Care Act 2012) to state whether our income from the provision of goods and services for the purposes of healthcare in England is greater than our income from the provision of goods and services for any other purpose. We can confirm that this was the case, as evidenced by our accounts.

In addition, we are required by the same Act to provide information on the impact that other income has had on our provision of healthcare. We can confirm that our other operating income has had no adverse impact on our provision of goods and services for the purposes of the health service in England.

### Disclosures relating to NHS Improvement's well led framework

See the Annual Governance Statement for further disclosures relating to NHS Improvement's well led framework on page 139.

### Disclosure to auditors

On the 25 June 2025 the Directors of Derbyshire Healthcare NHS Foundation Trust declare that, to their knowledge, there is no relevant information of which the Trust's auditor is unaware and the Directors have taken all the steps that they ought to have taken as a Director to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

## How we are organised

### Derbyshire Healthcare NHS Foundation Trust Board

The Trust Board of Directors has a responsibility to make the best use of financial resources and deliver the services people need, to standards of safety and quality which are agreed nationally.

The role of the Board of Directors is to manage the Trust by:

- Setting the overall strategic direction of the Trust within the context of NHS priorities
- Regularly monitoring performance against objectives
- Providing effective financial stewardship through value for money, financial control and financial planning
- Ensuring that the Trust provides high quality, effective and patient focused services through clinical governance
- Ensuring high standards of corporate governance and personal conduct
- Promoting effective dialogue between the Trust and the local communities we serve.
- Promote the Trusts' long term sustainability as part of the Integrated Care System (ICS) and wider healthcare system in England, generating value for members, patients service users and the public.

In 2024/25 the Board of Directors met six times as a Public Board to discuss the business of the organisation. These meetings are held in public, and anyone is welcome to attend and hear about our latest developments and performance. A number of Extraordinary Confidential Board meetings were also held.

### Responsibilities of the Board of Directors

The Board of Directors ensures that good business practice is followed, and that the organisation is stable and able to respond to unexpected events, without jeopardising services, and confident enough to introduce changes where services need to be improved. Therefore, the Board of Directors carries the final overall corporate accountability for its strategies, policies and actions as set out in the codes of conduct and accountability issued by the Secretary of State. In order to discharge its responsibilities for the governance of the Trust, the Board has established a number of Committees of the Board as described on pages 74-75.

The Board of Directors ensures compliance with the principles, systems and standards of good corporate governance and has regard to guidance issued by NHS England (NHSE) and appropriate codes of conduct, accountability and openness applicable to foundation trusts. It is responsible for maintaining committees of the Trust Board with delegated powers as prescribed by the Trust's standing orders, scheme of delegation and/or by the Trust Board from time to time.

### Performance of the Board of Directors

The Trust recognises that the evaluation of the performance of the Board, Committees and individual Directors in the discharge of their responsibilities is essential to ensuring the Trust is effectively governed.

The individual Directors undertake a process of objective setting, personal support and development, and annual appraisals; for Executive Directors, this is overseen by the Remuneration and Appointments Committee, and the Nominations and Remuneration Committee of the Council of Governors for the Non-Executive Directors. Objectives are set within the context of the Trust's strategic plans and objectives and include measurable indicators to evaluate progress.

The Senior Independent Director leads the performance evaluation of the Chair using a process which is agreed by the Governors' Nominations and Remuneration Committee and in which the full Council of Governors are encouraged to participate. This feedback is discussed with the Lead

Governor, shared with the Chair and was taken to the Governors' Nominations and Remuneration Committee in May 2025 and reported on to the Council of Governors in June 2025.

The Chair's appraisal was carried out in line with the national NHS Provider Chair competency framework.

The Board is held to account, and its performance is evaluated on an ongoing basis, by the Council of Governors discharging its statutory responsibilities, and regularly feeds back to the Board through the Chair. The Board regularly reviews the performance of Committees and is assisted by the Audit and Risk Committee which reviews the work of the other Board Committees to ensure that they have appropriate control systems for supporting the Board's work and have appropriate mechanisms for managing and mitigating risks within their areas of responsibility. Members of the Board of Directors are outlined in the Directors' report on pages 64-68.

### Meetings of the Board of Directors

The Board of Directors held six public meetings during 2024/25:

	Actual attendance	Possible attendance
<b>Non-Executive Directors</b>		
Selina Ullah	6	6
Tony Edwards	6	6
Ralph Knibbs	5	6
Lynn Andrews	6	6
Deborah Good	4	6
Andrew Harkness **	2	2
Ashiedu Joel *	2	2
Geoff Lewins	5	6
<b>Executive Directors</b>		
Mark Powell	6	6
Vikki Ashton Taylor	5	6
Tumi Banda	4	4
Arun Chidambaram	6	6
Justine Fitzjohn	6	6
Dave Mason	2	2
Rebecca Oakley	5	6
James Sabin	6	6

\* left August 2024

\*\* joined January 2025

### Directors' expenses

	2023/24	2024/25
Number of Directors	22	16
Number of Directors receiving expenses for the year	12	9
Aggregate sum of expenses paid to Directors in the year (£00)	£47	£54

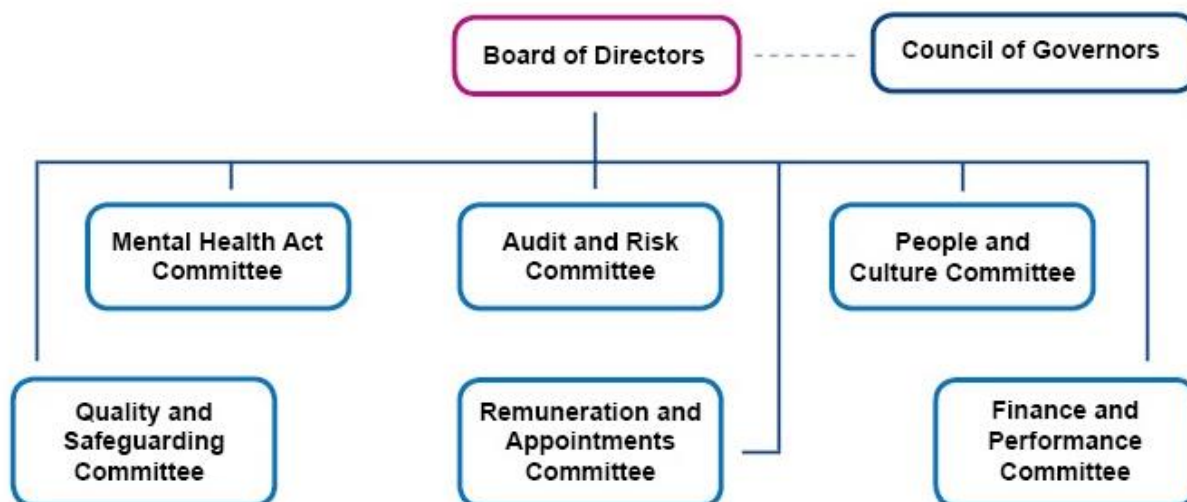
Values shown in £00 – actual amount paid £5,435 (2023/24: £4,692).



## Committees of the Board of Directors

### Board governance structure

Non-Executive Directors are represented on all Board Committees.



### Audit and Risk Committee

This is the principal Committee for seeking independent assurance on the general effectiveness of the Trust's internal control and risk management systems and for reviewing the structures and processes for identifying and managing key risks.

The Audit and Risk Committee is responsible for ensuring the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities in support of the organisation's objectives. It achieves this by:

- Ensuring that there is an effective internal audit function providing appropriate independent assurance to the Audit and Risk Committee, Chief Executive and Board
- Reviewing the work and findings of the external auditor
- Reviewing the findings of other significant assurance functions, both internal and external to the organisation
- Reviewing the work of other committees within the organisation whose work can provide relevant assurance to the Audit and Risk Committee's own scope of work
- Requesting and reviewing reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control
- Reviewing and approving the Annual Report and financial statements (as a delegated responsibility of the Board) and ensuring that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The Audit and Risk Committee reports to the Board of Directors on an annual basis on its work in support of the Annual Governance Statement, specifically commenting on whether the Board Assurance Framework (BAF) is fit for purpose and governance arrangements are fully integrated. The Audit and Risk Committee throughout the year considers external audit reports, internal audit reports and counter fraud progress reports. All audit outcomes are overseen by monitoring the delivery of internal and external audit report recommendations. The Trust has an internal audit function which is referenced in the terms of reference of the Audit and Risk Committee. A review of

the effectiveness of internal and external audit took place during the year, alongside assurance on counter fraud.

The Committee considers the BAF, Annual Report and Accounts, Annual Governance Statement and progress with internal and external audit plans. It also receives reports on data security and protection, data quality, implementation of speaking up processes, impact of clinical audit and updates on losses and compensation payments, exit payments, conflicts of interest, tenders and waivers, debtors and commercial insurance.

The Audit and Risk Committee reports to the public Trust Board after each meeting under the Board Committee Assurance report and covers significant issues, including assurance received and any gaps in assurance.

The Committee assesses the effectiveness of the external audit process as part of the self-assessment undertaken each year and by meeting with auditors in private. Auditors attend every meeting of the Audit and Risk Committee, and the Trust's compliance with the audit plan approved by the Committee is monitored.

The Committee discussed but did not consider there to be any significant issues in relation to the financial statements that needed to be addressed.

In 2024/25 the Audit and Risk Committee comprised the following Non-Executive Director members:

- Geoff Lewins (Chair)
- Deborah Good
- Ashiedu Joel.

Non-Executive Directors attendance at the Audit and Risk Committee during the year was as follows:

	Actual attendance	Possible attendance
Geoff Lewins	6	6
Deborah Good	5	6
Andrew Harkness**	1	1
Ashiedu Joel*	3	4
Ralph Knibbs (for quoracy)	1	1

\* left August 2024

\*\* joined January 2025

### Finance and Performance Committee

This Committee oversees and gains assurance on all aspects of financial management and operational performance, including contract compliance, commercial decisions and cost improvement reporting. The Committee also oversees the Trust's business development, commercial strategies, estate strategy, digital strategy and workforce resource planning (prior to review by the People and Culture Committee). The Committee oversees emergency planning and health and safety. It is responsible for agreeing terms of reference and annual work programmes for its supporting sub-committees. It also receives agreed assurance and escalation reports as defined in the forward plan for the Committee.

### Mental Health Act Committee

This Committee monitors and obtains assurance on behalf of the hospital managers and the Trust, as the detaining authority, that the safeguards of the Mental Health Act and Mental Capacity Act are upheld. This specifically includes the proactive and active management of the prevention of deprivation of liberty and ensuring Deprivation of Liberty Safeguards (DoLS) applications as a

managing authority are appropriately applied. It also monitors related statute and guidance and reviews the reports following Mental Health Act inspections by the Care Quality Commission (CQC). In 2024/25 the Quality and Safeguarding Committee included all actions arising from CQC Mental Health Act inspections into the master CQC action monitoring reports.

### **Quality and Safeguarding Committee**

This Committee seeks assurance that high standards of care are provided, and that adequate and appropriate governance structures, processes and controls are in place to promote safety and quality in patient care. The Committee monitors risks arising from clinical care and ensures the effective and efficient use of resources through evidence-based clinical practice. The Quality and Safeguarding Committee is responsible for agreeing terms of reference and annual work programmes for its supporting sub-committees. It also receives agreed assurance and escalation reports as defined in the forward plan for the Committee.

In terms of its safeguarding portfolio this Committee sets the Safeguarding Quality Strategy providing quality governance to all aspects of the safeguarding agenda. It provides assurance to the Board that the organisation is effectively discharging and fulfilling its statutory responsibility for safeguarding to ensure better outcomes for children and vulnerable adults. The Committee leads the assurance process on behalf of the Trust for the following areas: Children Act, Care Act (2014), counter-terrorism legislation; it provides a formal link to the Local Authority Safeguarding Children and Safeguarding Adults Boards and promotes a proactive and preventative approach to safeguarding.

### **People and Culture Committee**

This Committee supports the organisation to achieve a well led, values driven positive culture. The Committee provides assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective, capable workforce to meet the Trust's current and future needs. This is achieved through ensuring the development and implementation of an effective People Plan; implementing a systematic approach to change management; ensuring workforce plans are fit for purpose and driving a positive culture with a high degree of staff engagement.

### **Remuneration and Appointments Committee**

The role of the Committee is to ensure there is a formal and transparent procedure for developing policy on Executive Director remuneration and for agreeing the remuneration packages of individual Directors. It is also responsible for the appointment of the Chief Executive, with ratification from the Council of Governors. The Committee is responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board. The Committee has met eight times throughout the year. Further details on the Remuneration and Appointments Committee can be found in the Annual Statement of Remuneration on page 101.

The attendance at the Remuneration and Appointments Committee is listed in the Remuneration Report on page 101.

### **Executive Leadership Team (ELT)**

As the most senior executive decision-making body in the Trust, ELT is responsible for ensuring that strategies and performance targets, approved by the Board of Directors, are implemented effectively to timescale. The group shares a responsibility to provide strategic leadership to the organisation, consistent with its values and principles. It also ensures that a culture of empowerment, inclusivity and devolution of responsibility with accountability is strongly promoted.

## Council of Governors

The Council of Governors performs an important role and is responsible for representing the interests of Trust members, the public and partner organisations of the Trust.

The governors, the majority of whom must be elected from the Trust's membership, have a number of statutory responsibilities including representing the views and interests of members and the public and Non-Executive Director (NED) appointments. They are consulted on the Trust's forward planning and ensure that the Trust operates in a way that fits with its purpose and authorisation; this is done through the full Council of Governors meetings where they hold the NEDs to account for the performance of the Board and receive reports on Trust performance and services.

Governors are invited to attend Public Trust Board meetings in an observer capacity in order to witness the work of the NEDs, enabling governors to hold them effectively to account.

Governors also participate in the Trust's quality visits where they join a group of wider professionals to visit the Trust's services and provide vital feedback about services whilst learning about the services and engaging with staff. The quality visits were reviewed and replaced with Board visits in January 2024. Governors attend the Board visits with a NED and Executive Director where they meet with staff and receive an update on the service.

The Trust's Council of Governors is made up of governors across three constituencies:

- Public governors, elected by members of the public constituency
- Staff governors, elected from the staff body
- Appointed governors representing our partner organisations.

The Trust's Council of Governors during 2024/25 are outlined on pages 80-81 of this report, alongside their attendance at the Council of Governors meetings. The Council of Governors has held hybrid meetings, giving governors the option of meeting virtually or in person depending on their personal circumstances. This has been successful, and meetings have retained the benefits of good attendance and networking.

### Key developments during 2024/25

During 2024/25 governors approved and contributed to the following:

- Approved the reappointment of a NED for a further three-year term
- Approved the appointment of a NED for a three-year term
- Approved the Trust's Membership Plan 2025-2028
- Had the opportunity to discuss the Trust's annual plan submission
- Participated in the appraisal process for the Trust Chair and NEDs
- Reviewed and updated the Governors Membership Engagement Action Plan
- Reviewed the implementation of the Trust's Membership Strategy 2021-2024
- Established a Governor Task and Finish Group focusing on plans for the Annual Members Meeting
- Received the report from the external auditors on the Annual Report
- Received reports from the Governance Committee and Governors' Nominations and Remuneration Committee
- Received the Annual Report of the Audit and Risk Committee
- Received an update on the development of the new Trust Strategy
- Received reports from the NEDs – which included updates on finance; staff retention; waiting lists; equality, diversity and inclusion (EDI); audit and risk; and staff survey results
- Consulted on the Trust's new vision and values
- Consulted on the Trust's brand identity.

Building on effective relationships with the Board has continued to be a priority for the year. The Council of Governors meets jointly with the full Board of Directors twice during the year on topics of common interest. These sessions take place in person giving the opportunity for governors and the Board to network and build on their relationships. This year topics included updates on the construction of our new facilities (Making Room for Dignity programme); partnership working; the Trust's financial situation; the Care Quality Commission's report and unannounced visits; the government's 10 Year Health Plan.

The Chief Executive attends Council of Governors meetings with the Trust Chair (who is also the Chair of the Council of Governors) and NEDs to share the Board's current agenda and performance and challenges. The NEDs provide a summary of the Trust's Integrated Performance Report and reports on their work. Executive Directors attend as required.

A governors annual effectiveness survey was conducted again this year which 72% of the Council of Governors participated in. Overall, the results were very positive with the majority of respondents agreeing that:

- Governors contribute positively to the work of the Council of Governors
- Training and development opportunities support them in their governor role
- They are supported by the Trust to carry out the governor role
- The Trust's values and priorities have been explained to the Council
- The Council is appropriately consulted and engaged in the Trust's strategy and development
- The relationship between governors and the Trust Chair works well
- Governors' views as members of the Council of Governors are considered
- The Council received sufficient information to hold the NEDs to account for the performance of the Board.

The survey included sections for free text to enable governors to make suggestions and comments regarding governor training and development needs; suggestions for improvement or to raise specific issues; and comments on the effectiveness of the Council of Governors. In line with best practice the survey is undertaken annually.

The Trust produces a regular e-bulletin, '*Governor Connect*' that provides governors with regular information about the Trust; opportunities for governors to engage with members and the public; training and development opportunities to help them in their governor role; governor actions; information on Joined Up Care Derbyshire (JUCD).

The interests of patients and the local community are represented by the Council of Governors. Governors are encouraged to engage with local consultative forums, voluntary organisations, Patient Participation Groups and their members and the public to achieve this, and to feedback to the Board of Directors. Membership and public engagement continue to be a priority for governors and will continue to be so throughout 2025/26. They attend community meetings and events, particularly those organisations in the voluntary sector; and are encouraged to attend Joint Countywide Mental Health Forums and subscribe to the Forums e-newsletters to find out about local groups in their areas.

There is an established Governor Engagement Log which lists various events and meetings attended by governors throughout the County. The Engagement Log enables governors to log issues and feedback from Trust members and the public about issues relating to the Trust. The information helps governors to identify common themes/issues relating to the Trust to raise with NEDs and on which to hold them to account.

In 2024/25 governors were encouraged to engage with the activities of JUCD (for example Derbyshire Dialogue), so they could explore their role within the context of system working. They

also received the link to JUCD's regular e-newsletter which included updates on the system and partner organisations. Throughout the year, the Chief Executive gave updates on the progress of Derbyshire's Integrated Care System and the Trust's key role within it. The Council of Governors is also represented on the NHS Derby and Derbyshire Integrated Care Board Public Partnerships Committee.

### **Lead and Deputy Lead Governor arrangements**

Susan Ryan is the Trust's Lead Governor and Hazel Parkyn is the Deputy Lead Governor.

### **Electing new governors to the Council**

The election process began in late 2024 with new governors' terms of office beginning on 1 February 2025. There were nine public governor vacancies and one staff governor vacancy. New governors attended a governor induction session in February 2025 with the Director of Corporate Affairs and Trust Secretary, and the Membership and Involvement Manager.

### **Training and development**

An induction for new governors is held when their term of office begins giving governors an opportunity to understand their role. They also receive information about the Trust, the services it provides, wider developments within the local health and care economy and the wider NHS. New governors are also given the opportunity to 'buddy up' with a more experienced governor to help them to familiarise themselves with the role.

Governors have been actively involved in the development of training and development programmes, taking into account the statutory roles of governors and with the aim of ensuring governors are supported in effectively delivering their duties. This year training and development opportunities focused on patient safety; the annual plan; finance and procurement; how to read control charts; refresh of the governor role; development of the new Trust Strategy. Governors are also encouraged to attend GovernWell sessions organised by NHS Providers and the NHS Providers conference and workshops which gave governors the opportunity to network with governors from other trusts and to share good practice. Mental health awareness training provided by Derbyshire County Council was also shared with governors. In July 2024 a joint event was held with governors from the NHS Foundation Trusts in Derbyshire with the Chair of the Integrated Care Board. The event encouraged governors to network and share good practice.

### **Meetings of the Council of Governors 2024/25**

The Council of Governors met six times during 2024/25, of which two were held confidentially. Individual attendance by governors is shown in the table on the next two pages. The Council of Governors has the right to request Directors to attend a Council meeting to discuss specific concerns regarding the Trust's performance. This power has not been exercised during 2024/25.

The Council of Governors and the Board of Directors are committed to maintaining their constructive and positive relationship. The aim at all times is to resolve any potential or actual differences of opinion quickly, through discussion and negotiation. If the Chair cannot achieve resolution of a disagreement through informal efforts the Chair will follow the dispute resolution as laid out in the Trust's Constitution and as outlined in the policy regarding engagement between the Council of Governors and the Board of Directors.

### **Register of interests**

The Register of Interests of the Council of Governors is available through the Membership office. Please email: [dhcft.membership@nhs.net](mailto:dhcft.membership@nhs.net).

The Trust would like to thank all individuals who have volunteered their time as members of the Council of Governors during 2024/25.



## Summary attendance by governors at meetings of the Council of Governors (COG) 2024/25

	Title	First name	Surname	Number of CoG meetings attended (out of possible number of meetings)*	Term of office
<b>Constituency – Public (elected)</b>					
Amber Valley	Mrs	Susan	Ryan	6/6	1/2/20 – 31/1/23 1/2/23 – 31/1/26
Amber Valley	Mrs	Angela	Kerry	3/6	21/3/22 – 31/1/25 1/2/25 – 31/1/28
Bolsover and North East Derbyshire	Mr	Rob	Poole	2/3	1/11/18 – 1/6/21 2/6/21 – 31/1/24 1/2/24 – 24/9/24
Bolsover and North East Derbyshire	Mr	Vacancy**			
Bolsover and North East Derbyshire	Mr	Neil	Baker	0/1	1/2/25 – 31/1/28
Chesterfield	Mr	Dave	Allen	3/6	1/2/24 – 31/1/27
Chesterfield	Ms	Jill	Ryalls	1/6	21/3/22 – 31/1/25 1/2/24 – 31/1/27
Derby City East	Mr	Graeme	Blair	2/6	21/3/22 – 31/1/25
	Mrs	Jane	Chukwudi	1/1	1/2/25 – 31/1/28
Derby City East	Mr	Tom	Bladen	3/6	1/2/23 – 31/1/26
Derby City West	Dr	Ogechi	Eze	0/6	21/3/22 – 31/1/25
	Mrs	Ruth	Day	1/1	1/2/25 – 31/1/28
Derby City West	Mrs	Chris	Williamson	6/6	1/2/23 – 31/1/26
Erewash	Mr	Andrew	Beaumont	5/6	1/10/19 – 20/3/22 21/3/22 – 31/1/25 1/2/25 – 31/1/28
Erewash	Mr	Simon	Hinchley	0/0	1/2/24 – 30/4/24
		Vacancy***			1/5/24 – 31/1/25
	Mr	Christopher	Williams	1/1	1/2/25 – 31/1/28
High Peak and Derbyshire Dales	Dr	Fiona	Birkbeck	6/6	1/2/24 – 31/1/27
High Peak and Derbyshire Dales	Mr	Brian	Edwards	6/6	1/2/23 – 31/1/26
Rest of England	Mr	Anson	Clark	6/6	1/2/24 – 31/1/27
South Derbyshire	Mrs	Hazel	Parkyn	3/6	21/3/22 – 31/1/25 1/2/25 – 31/1/28
<b>Constituency – Staff (elected)</b>					
Administration and Allied Support Staff	Mrs	Claire	Durkin	6/6	1/2/24 – 31/1/27
Administration and Allied Support Staff	Mrs	Marie	Hickman	5/6	1/2/20 – 31/1/23 1/2/23 – 31/1/26
Allied Health Professions****	Mrs	Fiona	Rushbrook	6/6	1/2/24 – 31/1/27
Medical and Dental	Dr	Laurie	Durand	0/6	21/3/22 – 31/1/25
	Dr	Mathew	Joseph	1/1	1/2/25 – 31/1/28

Nursing	Mrs	Joanne	Foster	6/6	2/6/18 – 1/6/21 2/6/21 – 31/1/24 1/2/24 – 31/1/27
Nursing	Mr	Sifo	Dlamini	5/6	1/2/24 – 31/1/27
<b>Constituency – Appointed</b>					
Derby City Council	Cllr	Alison	Martin	4/6	24/5/23-23/5/26
Derbyshire County Council	Cllr	Garry	Hickton	6/6	24/5/23 – 23/5/26
Derbyshire Voluntary Action	Ms	Rachel	Bounds	2/6	13/6/20 – 12/6/23 13/6/23 – 12/6/26
Derbyshire Mental Health Forum	Mrs	Jodie Vacancy	Cook	0/5	1/10/20 – 23/11/23*****
	Mr	Liam Vacancy	Stratham	0/0	3/4/24 – 1/5/24*****
	Mrs	Debra	Dudley	1/5	19/8/24 – 18/8/27
University of Derby	Dr	David	Robertshaw	5/6	16/1/24 – 15/1/27
University of Nottingham	Dr	David	Charnock	4/5	14/11/19 – 13/11/22 14/11/22 – 13/11/23 14/11/23 – 31/12/24*****
		Vacancy			

\* Includes two extraordinary confidential meetings

\*\* Vacancy due to governor resignation. The vacancy was included in the January 2025 elections, but no nomination was received.

\*\*\*Vacancy due to governor resignation. The vacancy was included in the January 2025 elections.

\*\*\*\*Note this category was previously Allied Professions and was amended in the Constitution and approved by the Council of Governors and Trust Board in March 2025.

\*\*\*\*\*Left the organisation so is not eligible as Appointed Governor.

Note staff governors may not have been able to attend CoG meetings due to the operational pressures.

### Governors' expenses

	2023/24	2024/25
Number of governors	37	34
Number of governors receiving expenses for the year	7	11
Aggregate sum of expenses paid to governors in the year (£00)	5	11

**Values shown in £'00** – actual amount paid £1,110 (2023/24: £518)

## Membership review

Foundation Trusts have freedom to develop services that meet the needs of local communities. Local people are invited to become a member of Derbyshire Healthcare NHS Foundation Trust, to work with the Trust to provide the most suitable services for the local population.

Membership strengthens the links between healthcare services and the local community. It is voluntary and free of charge and obligation. Members are able to give their views on relevant issues for governors to act upon, as well as helping to reduce stigma and discrimination regarding the services offered by the Trust.

Members views are represented at the Council of Governors, by governors who are elected for specific groups of members known as constituencies. Constituencies cover service users, carers, staff, partner organisations and public members.

Public governors are elected to represent their particular geographical area and have a duty to engage with local members. Staff governors represent the different staff groups that work for the Trust and appointed governors sit on the Council of Governors to represent the views of their particular organisation.

Governors canvass the opinion of the Trust's members and the public and communicate their views to the Board of Directors. Appointed governors also canvass the opinion of the body they represent. The Trust takes steps to ensure that members of the Board of Directors develop an understanding of the views of members and governors through regular attendance at the Council of Governors and wider contact.

Anyone over 16 years of age who is resident in Derbyshire, or the Rest of England, is eligible to become a public member of the Trust (subject to certain exclusions, which are outlined in the Trust's Constitution).

Members can contact governors by email: [dhcft.governors@nhs.net](mailto:dhcft.governors@nhs.net) or by calling the Membership Office on 01332 623723.

## Member engagement

Governors have engaged with members and the public virtually and at face to face events. Governors continue to review the Governor Engagement Action Plan which is aligned to the aims and objectives of the Trust's Membership Plan (2025-2028). The Membership Plan outlines an intention to know more about the membership of the Trust and target communication and engagement appropriately.

This is supported by the use of a membership database. During the year the Trust has updated information on the database, encouraging members to share their email addresses in order for more members to receive '*Members News*' the memberships e-newsletter providing news about the Trust and wider developments.

The data we have available indicates that our membership is broadly representative. However, we intend to further target our activities over the forthcoming year to increase the diversity of our membership. Governors have been equipped with details about their own constituency's membership in order to directly shape these activities within their local area.

The Trust engages with its members through an e-newsletter called '*Members News*' and through a magazine, '*Connect*', (re-designed version of '*Connections*'). Members are invited to observe Council of Governors meetings and have the opportunity to submit questions in advance of each Council of Governors meeting. They are also invited to the Annual Members Meeting.

### Membership recruitment

Governors are encouraged to be very active in their local community acting as ambassadors and signposting people to contact the right person about Trust services. The insight into our members, achieved through the use of demographic data outlined above, will focus our membership recruitment over the forthcoming year, in order to attract a greater diversity of members.

### Membership figures at 31 March 2025

Constituency	Number of members as at 31 March 2024	Number of members as at 31 March 2025
Public	5,693	5,622
Staff	3,290	3,412
Total	8,983	9,034

Members can contact governors via the Trust's website, [www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk), under the 'About us' section or by emailing [dhcft.governors@nhs.net](mailto:dhcft.governors@nhs.net).



*Governors at the Annual Members Meeting*



## Highlights from our governors...



*"As a local District and Parish Councillor and having had an interesting career as a Chartered Surveyor, I am looking forward to being able to assist the Trust as it steers its way through the NHS reforms set in place by Central Government. There is an opportunity to take for those reforms to take account of and dovetail into the planned local government changes, which will see the replacement of District, Borough and County Councils in Derbyshire with two or more new Unitary Authorities, over the next two to three years."*

**Neil Baker, Public Governor, Bolsover and North East Derbyshire**



*"This year I have been able to witness the impressive range of work carried out by the trust. In the next few months, I would like to help take that information out to the public through posters, displays and information sheets, which can be displayed throughout Derbyshire Dales and High Peak. I will let you all know how it goes."*

**Fiona Birkbeck, Public Governor, High Peak and Derbyshire Dales**



*"It's a privilege to serve as a Public Governor for Derby East. Being a governor means listening to our community and ensuring their voices are heard at the heart of decision-making. It's about championing transparency, building trust, and working together to support the best outcomes for patients and staff alike. I'm proud to play a part in shaping our NHS for the better."*

**Jane Chukwudi, Public Governor, Derby City East**



*"I am completing my third and final term of office and I stood again as I felt that there was still more I want to achieve on behalf of my colleagues. The Trust Board has become a strong force and for a long-standing Governor, it is so rewarding to see it develop and mature. I still hold firm the belief that the most important Trust value is putting our colleagues/staff at the centre of all we do, and that by doing so this can only in turn enhance our patient's experience. I want to continue to be a voice for my colleagues and make a difference and support them. Also on a personal level, I will be completing 40 years in the NHS in the summer and whilst I am more than fulfilled and happy in my current job role/position, there is still more I can offer to the wider staff members of the Trust I hold so dear."*

**Jo Foster, Staff Governor, Nursing**



*"I am now in my second term as a Governor. I find the role both interesting and challenging. It has opened up a lot of opportunities for me and I have a much greater understanding of how the NHS works and all its complexities. I was an RMN and after an assault at work I found myself in services. I continue to be passionate about mental health care. Particularly ensuring what happened to me doesn't happen to anyone else but also learning from the voices of lived experience and how valuable coproduction is. I'm really proud to represent my community and raise the issues facing Swadlincote."*

**Hazel Parkyn, Public Governor, South Derbyshire**

## Well led requirements on quality 2024/25

### Trust registration with the Care Quality Commission (CQC)

The Trust is registered with the CQC to provide the following regulated activities:

- The treatment of disease, disorder, or injury
- Assessment or medical treatment for persons detained under the Mental Health Act
- Diagnostic and screening procedures.

The Trust provides these regulated activities from its registered locations: Kingsway Hospital site and Radbourne Unit in Derby, the Derwent Unit in Chesterfield and the Bluebell Ward at Walton Hospital, Chesterfield. The Derwent Unit opened in March 2025, closing the Hartington Unit as an inpatient facility. The registration for the Kingsway site covers all services from the site, including the new units and the Trust's community services, including Children's Services (non-mental health specific for example health visiting) and community mental health, forensic and neurodevelopmental services.

Through 2024/25, the Trust has received six separate mental health based inspections of inpatient wards across a range of inpatient settings. The Trust has also received one compliance visit across the Hartington Unit and Radbourne Unit in December 2024.

In April 2024, the CQC carried out an unannounced inspection at both of the Trust's acute inpatient units and raised some significant and immediate safety concerns. The service was rated as 'Requires Improvement' and restrictions were put in place. The Trust took immediate actions and strengthened its governance processes, working with partners on a comprehensive action plan to improve the service. In December 2024 the acute inpatient services were re-inspected by the CQC and the service was rated as 'Good' following the inspection, with no safety concerns and all restrictions lifted. The Trust overall rating remains unchanged at 'Good', maintained at this level since 2020.

Steven Paisley, CQC interim deputy director of operations in the Midlands, said:

*"When we inspected the Radbourne Unit, we were pleased to see that leaders had taken prompt action to address the safety concerns we identified that placed people at risk of harm. It was also positive that staff gave great feedback about leaders and how everyone worked well together for the benefit of people in their care".*

The report evidenced that leaders shared learning across the whole service and had been proactive in making changes to improve people's care and experience.

The report also reported that:

- Senior leaders had reached out to other trusts to learn from them and implemented this into practice. Staff said they had noticed improvements and a more positive culture and working environment since we last inspected
- It was positive that people felt safe and supported at the unit and were now more involved in their care journey.

The CQC will continue to monitor the Trust, including through future inspections, to ensure the level of care is sustained and any further improvements are made so people can receive safe and appropriate care.



During 2024/25 CQC Mental Health Act Visits took place at Tissington, the Beeches, Ward 33, Ward 34 and Pleasley ward. The CQC has recorded notable improvements in practice and standards across the wards during their visits.

### **Arrangements in place to govern service quality**

The Quality and Safeguarding Committee continues to be the principal Committee for quality governance across the Trust. In each meeting, a level of assurance is received and recorded and any issues to be escalated to Board are summarised and recorded by the Chair.

The Mental Health Act Committee continues to be a core Committee for quality governance of legislation for the Trust. In each meeting, a level of assurance is received and recorded and any issues to be escalated to Board are summarised and recorded by the Chair.

The Board regularly reviews performance and effectiveness and have oversight of any risks. At each Board meeting the Board Assurance Framework (BAF), Performance Dashboards and Board Committee summary reports are scrutinised and key risks to service delivery, quality of care or staff wellbeing, for example, are discussed in detail and actions to mitigate any risks are agreed. The steps to mitigate any risks are monitored by the Board Committees, who in turn provide the Board with assurance.

### **Board visits and compliance visits**

The Trust has a two-prong approach to visits:

1. Board visits – these are informal visits, approximately one hour duration, involving Executive Directors and Non-Executive Directors. Carers, experts by experience and governors are also invited to participate in the visits. The focus is for a free-flowing conversation with staff, patients, and carers. The Executive Directors provide updates to the Executive Leadership Team and where concerns arise, they have been escalated and actions identified with clear outcome expectation.
2. Fundamental Standards of Care visits – these internal quality assurance visits mirror the Single Assessment Framework standards. They are led by Heads of Nursing and include operational managers, and experts by experience. In 2024/25 the visits were conducted across all the services in community and inpatient services. The learning was shared in CQC oversight meetings and assurance was overseen by Quality and Safeguarding Committee.

### **External reviews**

Further to internal review and assessment, the Trust is fully invested in an open culture and engagement with its local Integrated Care Board (ICB). The Trust is part of an assurance visit and report alongside the Safeguarding Adults Board. This is with the request of reviewing the Trust's evidence for assurance.

The Trust conducted an internal review of Assertive Outreach Pathway under CQC section 48 following the homicides in Nottingham. The Trust has reviewed the pathway and practice and an improvement group has been set up to implement the recommendations from the Independent investigation into the care and treatment of Mr Valdo Calocane. The Trust has worked with the ICB and NHSE regional team to share learning and improve practice. The assurance on the improvement plans are being overseen by the Quality and Safeguarding Committee and Trust Board.

### **Quality governance and assurance overview**

The Trust has developed a suite of dashboard quality governance systems that enables monthly reports to be analysed at divisional and team level by the operational and clinical leads. The Board receives assurance from the Quality and Safeguarding Committee that provides oversight to the Trust Quality Strategy and the priorities workstreams.

The Trust is in segment 3 of the National Oversight Framework. This mechanism is designed to give mandated support to NHS providers to attain and maintain the CQC's rating of 'Good' or 'Outstanding.' There are regular oversight meetings with NHSE and the ICB. The main 3 areas of focus have been CQC quality and safety concerns, which have been addressed through the CQC re-inspection findings, financial viability and inappropriate out of area placements.

### **Disclosures relating to quality governance**

There is clear consistency between the Annual Governance Statement, the outcomes of our regulatory inspections and the Trust's current overall rating of 'Good.' The Trust continues to have a number of services with significant capacity and demand pressures as a result of our population and community needs. As the Trust continues to work alongside the ICB, these gaps are reducing.

### **Arrangements for monitoring improvements in quality**

Improvements in quality are monitored in several ways, through regulatory inspection, partnership working and oversight with the ICB through groups such as the Clinical Quality Review Group, continued audit and sustained work from previous and current Commissioning for Quality and Innovations (CQUINs). The Trust Quality Dashboard is also a key tool for monitoring performance through the use of statistical process control charts. This information, along with other Key Performance Indicators (KPIs) are also viewed through Trust groups and committees for example Divisional Performance reviews.

The Trust has participated in national audits as well as its own internal audit plan. The Trust's internal research department also actively seeks and takes part in both local and national research projects, including working closely with the National Institute of Health and Care Research (NIHR)

### **Two local NHS Trusts shortlisted in national awards for supporting Armed Forces community**

Both Derbyshire Healthcare and Derbyshire Community Healthcare Services NHS Foundation Trust were in the running for a national award in recognition of their employees' success in raising awareness of the needs of the Armed Forces community.

The two NHS Trusts run a joint Armed Forces staff network which works to break down the barriers for people who have served in the Armed Forces in accessing health services and working for the NHS. As a result, the two Trusts were shortlisted for a Step into Health Award in the category for 'Forces-Friendly Employer Award'. This award recognised an NHS organisation that has excelled in creating a supportive environment for NHS employees from the Armed Forces community.

The joint network was also shortlisted for the 2024 Health Service Journal Awards, entitled "Setting the standard for healthcare excellent," in the category for Military and Civilian Partnership.



## **New and/or revised services**

There has been change, development and redesign across a number of services provided by the Trust during 2024/25.

### **Living Well**

NHS England (NHSE) transformation funding continued over 2024/25 to support the transformation of community mental health services. The service, known as Living Well, is accessed by a multiagency service single point of access (SPOA) with the aspiration of enabling an easy step up/step down approach. The local Living Well teams are made up of an integrated health, social care and voluntary, community and social enterprise (VCSE) sector workforce including Peer Support Workers, Wellbeing Coaches, Social Care Practitioners, Occupational Therapists and Community Psychiatric Nurses. Teams are now able to better meet a diverse range of needs under one umbrella as opposed to previous more siloed working which resulted in people experiencing multiple assessments and hand offs.

The focus is on early intervention, a preventative approach that is person centred, removing unnecessary barriers, and ensuring people can access the support, care and treatment that they need in a timely manner from within the service or signposted to services in the community. This service offer is intended to increase community resilience, allowing carers to harness the support of local services. All eight of our localities across the county and city have worked to further develop this multiagency service over the last year, aiming to meet the needs of those who had previously experienced gaps between primary and secondary mental health care. The Living Well programme began in 2020 and as we reach the five-year milestone, those visionary new services have come to fruition across Derby and Derbyshire localities. The Trust is now seeing positive results and feedback from all localities, demonstrating the hard work, dedication and input from the multiagency teams.

### **Talking Therapies**

In the summer of 2024, we took the very difficult decision not to bid for a talking therapies contract for 2025 to 2030 for our Talking Mental Health Derbyshire service. This was a result of reviewing the tender process issued by the ICB (Integrated Care Board), outlining requirements for this service from 2025 to 2030. The reason for not bidding for a contract this time was due to the reduced financial envelope being offered, making it unworkable despite our best efforts. Several options were considered to explore a viable future service offer, including working in different ways with alternative partner organisations. As we were unable to find a workable solution, we confirmed that we were unable to enter a bid and therefore when the contract expires in June 2025, Derbyshire Healthcare will no longer provide the service. Talking Mental Health Derbyshire, on behalf of the Trust, has made a significant difference to thousands of people every year and has worked very effectively with other Trust teams to advocate for patients and plan care pathways. For 15 years the service has offered high-quality talking therapies, and the feedback and outcomes have consistently been exceptional. The Trust will work closely with the new provider to support a smooth transition for both service users and staff.

### **Making Room for Dignity programme**

Following years of planning, buildings that form part the Trust's £150m Making Room for Dignity programme were opened in 2024-25. This momentous development programme comprising six builds will eradicate the use of dormitory-style accommodation across the county's mental health facilities. A full programme update is given on page 90.

### **Mental Health Response Vehicle**

A new Mental Health Response Vehicle (MHRV) service commenced in November 2024, enabled through a partnership between the Trust and East Midlands Ambulance Service (EMAS). The service aims to reduce avoidable conveyance to emergency departments and deliver care in accordance with patient needs.

Since the service launch in November 2024, we have seen a reduction in patient conveyance, with care provided in a more appropriate way. The average conveyance of patients in Derbyshire transported to hospital experiencing mental health crisis in 2023 was circa 55% and in Q3 of 2024/25 this had reduced to circa 13%, with the mental health response vehicle deployed to attend on average 2.8 incidents per shift.

### **School contracts**

In early 2025 the Trust stopped providing healthcare provision into Alfreton Park School, St Giles School and Ivy House School following an ICB procurement process.

### **Right Care, Right Person**

Over 2024/25 the Trust has successfully worked in collaboration with system partners to implement the national Right Care, Right Person (RCRP) framework. RCRP is an approach designed to ensure that people of all ages, who have health and/or social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.

While some mental health related incidents may need the police, other services may be more appropriate. Health and social care staff have the experience and training to provide the relevant physical and mental health support. The aim of the approach is:

- To get the person or people involved the right help as soon as possible
- To prevent further distress to the person
- To allow the police to focus resources on preventing crime, protecting life and property and keeping public order.

The Trust has worked with colleagues across partner organisations including the Police Authority, Local Authorities, VCSE and the broader NHS family. Through a joint multiagency governance structure, policies and operational arrangements have been developed, agreed and implemented for an effective and seamless interface between policing and mental health services.

All of the initiatives described above have been fully supported by the local Derby and Derbyshire Integrated Care system and broader East Midlands provider partners.

### **Dedicated Occupational Therapist of 41 years wins national Merit Award for significant contribution to the profession**

An NHS Occupational Therapist who works with local children with life limiting conditions has recently been presented with a Merit Award by the Royal College of Occupational Therapists.

Jan Nicholson, Advanced Paediatric Occupational Therapist at the Trust, took home the honour in recognition of her exceptional work and dedication for over 40 years of service in the profession. For 38 of those years, Jan has helped children with developmental delay conditions to learn new approaches that will help them achieve basic activities and get the most from life.



### **Making Room for Dignity programme**

As outlined in the last three Annual Reports, in 2020 the Government pledged more than £400m to eradicate dormitory accommodation from mental health facilities across the country to improve the safety, privacy and dignity of people experiencing mental illness. £80m of this was allocated to mental healthcare in Derbyshire and forms the backbone of a £150m development of new and refurbished facilities.

Derbyshire Healthcare NHS Foundation Trust's Making Room for Dignity programme comprises the development of six new and refurbished healthcare facilities:

- Bluebell Ward: a fully refurbished specialist inpatient unit for older adults at Walton Hospital, Chesterfield (relocating older adult services from the former Hartington Unit)
- The Derwent Unit, Chesterfield Royal Hospital site: a new 54-bed adult acute unit, across three wards – Sycamore, Oak and Willow, replacing the Hartington Unit
- The Carsington Unit, Kingsway site, Derby: a new 54-bed adult acute unit, across three wards – Dove, Wren and Robin
- The refurbishment of Audrey House, at Kingsway site, Derby: to provide a new eight-bed enhanced care unit for women
- Kingfisher House, Kingsway site, Derby: a 14-bed psychiatric intensive care unit (PICU). This is a new service for male patients, which will remove the need for people to travel outside of Derbyshire to receive this support
- The refurbishment of two 17-bed mental health acute wards for patients at the Radbourne Unit, at Derby Royal Hospital.

The new facilities offer single, ensuite accommodation, replacing the dormitory-style accommodation currently offered at the Trust's acute mental health units. The developments will enhance the services currently available, while providing a better quality patient experience, improving privacy and dignity, and bringing our inpatient provision in line with national requirements. The Carsington Unit, Derwent Unit and Kingfisher House are purpose built and equipped with modern facilities and additional resources including an indoor fitness room, online library resource room, arts room, and access to safe outdoor space. Audrey House and the Bluebell Ward have been refurbished to meet the same standards, and the Radbourne Unit will also meet the same standards, once complete.

The Trust was delighted to open the Blueward Ward at Walton Hospital, Chesterfield, in January 2025. This consisted of 12 older adult acute inpatients relocating from Pleasley Ward at the Hartington Unit, Chesterfield, and followed a thorough refurbishment of the ward ensuring it would meet the needs of older adult patients. The feedback received from patients, carers and staff has been positive. Colleagues throughout the trust have continued to be involved in the aesthetics of the unit, including submitting photographs of the Derbyshire countryside for display in the communal areas.

The next project to complete within the Making Room for Dignity was the 54-bed adult acute Derwent Unit on the Chesterfield Royal Hospital site. The Trust welcomed patients from the Hartington Unit, also on the Chesterfield Royal Hospital site, in March 2025.

The Carsington Unit was opened in May, whilst Audrey House and Kingfisher House are due to complete in summer 2025, with the Radbourne Unit refurbishment continuing throughout 2025.

The Trust would like to highlight and acknowledge the invaluable input from patients, carers and staff into the programme. Without their contributions, involvement and sharing of experiences, the programme would not have come to fruition. The new facilities are truly reflective of patient needs.

This input has included engagement with lived experience and carer representatives from across Derby and Derbyshire. Members of the Derby and Derbyshire Deaf Mental Health Forum, local MPs and members of the Derby and Derbyshire Health Overview and Scrutiny Committees

(HOSC) have also visited the new facilities, offering insight and feedback into the buildings and services. Following the site visit from the Derby and Derbyshire Deaf Mental Health Forum clinical and programme team colleagues attending a forum meeting to discuss ways to make the new unit more inclusive and accessible for the deaf community, which included access to vibrating beds and flashing alarms.

## Feedback

*"I, and members of the EQUAL Forum, have toured the Carsington and Derwent Units on several occasions and have been very impressed by the therapy and outdoor spaces, which will enhance the patient experience. But for us the most impressive thing about our new builds has been the sterling level of engagement. The Project Delivery team and Communication and Engagement team reach out to patients, staff, carers and members of our communities, which means a lot. People can truly say, we built these together." Les Ralph, EQUAL Forum Co-Chair*

*"Derbyshire is entering a new era in mental health services. Under the banner of Making Room for Dignity, the Trust has opened brand new and totally refurbished facilities in both the north and south of the county, based in Chesterfield and Derby."*

*"Patients are being cared for in the privacy of single occupancy ensuite rooms, with state-of-the-art recreational facilities. A separate unit for people over working age, located in Walton is also up and running. Carers can see their loved ones benefitting from these well-deserved surroundings at a time when their needs are at the greatest."*

*"The most welcome will be the new psychiatric intensive care unit. Up until now carers have had to travel many miles out of area to visit their loved ones when they are too ill to be cared for closer to home. This has all been a long time coming and hopefully will enhance the situation of those at a very difficult period of their lives." José Rodgers, Carer representative*





## Compliments, complaints and concerns 2024/25

The Trust's Patient Experience team is the central point of contact for people to provide feedback and raise concerns about the services provided by the Trust. The team sits within the Nursing and Quality Directorate. The team's aim is to provide a swift response to concerns or queries raised and to ensure a thorough investigation takes place when required, with complainants receiving comprehensive written responses including being informed of any actions taken.

2024/25 has been a challenging year for the Patient Experience team, particularly in regard to addressing the backlog of reports requiring drafting. Support to address this has been put in place and improvements have been made.

From 1 April 2024, we introduced Complaints Quick Resolution – our aim is to improve the timeliness of our responses to low level concerns/complaints when they are raised with the Patient Experience team. The Patient Experience team is working with operational teams to ensure that the best outcomes are achieved in a timely manner from local services. Our progress throughout the year is monitored, and reported on, in quarterly reports to the Patient and Carer Operational Group and to the Quality and Safeguarding Committee.

The effect of the 1 April 2024 changes has been a reduction in the number of concerns as these can now only be logged by staff and an increase in the total number of complaints due to the inclusion of the two tiers, Complaint Quick Resolution and Complaint Closer Look, which are complaints that require an investigation.

	2023/24		2024/25*
Complaint	214	Complaint quick resolution	241
		Complaint closer look	186
Compliment	1567	Compliment	1743
Concern	375	Concern	87
Enquiry	1669	Enquiry	1701

\*There may be further adjustment due to categorisation during the year

Complaints Closer Look are issues that need investigating and require a formal written response from the Trust. Investigations are coordinated through the Patient Experience team. Concerns can be resolved locally and require a less formal response. This can be through the Patient Experience team or directly by staff at ward, or team level within our services.

Of the 186 Closer Look complaints, six were upheld in full, 17 upheld in part, 37 not upheld. 126 complaints are still being investigated or awaiting a response. Work is underway to reduce the backlog of reports waiting to be drafted and improve the timeliness of our responses.

The most common issue raised in complaints during 2024/25 was regarding issues in respect of care planning. Comparisons cannot be made with the previous year due to the change in how we report Complaints Quick Resolution and Complaints Closer Look. Themes from complaints are shared with the operational teams via our Quarterly reports.

### Parliamentary and Health Service Ombudsman

During the year, the Trust discussed 11 cases with the Parliamentary and Health Service Ombudsman. In six cases no further action was required. Four assessments are ongoing and in three cases we were requested to update complainants on the progress of their complaint.

### Local Government Ombudsman

During the year, the Trust had three contacts involving the Local Government Ombudsman, all three were concluded with no further action required.

## Compliments

Most of the 1,743 compliments received during 2024/25 reflected people's general gratitude for the care, support, and help that staff had provided.

Top 3 issues raised in Concerns		Top 3 issues raised in Complaints	
<b>2023/24</b>		<b>2023/24</b>	
Availability of Services	59	Unprofessionalism by staff	73
Care planning	53	Care planning	56
Unprofessionalism by staff	44	Medication	39
<b>2024/25</b>		<b>2024/25</b>	
Other	15	Care planning	181
Unprofessionalism by staff	10	Unprofessionalism by staff	85
Availability of Services	8	Availability of Services	72

From 1 April 2024, concerns are only logged by staff, so the numbers have reduced. The number of issues raised in complaints has increased due to the inclusion of Quick Resolution complaints.

**“I have many good and some not so good experiences with mental health, but accessing the right services changed my life” – local NHS worker explains the importance around raising awareness of services this World Mental Health Day**

World Mental Health Day takes place on Thursday 10 October and is an opportunity to raise awareness and make a positive change for everyone's mental health. Last year's theme was on prioritising 'mental health in the workplace'. Local organisations including the Trust recognised the importance of mental health to support our overall health and wellbeing.

As part of this awareness day, the Trust spoke with Marc Riley, a Lived Experience Facilitator at the Trust, who has struggled with his mental health and received support from NHS therapists and the Trust's early intervention in psychosis service to help learn ways to better manage his mental health.



## **Stakeholder relations**

The Trust has an extensive record of working well with partners across the health and social care economy and provides a broad range of services in partnership with other providers across the NHS and voluntary sector. As reflected within our new Trust Strategy, we are committed to building on the partnerships and collaborations we have in place and believe that that this approach to providing services brings benefits to patients through opportunities to integrate and develop services for our communities and local people. The increasingly challenging financial environment that the people of Derby and Derbyshire and the broader NHS experience means that partnership working is ever more important.

The Trust continues to be a member of the East Midlands Mental Health, Learning Disabilities and Autism Alliance, a partnership arrangement with the aim of providing strategic oversight to the creation of the regional lead provider arrangements. This collaboration provides a vehicle for working together across the region to improve services, coordinate approaches to challenges, and seek out opportunities to deliver the objectives of the NHS Long Term Plans for Mental Health and Learning Disabilities.

The Trust has continued to develop its role as lead provider for the East Midlands Perinatal Mental Health Provider Collaborative, offering high quality care for women and their babies with serious mental illnesses that require Mother and Baby Unit (MBU) admission, and seamless care between MBU and community perinatal mental health teams. Over 2024/25 we have progressed a baseline bed assessment and work to explore variation in length of stay between the two East Midlands perinatal units. Clinically led learning discussions have been hosted to support the development of plans for improving equity of patient access and reducing unwarranted variation.

The Trust continues to be an active partner in the East Midlands Child and Adolescent Mental Health Services (CAMHS) Provider Collaborative led by Northamptonshire Healthcare NHS Foundation Trust. The collaborative has been harnessed as a vehicle to redesign and further develop CAMHS Tier 4 inpatient services across the East Midlands. The Trust CAMHS Tier 3.5 service has been developed over the last year for young people who are experiencing complex mental health problems which may require a Tier 4 hospital admission. The service offers care to young people in the community and through a day programme provision, supporting young people facing emotional and mental health crisis seven days a week. The service continues to demonstrate positive impact and recurrent funding has been approved by the Alliance, reflecting the significant impact this has had in preventing Tier 4 hospital admissions.

The Trust has continued to work under a regional partnership agreement for the delivery of inpatient forensic services, with eight other NHS, private and voluntary sector providers across the East Midlands. This partnership offer is an opportunity for collaboration in improving inpatient forensic services and includes the delegation of planning and contracting functions from NHS England to a lead provider, working within the collaborative framework led by Nottinghamshire Healthcare NHS Foundation Trust.

Through the regional Adult Eating Disorder partnership led by Leicester Partnership NHS Trust the Trust has supported the pilot and subsequent evaluation of the Waterlily Inpatient Prevention programme. Evaluation demonstrates positive impact on patient outcomes and admission avoidance with recurrent funding now approved and significant national interest in the East Midlands pilot.

The Trust has continued to lead the East Midlands Gambling Harm service providing specialist support based on a 'hub and spoke' model, with the central hub situated in Derby and wider spokes provided across the wider East Midlands region. The service is provided by a multi-disciplinary team of staff including a psychiatrist, psychologists, mental health nurses, specialist mental health practitioners including cognitive behavioural therapists and peer support worker positions who deliver evidence-based interventions either in a group setting or one to one. The service has started to see an increase in referrals following more focused service promotion and

stakeholder engagement, along with a reduced attrition rate arising from a flexible approach to service user engagement. Interventions launched over the last year include an evening clinic and a condensed treatment programme.

In addition, the Trust has engaged in a number of other partnerships with organisations across the health and care system to deliver improved services to our communities which include:

- In partnership with East Midlands Ambulance Service (EMAS) a new Mental Health Response Vehicle service commenced in November 2024 which is delivering significant benefit in reducing avoidable conveyance to emergency departments
- We continue to provide drug and alcohol services across both the City of Derby, and for the wider County of Derbyshire in collaboration with a range of partners from the charity sector
- The Trust continues to provide children's continence services in partnership with other providers across Derbyshire under Chesterfield Royal Hospital (CRH) NHS Foundation Trust as lead provider
- The Trust has continued to provide a successful Alcohol Care team service within University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust supported by a dedicated national funding stream for 2024/25
- The Trust continues to operate the Derbyshire 24/7 Mental Health, Learning Disability and Autism Helpline and Support Service in partnership with P3, who provide Peer Support Workers as the first point of access ahead of Trust clinicians
- The Trust has continued to strengthen its close working relationship with Derbyshire Community Health Services NHS Foundation Trust through the Derbyshire Integrated Adult Neurodevelopmental (ND) service. This arrangement has supported the ongoing development and improvement of neurodevelopmental services over the last year.

### **Joined Up Care Derbyshire (JUCD)**

The Trust has continued to be an active partner in the Derby and Derbyshire Integrated Care System (ICS), made up of NHS providers, Local Authorities and the local Integrated Care Board (ICB). We supported the refresh of the Joint Forward Plan (JFP) in 2024, which sets out how NHS organisations will work together to improve the health of Derby and Derbyshire citizens, and further the transformative change needed to tackle system health and care challenges.

We have representation on the Provider Collaborative Leadership Board which is made up of Derbyshire NHS Provider Chief Executive Officers and has agreed a set of priority areas for joint working which focus around supporting fragile services and progressing joint areas of opportunity to achieve alignment, such as implementing a consistent appraisal framework, as well as progressing opportunities for improved services and efficiencies.

Through this, collaborative providers are working together to look at opportunities to streamline and strengthen how a range of NHS services for children and young people are organised and delivered. A working group has had its first meeting and actions being taken forward include:

- Mapping the current landscape to develop a clear shared picture of resources
- Challenges and opportunities to develop the case for change
- Scoping specific opportunities for 'quick', practical wins in key challenged areas including neurodiversity, CAMHS, continence, audiology and therapies.

The overall objective of the work is to make services more accessible for children and families and to strengthen how sustainable, integrated and effective children's services are in JUCD.

The Trust's Chief Executive is a key member of the JUCD Mental Health, Learning Disabilities and Autism Delivery Board. The Trust continues to take an active role in the design and delivery of the Mental Health, Learning Disability and Autism transformation programme, and has offered the Board assurance on key deliverables, including the improvement plan for reduction of inappropriate out of area placements for inpatient care.

In collaboration with national partners, a whole system programme of work has been initiated for 2025/26 which will seek to further develop and improve acute mental health pathways and services for the benefit of the population of Derby and Derbyshire.

The Trust continues to work closely with DCHS to improve services for people with Learning Disabilities through the development of a Derbyshire Adult Integrated Neurodevelopmental service which includes a single management structure across the two organisations.

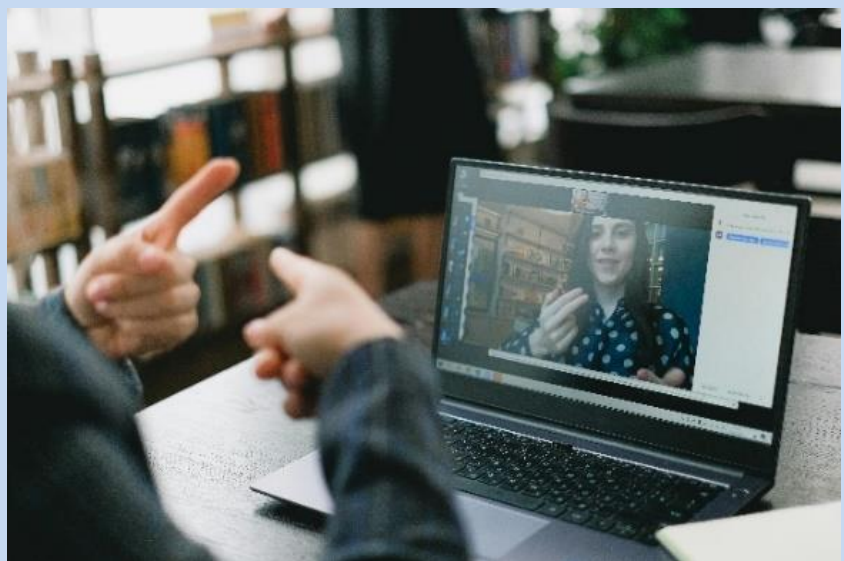
Over 2024/25 there has been continued focus on improving our collaborative working with primary and community care partners in local communities, sometimes referred to as Local Place Alliances. Further development of these relationships remains a key objective for the forward year, aligned to the national ambitions for shift of care to community provision, and the development of neighbourhood services.



### **Local Deaf people in Derbyshire urged to use improved mental health helpline when needing support as part of Deaf Awareness Week**

Deaf Awareness Week (6 to 12 May 2024) is a weeklong campaign aiming to promote greater awareness and understanding of the challenges faced by the Deaf community in accessing communication. This year's theme highlighted the need for breaking down the communication barriers that prevent Deaf people from interacting with the public, and that includes when Deaf people are in distress and need mental health support.

Derbyshire has a mental health helpline run by mental health professionals from the Trust and advisers from the charity [P3](#). The service is available 24/7 to people experiencing distress or anxiety, or who feel that they cannot cope, and it offers support over the phone. Derbyshire's Deaf community who are struggling with their mental health can now communicate with the mental health helpline team in British Sign Language (BSL) thanks to the established video relay service.



# Thank you...

The Trust would like to thank partners for their support and involvement during the year:

- All the **volunteers** who make such a positive difference to the work of the Trust – including volunteers in our services and our Mental Health Act office, and our League of Friends
- All our **governors** who give up their time to represent their communities and oversee the way that the Trust makes decisions, and all our **Trust members** for showing a continued interest in the work of the Trust
- All those who attend our **EQUAL Forum** and its sub-groups, for their efforts in representing service users and carers and for the invaluable contribution they make to our Trust and our community
- All the **experts by experience** and **peer support workers** who guide and inform our services.
- The **League of Friends** for their continued commitment to our organisation and their charitable endeavours; the money they raise enables people using our services to benefit from a greater range of activities and support
- The **service users** and **carers** who have attended Board meetings this year to tell their story.
- The **Staff Network** members, in particular the chairs of the networks, for creating spaces for colleagues to inform the running of the Trust and gain advice and guidance
- **North Derbyshire Mental Health Carers Forum** and **South Derbyshire Mental Health Carers Forum**, for continuing to improve the Trust's understanding of how to support service users and their carers
- All those who have donated to the **Trust charitable fund** over the past year and paid for extra activities and items for our patients, or for staff wellbeing, that could not be provided through NHS funding
- Our partners who work with us to provide Derby Drug and Alcohol Recovery Service and Derbyshire Recovery Partnership, our city and county drug and alcohol support services: **Phoenix Futures**, **Intuitive Thinking Skills** and, in the county, **Derbyshire Addictions Advice Service** (DAAS). DAAS have also played an important role in the development and delivery of our regional gambling service, East Midlands Gambling Harms Service
- **First Steps Derbyshire** for their continued and longstanding partnership in providing eating disorders services
- **P3** and **Derbyshire Federation for Mental Health** for their continued collaboration with us on the Derbyshire Mental Health Helpline and Support Service, which remains an essential service for Derbyshire people who are struggling with their mental health
- **Derbyshire Voluntary Action** and **Erewash CVS** for their continued support and partnership.
- To all our **third sector and VCSE partners** who continue to collaborate with us on the transformation of community mental health services through Living Well, as well as on our children's services and in our Place-based developments
- **Healthwatch Derby** and **Healthwatch Derbyshire** for being the voice of our community and providing invaluable feedback on how our care is experienced and could be improved.
- Our **Joined Up Care Derbyshire system partners** including NHS Derby and Derbyshire Integrated Care Board; Derbyshire Community Health Services NHS Foundation Trust, who collaborate closely with us on the development of neurodevelopmental services; and Chesterfield Royal Hospital and University Hospitals of Derby and Burton trusts who host our psychiatric liaison teams and are supporting our Making Room for Dignity programme.
- Our partners in **Public Health** at Derby City Council and Derbyshire County Council for their guidance and their collective leadership of our public health services
- The members of the **Mental Health, Learning Disability and Autism System Delivery Board** for their ongoing dedication to the improvement of local health services
- The **Coroners service** of Derbyshire for their ongoing partnership working and support to our colleagues and our families



- The **CQC** (Care Quality Commission) for their guidance and direction, particularly regarding the openings of our new acute mental health inpatient facilities
- The **Royal College of Psychiatrists** and its assessment teams for their oversight of standards of care in several of our mental health services
- The **Carers Trust** for their leadership of the Triangle of Care scheme
- **IPS Grow** for their oversight of our individual placement and support service, Work Your Way.
- The **Police** (Derbyshire Constabulary) and **Probation Service** for their leadership in public protection and safety
- Partners in the **East Midlands Alliance** for Mental Health, Learning Disabilities and Autism whose communities of practice are an opportunity for NHS Trust professionals to develop and share truly innovative thinking
- Members of the East Midlands **provider collaboratives** including the IMPACT (secure inpatient services), CAMHS and Perinatal collaboratives – for working together to improve these important regional mental health services.

Our sincere thanks to these partners and to our **colleagues** within Derbyshire Healthcare.

#### **“I felt calm pretty much instantly” – film showcases Safe Haven service on World Mental Health Day**

People who are experiencing a mental health crisis were urged to use services that are in place to support them. On World Mental Health Day, Thursday 10 October, organisations that support people to recover from a mental health crisis in Derbyshire showcased services in local communities.

Marc shared his [story as part of a video](#) that featured Derby centre manager Lucy Jantschenko and support worker Robert Houldsworth. The Trust's Communications and Engagement team have worked closely with both Safe Haven's in Derby and Chesterfield to promote the positive feedback they have had and to increase awareness across Derby and Derbyshire.



## **Engaging with our communities and wider Patient & Public Involvement activities**

2024 saw the launch of the Trust's new Community and Stakeholder Engagement plan, which supports the delivery of the 'Partnerships' strategic priority of the Trust Strategy. A system-wide identified focus for mental health engagement is Black and Deaf communities. The new plan seeks to explore new opportunities to support these communities whilst increasing the understanding of access, experiences and outcomes of services – bringing feedback into the Trust for improvement. The plan also focuses on developing new relationships and enhancing existing relationships.

Alongside the above, the Trust has relaunched its communication and engagement platforms for stakeholders and Members of Parliament (MPs).

Direct engagement took place across our communities over the year, including the following events:

### **Caribbean Carnival, July 2024**

In line with our focus on engaging with Black communities, the Trust attended the Caribbean Carnival in July 2024. This provided the opportunity to engage with local partners and wider stakeholders, together with providing our local communities with information about the services we offer. This included showcasing the new services in development in Derby and Chesterfield and sharing information about how these facilities would support local people.

### **Derby Pride, September 2024**

The Trust has an ongoing commitment to support LGBT+ staff and service users and attended Derby Pride in September 2024. During the event we were able to promote the Trust as a supportive and welcoming place to work. We also provided information about local services and discussed important topics such as mental health related stigma.

### **MP visits**

Throughout the year MPs from across Derby and Derbyshire visited the new Carsington Unit and Kingfisher House in Derby and the Derwent Unit in Chesterfield. These site visits provided an opportunity for the Trust's Chief Executive to meet with new and existing MPs, briefing them on services and answering questions from constituents. This work will continue into 2025/26 with quarterly MP briefings, in line with the Trust's Community and Stakeholder Engagement plan.

The Trust's Communications and Engagement team have maintained regular contact with the South Derbyshire Carers Forum, the Trust Carers Forum and the EQUAL Forum. The main areas of focus have been the Making Room for Dignity programme and the developments across Living Well Derbyshire.

### **Communities in Derby Wellbeing**

The Communications and Engagement team has been in attendance at the monthly Derby Wellbeing Collaborative meetings. Strengthening relationships with community and voluntary sector organisations, as well as meeting new communities, has been a key element in developing the Trust's Community and Stakeholder Engagement plan. The team found value in being visible and available to speak to the various stakeholders and therefore raising awareness of the Trust activities and being available to take any feedback back to the Trust and Derby Wellbeing team if required.

### **Time to Talk Day and Maternal Mental Health Week, February 2025**

The Trust partnered with Derbyshire Mind and the Health Visiting and School Nurse teams to hold meaningful conversations with the public in Derby city, about being comfortable enough to speak to friends and relatives about their mental health and finding ways of being open to seeking support from both statutory and community services. Creating an open and understanding

community allows those with mental health problems to feel seen and heard. Information on local services was available to parents who may have concerns about their children's mental health and wellbeing.

The Trust supported and participated in awareness raising, information sharing and anti-stigma events throughout the year. This included supporting national and international awareness raising days and weeks. These included: Time to Talk Day, World Suicide Prevention Day, Mental Health Awareness Week and World Mental Health Day.

In line with the Trust's commitment to inclusion, our staff networks helped to promote several awareness weeks and months throughout the year. Please see page 121 for more details.

The Trust is committed to ensuring equality, inclusion and diversity and Human Rights are central to the way we deliver healthcare services to our community, service users and how we support our staff. The Trust also supported and celebrated with staff, carers and those in our care with key faith dates throughout the year.

#### **NHS mental health worker shortlisted for national dementia award for “impressive work” published in the British Journal of Nursing**

A Trust Advanced Clinical Practitioner based in Derbyshire was shortlisted for a National Dementia Care Award for an article she had published in the British Journal of Nursing on alcohol-related dementia in May 2024.

Lesley Fitzpatrick, an Advanced Clinical Practitioner (ACP) at the Trust, published the article along with Gerri Mortimore – Associate Professor, Department of Health, Psychology and Social Care at the University of Derby – to discuss alcohol-related dementia and its impact on the brain.



#### **Derbyshire NHS mother and baby mental health unit achieves gold standard for commitment to patient care and quality**

Derbyshire's mental health unit for mothers and babies was given the seal of approval by independent assessors from the Royal College of Psychiatrists for the third time in a row.

The Beeches, in Derby, was nationally accredited by the College Centre of Quality Improvement (CCQI) – part of the Royal College of Psychiatrists – for offering high quality care to pregnant women and new mothers who are experiencing acute mental health issues.



## Remuneration report

This remuneration report is signed in my capacity as accounting officer.



Mark Powell  
Chief Executive  
25 June 2025

## Annual statement on remuneration

### Major decisions/substantial changes to senior managers' remuneration

On 1 October 2024 the Remuneration and Appointments Committee approved the pay award of 5% for very senior managers (VSM). This was applicable from 1 April 2024 and was based on the Senior Salaries Review Body (SSRB) recommendations accepted by the Government.

The 5% was awarded to all eligible substantive Executive Directors. The VSM award was not applied to the Directors in interim positions.

The national VSM letter recognised that some VSMs will be earning less than staff at the top of Agenda for Change Band 9. Unlike the previous year, there was no additional funding for 2024/25 to address any differentials; local remuneration committees had the discretion to consider and adjust the pay of those staff who may be in this position. The Remuneration and Appointments Committee noted the position on Band 9 salaries in the organisation against the VSM salaries but took no further action.

The NHS England Chair remuneration framework was applied to the Chair upon appointment. The national framework for Non-Executive Director (NED) remuneration was considered during a review of NED remuneration carried out by the Governors' Nominations and Remuneration Committee in October 2022. The Council of Governors accepted all the recommendations of the Committee's review and approved a revised remuneration structure at its meeting in November 2022. The Council of Governors adopted the national basic pay for NEDs but agreed a local level of supplementary payments for those currently in the roles of Deputy Chair, Senior Independent Director and the Chair of Audit and Risk Committee with the intention of adjusting the future value of the supplementary payments for any new appointments to better align with the financial limits set out in the guidance. This is in line with the comply and explain principle.



Selina Ullah

Trust Chair and Chair of Remuneration and Appointments Committee and Chair of Governors' Nominations and Remuneration Committee

## Senior managers' remuneration policy future policy table:

### Executive Directors

<b>Component</b>	The Remuneration and Appointments Committee oversees the remuneration and terms and conditions of Executive Directors and senior managers. The Committee's approach to remuneration is guided by the Executive Director Remuneration Policy which outlines the approach the Trust takes to oversee the salaries and the provisions for other benefits as outlined in remuneration tables on pages 106-110.
<b>How this operates</b>	The Terms of Reference of the Remuneration and Appointments Committee outline their responsibility to decide on the level of remuneration for each appointment.
<b>How this supports the short and long term strategic objectives of the Trust</b>	The policy is against a key set of principles, including Board portfolios and composition, which together contribute to the short term and long term delivery of the Trust Strategy.
<b>Maximum that can be paid</b>	Pay is outlined in the remuneration tables outlined on page 106. This remains constant unless there is specific reason for review, as agreed with the Remuneration and Appointments Committee, for example to reflect wider benchmarking, a change of portfolio or acting-up arrangements.
<b>Framework used to assess performance measures that apply</b>	Performance is measured using appraisal processes. Remuneration is not normally linked to the appraisal process.
<b>Provisions for recovery or withholding of payments</b>	Not applicable as we do not operate performance related pay so do not provide for the recovery of sums paid to a Director or for withholding the payments of sums to senior managers.

### Non-Executive Directors

<b>Component</b>	The Governors' Nominations and Remuneration Committee oversees the remuneration and expenses for Non-Executive Directors, recommending any amendments to the Council of Governors. There is an annual flat rate non-pensionable fee, with a higher rate payable for the Chair of the Trust, the Senior Independent Director, Audit and Risk Committee Chair and Deputy Chair. The Committee's approach to remuneration in 2024/25 was considered against the NHSE remuneration structure for NHS provider Chairs and Non-Executive Directors. The revised structure acknowledges that within Foundation Trusts it is for the Council of Governors to determine the remuneration of the Chair and Non-Executive Directors and they retain the prerogative to operate outside of the framework on a 'comply or explain' basis.
<b>Additional fees</b>	Not applicable.
<b>Other remuneration</b>	Not applicable.

In terms of diversity and inclusion, the Remuneration and Appointments Committee regularly reviews the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board, making use of the output of the board evaluation process as appropriate, and make recommendations to the Board, and Governors' Nominations and Remuneration Committee of the Council of Governors, as applicable, with regard to any changes.

In line with all Board Committees, the Remuneration and Appointments Committee actively considers the equality impact and evidence relating to all items of Committee business as part of the Committee's contribution to equality, diversity and inclusion.

### **Service contract obligations**

Executive Directors are employed on contracts of service and are substantive employees of the Trust. Executive Directors may participate in the Trust lease car scheme for which there is a Trust contribution. If appropriate, Directors may receive relocation payments or other such recompense in line with Trust policy.

The Remuneration and Appointments Committee's approach to setting periods of notice is to ensure that the Trust has sufficient flexibility to make changes required to promote the interests of the Trust, whilst giving both the Director and the Trust sufficient stability to promote their work. The Committee also has regard to recognised good practice across the NHS, and the demands of the market.

Payments for loss of office are determined by reference to the contractual arrangements in place with the relevant Executive Director, as detailed above. The various components would be calculated as follows:

### **Salary for period of notice**

The Committee will usually require Executive Directors to serve their contractual notice period, in which case they will be paid base salary in the usual way. In the event that the Committee agreed to pay in lieu of notice, this would be calculated on the relevant base salary. If exercised, this would mean that the Executive Director received payment without providing service in return. All Executive Directors are contracted to serve six months' notice, with the exception of the contracts for the Interim Directors.

The Trust's Constitution sets out the grounds on which a Non-Executive Director appointment may be terminated by the Council of Governors. A Non-Executive Director may resign before completion of their term, by giving written notice to the Director of Corporate Affairs and Trust Secretary.

### **Policy on payment for loss of office**

Any redundancy payment would be calculated in accordance with the relevant parts of Agenda for Change, which apply through the relevant contracts and would be subject to any statutory limits that may be imposed by the government or regulator.

### **Statement on consideration of employment conditions elsewhere in the Trust**

The pay and consideration of employees was not taken into account when setting the Remuneration Policy for senior managers and the Trust did not consult with its employees on this issue.

NHS Improvement have a Very Senior Managers (VSM) Pay Framework with salary ranges dependent on an NHS trust's size and sector which are the guiding principles, although this is currently being reviewed. The Remuneration and Appointments Committee takes this framework and benchmarking information to determine senior managers pay. The Trust participates annually in the NHS Providers Board remuneration survey and the Remuneration and Appointments Committee reviews the findings.



## Annual Report on remuneration

### Directors' appointments and contracts

Executive Directors of the Trust Board have permanent contracts of employment, and are not subject to fixed term arrangements, except where indicated in the Directors' Report. Non-Executive Directors including the Trust Chair are subject to fixed term appointments. Details of Non-Executive Directors terms of office are outlined in the Directors' Report on page 65.

### Remuneration and Appointments Committee

The role of the Committee is to ensure there is a formal and transparent procedure for developing policy on Executive Director remuneration and agreeing remuneration packages of individual Directors. The Committee is also responsible for identifying and appointing candidates for Executive Director positions on the Trust Board. The Committee has met eight times in 2024/25.

Attendance at the Remuneration and Appointments Committee by Non-Executive Directors is outlined below:

	Actual attendance	Possible attendance
Selina Ullah (Chair)	6	8 (includes 4 scheduled and 4 extraordinary meetings)
Tony Edwards	8	8
Ralph Knibbs	5	8
Lynn Andrews	7	8
Deborah Good	6	8
Andrew Harkness**	2	2
Ashiedu Joel*	5	5
Geoff Lewins	6	8

\* left August 2024

\*\* joined January 2025

### Governors' Nominations and Remuneration Committee

The role of the Committee is to recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of their own remuneration and terms of service) and the Chief Executive and any external advisers. The Committee has met four times in 2024/25.

Attendance at the Governors' Nominations and Remuneration Committee is outlined below:

	Actual attendance	Possible attendance
Selina Ullah (Chair)	4	4
Ralph Knibbs, Senior Independent Director	1	1*
Susan Ryan, Public Governor, Amber Valley (Lead Governor)	3	4
Jill Ryalls, Public Governor, Chesterfield	3	4
Tom Bladen, Public Governor, Derby City East	0	0**
Graeme Blair, Public Governor, Derby City East	3	3***
Christine Williamson, Public Governor, Derby City West	3	3****
Brian Edwards, Public Governor, High Peak	3	4
Hazel Parkyn, Public Governor, South Derbyshire (Deputy Lead Governor)	3	4

Fiona Rushbrook, Staff Governor, Allied Health Professions	2	4
Marie Hickman, Staff Governor, Admin and Allied Support	1	1*****
Debra Dudley, Appointed Governor, Derbyshire Mental Health Forum	1	1*****
David Charnock, Appointed Governor, University of Nottingham	2	3*****

\* Ralph Knibbs took over as Chair from the item Chair's appraisal, when Selina left the meeting

\*\*Tom Bladen joined the Committee 19.3.25

\*\*\*Graeme Blair's term of office ended 31.1.25

\*\*\*\* Christine Williamson stand-in for Jill Ryalls (24.4.24) Brian Edwards (24.7.24) and Hazel Parkyn (3.2.25)

\*\*\*\*\*Marie Hickman stand-in for Fiona Rushbrook

\*\*\*\*\*Debra Dudley joined the Committee January 2025

\*\*\*\*\*David Charnock retired December 2024

Note: the Chair or any Non-Executive Director declares an interest and withdraws from any discussions at the Committee in relation to their own pay and conditions.

**The details included in the Remuneration report (salary and allowances of Executive and Non-Executive Directors for the year 2024/25 and pension benefits) plus the fair pay multiple, payment for loss of office and payments to past senior managers are subject to audit.**



*Derwent Unit, Chesterfield*

## Remuneration report

### Salary and allowances of Executive and Non-Executive Directors for the year 2024/25

Title	Name	2024-25						2023-24					
		Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)	Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
Chief Executive	Mark Powell *1	190-195	800			112.5-115	305-310	170-175	800			67.5-70	240-245
Interim Chief Executive/ Director of Nursing and Patient Experience	Carolyn Green *2							55-60				0	55-60
Deputy Chief Executive and Chief Delivery Officer	Vicki Ashton Taylor *3	140-145				85-87.5	225-230	125-130				0	125-130
Director of Finance	James Sabin *4	125-130				145-147.5	270-275	15-20				0	15-20
Interim Director of Finance	Rachel Leyland *5							105-110				52.5-55	155-160
Acting Interim Director of Finance	Joanne Wilson *6							35-40				25-27.5	60-65
Interim Director of Operations	Lee Doyle *7							40-45				35-37.5	80-85
Interim Director of Operations	David Tucker *8							40-45				22.5-25	65-70
Interim Deputy Chief Executive and Chief Operating Officer	Prince Ade-Odunlade *9							85-90	1,100			7.5-10	95-100
Executive Medical Director	Arunprasad Chidambaram	200-205				72.5-75	275-280	185-190				65-67.5	250-255
Director of People, Organisational Development and Inclusion	Rebecca Oakley *10	110-115	1,200			0	110-115	90-95				55-57.5	150-155
Director of People and Inclusion	Jacqueline Lowe *11							120-125				12.5-15	135-140

Director of Nursing, Allied Health Professionals, Quality and Patient Experience	Tumikilani Banda *12	65-70				5-7.5	70-75						
Interim Director of Nursing and Patient Experience	David Mason *13	45-50				0	45-50	45-50				0	45-50
Interim Director of Nursing and Patient Experience	Kyri Gregoriou *14							10-15				7.5-10	20-25
Director of Corporate Affairs and Trust Secretary	Justine Fitzjohn *15	100-105				17.5-20	120-125	95-100				0	95-100
Chair	Selina Ullah	45-50					45-50	45-50					45-50
Non-Executive Director	Geoff Lewins	15-20					15-20	15-20					15-20
Non-Executive Director	Ashiedu Joel *16	0-5					0-5	10-15					10-15
Non-Executive Director	Deborah Good	10-15					10-15	10-15					10-15
Non-Executive Director	Ralph Knibbs	10-15					10-15	10-15					10-15
Non-Executive Director	Antony Edwards	10-15					10-15	10-15					10-15
Non-Executive Director	Lynn Andrews	10-15					10-15	10-15					10-15
Non-Executive Director	Andrew Harkness *17	0-5					0-5						

*(This disclosure is subject to audit)*

\*1 Mark Powell - started in post 03.04.2023

\*2 Carolyn Green - Interim Chief Executive to 02.04.2023 and Director of Nursing and Patient Experience from 03.04.23 to 17.09.2023

\*3 Vicki Ashton Taylor - Director of Strategy, Partnerships and Transformation from 01.06.2022 and became Deputy Chief Executive/Chief Delivery Officer from 01.04.2024

\*4 James Sabin - started in post 05.02.2024

\*5 Rachel Leyland - in post from 01.11.2022 to 04.02.2024

\*6 Joanne Wilson - in post from 03.10.2023 to 04.02.2024

\*7 Lee Doyle - in post from 06.11.2023 to 31.03.2024

\*8 David Tucker - in post from 06.11.2023 to 31.03.2024

\*9 Prince Ade-Odunlade - left post 30.11.23

\*10 Rebecca Oakley - Interim Director of People, Organisational Development and Inclusion from 30.05.2023, then appointed to role of Director on permanent basis from 01.06.2024

\*11 Jacqueline Lowe - left post 26.11.2023

\*<sup>12</sup> Tumikilani Banda - started in post 16.09.2024

\*<sup>13</sup> David Mason - in post from 30.10.2023 to 31.08.2024

\*<sup>14</sup> Kyri Gregoriou - in post from 16.09.2023 to 29.10.2023

\*<sup>15</sup> Justine Fitzjohn - Trust Secretary from 03.06.2019 and Director of Corporate Affairs added 01.04.2024

\*<sup>16</sup> Ashiedu Joel - left post 31.08.2024

\*<sup>17</sup> Andrew Harkness - started in post 12.01.2025

The total taxable benefits reported in the table above of £2.0k all relate to lease car benefits.

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2024-25 was £200,000 - £205,000 (2023-24 : £185,000 - £190,000). This is a change between years of 8.0%

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2024-25 was from £16,816 to £230,122 (2023-24 £15,988 to £215,395). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5.4%

There were 8 employees that received remuneration in excess of the highest paid director in 2024-25 (2023-24: 5 employees).

The highest paid director during 2024-25 was the Executive Medical Director (2023-24 : same).

In 2024-25 there were two senior managers paid more than the £150,000 threshold used in the Civil Service for approval by the Chief Secretary to the Treasury, as set out in guidance issued by the Cabinet Office (2023-24 : two). The Trust Remuneration and Appointments Committee have reviewed this and considers it reasonable as it relates to the Medical Director and the Chief Executive.

The remuneration of the employee at the 25<sup>th</sup> percentile, median and 75<sup>th</sup> percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce. The calculation excludes temporary agency staff as the ratio would be unfairly distorted by including them.

	2024/25			2023/24		
	25 <sup>th</sup> percentile	Median	75 <sup>th</sup> percentile	25 <sup>th</sup> percentile	Median	75 <sup>th</sup> percentile
Salary of component of pay	£29,114	£38,898	£48,526	£27,896	£36,975	£46,153
Total pay and benefits excluding pension benefits	£29,114	£38,908	£48,526	£28,100	£37,087	£46,898
Pay and benefits excluding pension: pay ratio for highest paid director	7	5	4	7	5	4





### Pension Benefits - 1st April 2024 to 31st March 2025

Title	Name	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2025 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2024	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2025	Employers Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£000	£000	£000	£000
Chief Executive	Mark Powell	5-7.5	7.5-10	60-65	150-155	1078	133	1284	26
Deputy Chief Executive and Chief Delivery Officer	Vikki Ashton Taylor	2.5-5	5-7.5	50-55	130-135	978	105	1,149	21
Director of Finance	James Sabin	5-7.5	12.5-15	35-40	90-95	554	142	733	18
Executive Medical Director	Arunprasad Chidambaram	2.5-5	2.5-5	50-55	120-125	943	95	1,101	27
Director of People and Inclusion	Rebecca Oakley	0	0	25-30	70-75	548	0	575	15
Director of Nursing, Allied Health Professionals, Quality and Patient Experience	Tumikilani Banda	0-2.5	0	30-35	70-75	547	11	605	10
Interim Director of Nursing and Patient Experience	David Mason	0-2.5	0	40-45	105-110	911	3	980	7
Director of Corporate Affairs and Trust Secretary	Justine Fitzjohn	0-2.5	0	20-25	50-55	470	31	532	15

### Payments for loss of office

None in 2024/25

### Payments to past senior managers

None in 2024/25

## Staff report

### Workforce profile: staff numbers \*subject to audit

Average number of employees (WTE basis)	2024/25 Total Number	2024/25 Permanent Number	2024/25 Other Number	2023/24 Total Number	2023/24 Permanent Number	2023/24 Other Number
Medical and dental	202	192	10	195	182	13
Ambulance staff	0			0		
Administration and estates	727	726	1	726	724	1
Healthcare assistants and other support staff	583	576	7	571	566	5
Nursing, midwifery and health visiting staff	1,150	1,142	8	1,121	1,097	24
Nursing, midwifery and health visiting learners	26	26		22	22	
Scientific, therapeutic and technical staff	431	431		400	399	1
Healthcare science staff	0			0		
Social care staff	26	26		20	20	
Other	0			0		
<b>Total average numbers</b>	<b>3,145</b>	<b>3,119</b>	<b>26</b>	<b>3,054</b>	<b>3,010</b>	<b>45</b>
Of which: number of employees (WTE) engaged on capital projects	9	9		9	9	

### Workforce profile: staff costs\* \*subject to audit

(Figures in £0)	2024/25			2023/24		
	Total	Permanently employed	Other	Total	Permanently employed	Other
Salaries and wages	134,056	134,056		122,189	120,977	1,212
Social security costs	13,220	13,220	-	12,645	12,645	-
Apprenticeship levy	657	657	-	624	624	-
Employer contributions to NHS Pension Scheme	16,946	16,946	-	15,295	15,295	-
Employer contributions paid by NHSE on providers' behalf	11,052	11,052	-	6,674	6,674	-
Other pension costs	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-
Temporary staffing (External Bank)	-	-	-	-	-	-
Temporary staffing (Agency/Contract)	5,089		5,089	8,825		8,825
Termination benefits	-	-	-	-	-	-
<b>Total Gross Staff Costs</b>	<b>181,020</b>	<b>175,931</b>	<b>5,089</b>	<b>166,252</b>	<b>156,215</b>	<b>10,037</b>
Of the total above:						
Charged to Capital	532			531		
Employee benefits charged to revenue	180,488			165,721		

## Breakdown of employees by age, disability, gender and other characteristics

	Headcount	FTE	Workforce %
<b>Trust</b>			
Employees	3,453	3016.61	-
<b>Staff group</b>			
Add prof scientific and technic	283	242.30	8.20%
Additional clinical services	613	540.59	17.75%
Administrative and clerical	640	546.22	18.53%
Allied health professionals	257	224.11	7.44%
Estates and ancillary	199	149.70	5.76%
Medical and dental	166	151.82	4.81%
Nursing and midwifery registered	1278	1144.87	37.01%
Students	17	17.00	0.49%
<b>Age</b>			
16-20	11	10.60	0.32%
21-30	456	429.51	13.21%
31-40	881	777.05	25.51%
41-50	906	810.62	26.24%
51-60	884	760.09	25.60%
61-70	295	216.54	8.54%
71 & above	20	12.20	0.58%
<b>Disability</b>			
Declared disability	398	349.72	11.53%
No Declared disability	3055	2666.90	88.47%
<b>Ethnicity</b>			
White – British	2520	2175.72	72.98%
White – Irish	25	19.59	0.72%
White – Any other White background	64	57.52	1.85%
White Northern Irish	1	1.00	0.03%
White unspecified	9	6.49	0.26%
White English	6	4.76	0.17%
White Cornish	1	1.00	0.03%
White Turkish	1	0.85	0.03%
White other European	3	1.60	0.09%
Mixed – White and Black Caribbean	31	28.05	0.90%
Mixed – White and Black African	13	12.58	0.38%
Mixed – White and Asian	26	21.97	0.75%
Mixed – Any other mixed background	17	15.54	0.49%
Asian or Asian British – Indian	192	167.83	5.56%
Asian or Asian British – Pakistani	81	70.11	2.35%
Asian or Asian British – Bangladeshi	5	4.59	0.14%
Asian or Asian British – any other Asian background	13	12.33	0.38%
Asian Punjabi	2	1.44	0.06%
Asian Sri Lankan	1	1.00	0.03%
Asian Tamil	2	1.80	0.06%
Asian British	1	0.83	0.03%
Asian unspecified	2	2.00	0.06%
Black or Black British – Caribbean	64	58.68	1.85%
Black or Black British – African	274	261.83	7.94%
Black or Black British – any other Black background	10	9.76	0.29%
Black Mixed	1	1.00	0.03%
Black Nigerian	5	4.80	0.14%

	Headcount	FTE	Workforce %
Black British	4	3.20	0.12%
Chinese	10	8.80	0.29%
Any other ethnic group	17	15.40	0.49%
Vietnamese	1	1.00	0.03%
Filipino	2	2.00	0.06%
Malaysian	1	1.00	0.03%
Not stated	48	40.55	1.39%
<b>Gender</b>			
Female	2764	2380.80	80.05%
Male	689	635.82	19.95%
<b>Gender breakdown</b>			
Female director/CEO	3	3.00	42.86%
Male director/CEO	4	4.00	57.14%
Female senior manager Band 8c and above	27	24.94	58.70%
Male senior manager Band 8c and above	19	18.49	41.30%
Female employee other	2734	2352.85	80.41%
Male employee other	666	613.33	19.59%
<b>Religious Belief</b>			
Atheism	705	630.98	20.42%
Buddhism	23	20.27	0.67%
Christianity	1462	1277.25	42.34%
Hinduism	51	47.07	1.48%
Not stated	644	544.01	18.65%
Islam	106	94.10	3.07%
Jainism	2	2.00	0.06%
Judaism	6	6.00	0.17%
Other	383	335.24	11.09%
Sikhism	71	59.69	2.06%
<b>Sexual Orientation</b>			
Bisexual	58	52.13	1.68%
Gay or Lesbian	89	83.08	2.58%
Heterosexual or Straight	2874	2526.75	82.23%
Undecided	7	5.60	0.20%
Other not listed	15	13.91	0.43%
Not stated	410	335.15	11.87%

### Sickness absence data

Sickness absence data for 2024/25 is published by NHS Digital at this location:

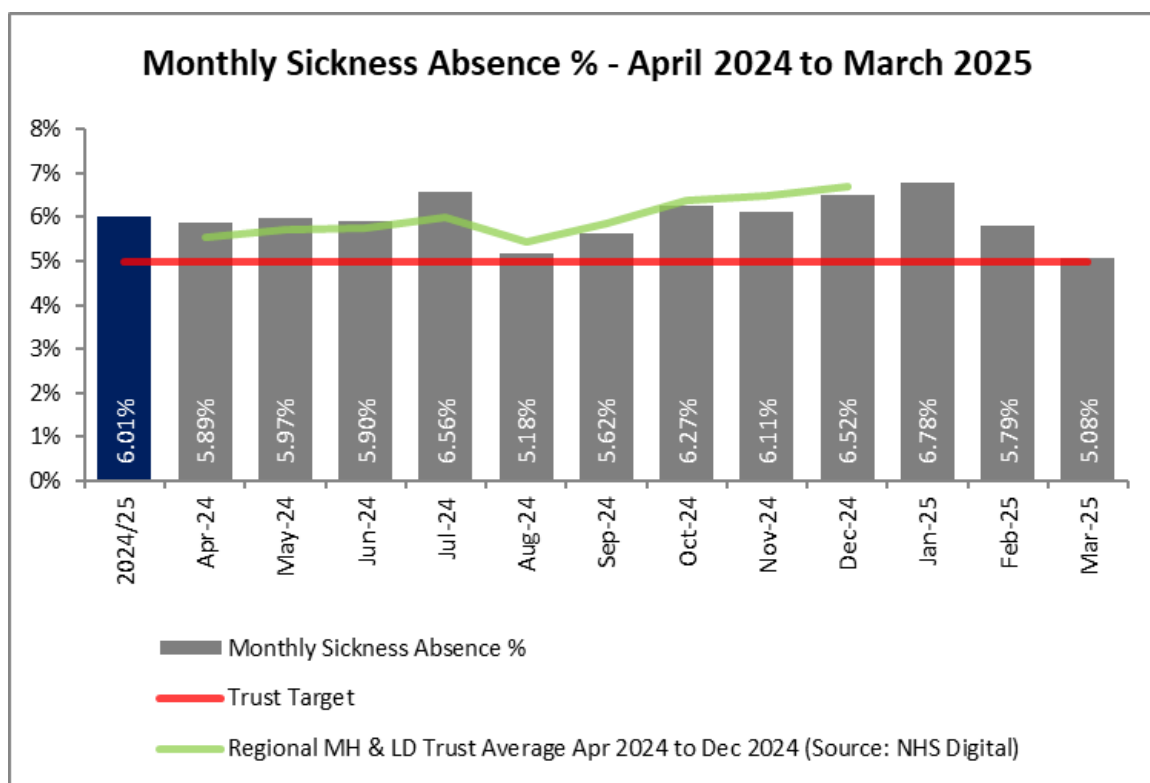
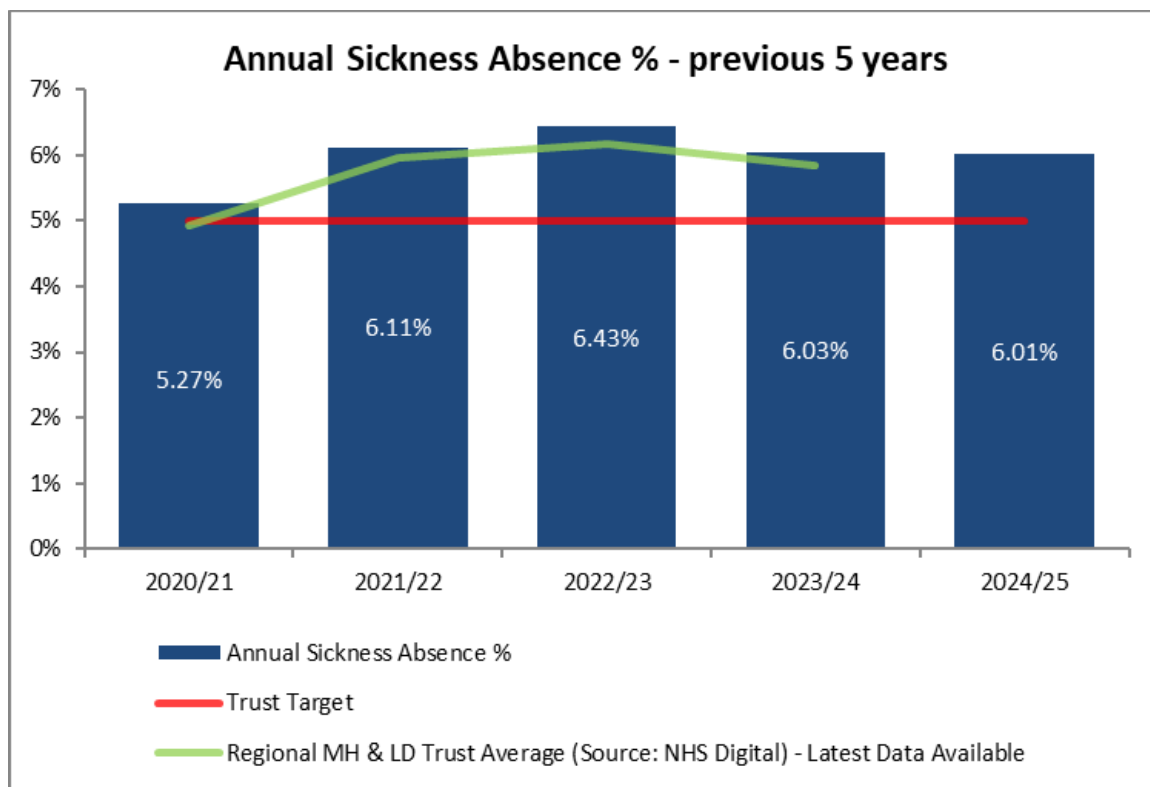
[NHS Sickness Absence Rates - NHS Digital](#)

We continue to work with colleagues to support their health and attendance at work. The annual sickness rate for 2024/25 was 6.01% which is 0.02% lower than the previous year.

In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust's highest reason for sickness absence and accounted for 33.88% of all sickness absence during 2024/25, followed by cold, cough, flu-influenza at 9.36% and other musculoskeletal problems at 8.39%.

For colleagues who are unable to attend work we have a range of support, which we are reviewing to ensure it meets the needs of both individual colleagues who are off work and managers supporting colleagues.

Average FTE for 2024	Adjusted FTE days lost to Cabinet Office definitions	Average sick says per FTE	FTE days available	FTE days recorded sickness absence
2,939	39,396	13.4	1,072,647	63,910

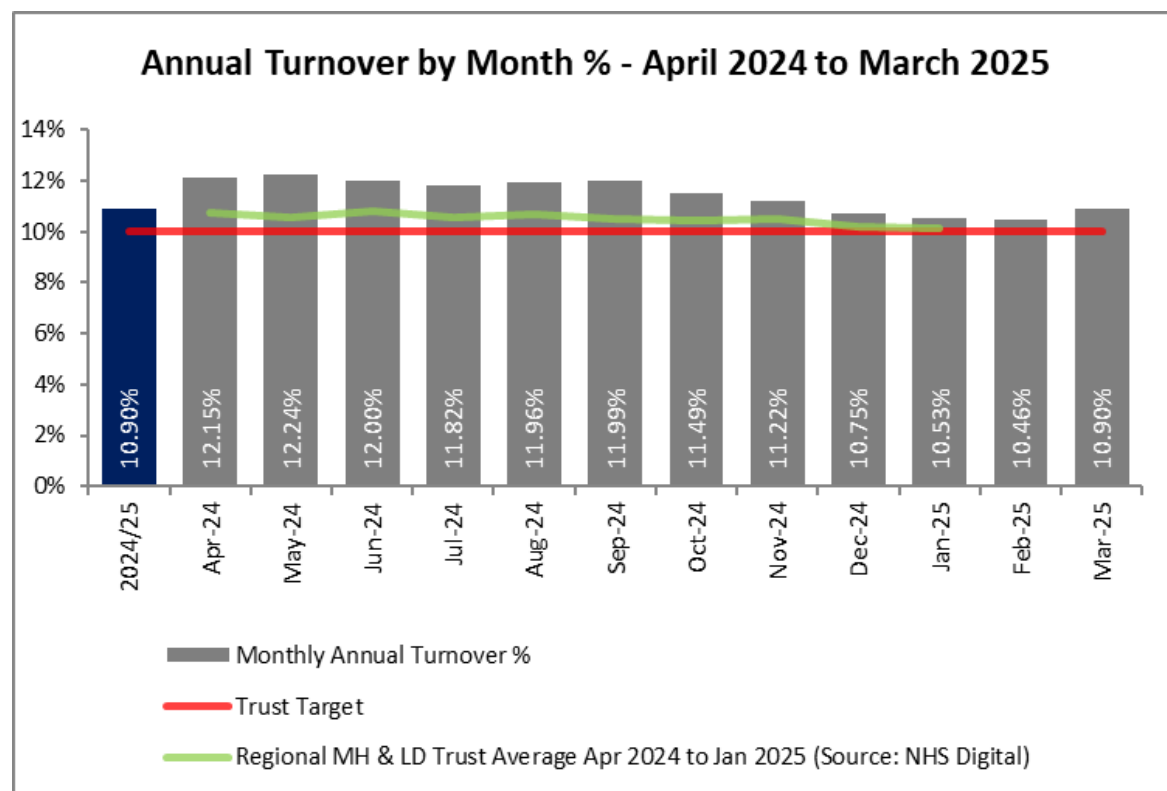
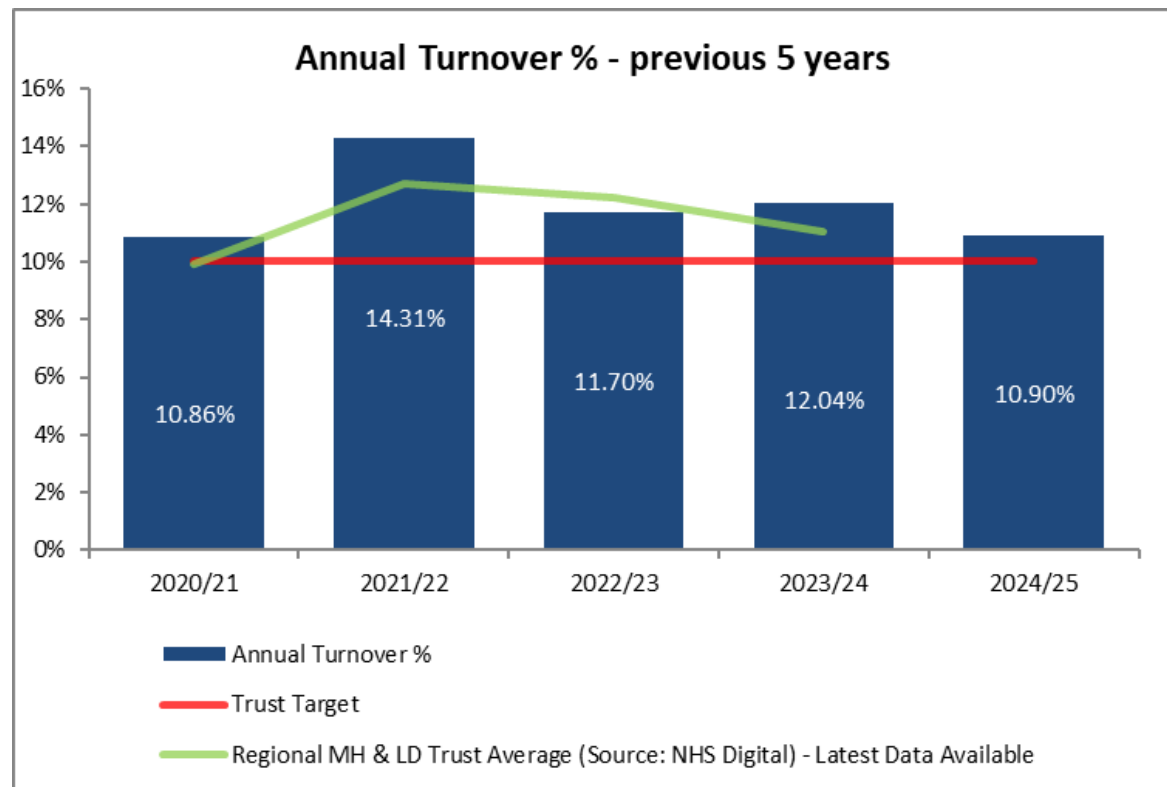




## Turnover data

Turnover data for 2024/25 is published by NHS Digital at this location:

[NHS workforce statistics - NHS Digital](#)



## Staff Health and Wellbeing

At Derbyshire Healthcare, we know that our staff are vital to the care that we provide and are dedicated to the health and wellbeing of colleagues. This is our approach:



What matters to each of us, and what helps or hinders our health and wellbeing is very personal so there is a wide range of opportunities, services, information and support available. We strive for continuous improvement and identify key areas each year to enhance the wellbeing offer. Our improvements this year are detailed below.

We have purchased the equipment to offer 'Body MOTs' to colleagues. These are now regularly offered at clinics across sites, with additional sessions for specific teams and have led to real change for people looking to improve their physical health and lifestyle.

We have been able to procure a library of self-help guides covering a wide range of topics such as depression, anxiety and stress which offer users the opportunity to find out more about the causes of mental health issues and provide tools to work through feelings and emotions. Links to the self-help guides are sent via SMS through our absence reporting system when staff report mental health related absence.

As musculoskeletal (MSK) injuries and stress, depression and anxiety are the two greatest reasons for staff long term absence, we delivered awareness campaigns on MSK injuries and financial wellbeing during Autumn 2024 to raise awareness, improve resilience and promote support.

To further the support around financial wellbeing, we have extended our partnership with Wagestream to bring new financial wellbeing products to colleagues, which includes savings, loans, discounts and financial coaching, and also partnered with FiveDinners to offer colleagues access to a platform offering personalised meal planning. Not only are colleagues provided with a healthy and nutritious recipe plan and shopping list, the plan also aims to reduce the cost of a weekly shop and minimise food waste.

A collaboration across Resolve, Health Psychology and Staff Health and Wellbeing have devised a training session 'supporting colleagues following difficult events and safe cultures'. Other new training provision put in place includes the procurement of several new training sessions to enhance our support on subjects such as 'menopause in the workplace',

'neurodiversity awareness', 'emotional intelligence' and 'improving resilience'. Some members of the team have also completed a 'train the trainer' programme to deliver 'handling difficult conversations with care and compassion' to colleagues across the Trust and other organisations across Joined Up Care Derbyshire.

Funds obtained through NHS Charities Together enabled the delivery of two challenge programmes, one a challenging walk of either 13 or 26 miles through the Derbyshire countryside and the other, an app-based step challenge which saw participants walk a collective total amounting to the circumference of the earth in November 2024.

Our network of Wellbeing Champions continues to be one of our greatest assets; we continue to recruit new Champions and provide them with support and resources. To complement our network, we have been able to train a cohort of Mental Health First Aiders, who bring a specialist skillset to our network and we will be looking to build on this next year.

### **Policies and actions related to staff with impairments and/or long-term health conditions:**

Alongside a range of policies and processes, the Trust continues to carry out additional reporting through the national Workforce Disability Equality Standard (WDES), which came into effect for the first time in 2019. The WDES is a set of ten specific measures that enable NHS organisations to compare the workplace experience of disabled and non-disabled staff, looking at themes such as rates of bullying and harassment, recruitment, career progression and promotion. Based on the data from these measures, an action plan is produced in partnership with the Trust's Disability and Wellness Staff Network to target the inequalities. We have completed and submitted our WDES submission to NHS England and shared our plans with our Integrated Care Board (ICB). We also publish the data and action plan on our website: [www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity](http://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity).

We also have a Long Term Impairment or Neurodiverse Health Conditions Policy and Procedure to which the Reasonable Adjustments Passport is appended. The policy provides a framework for supporting employees who have a long term health condition or impairment, and the purpose of the Reasonable Adjustments passport is to:

- Ensure that the individual and the employer have an accurate record of what is agreed
- Minimise the need to re-negotiate reasonable adjustments every time the individual changes jobs, is re-located or assigned a new manager within the organisation
- Provide the individual and their line manager with the basis for discussions about reasonable adjustments at future meetings.

The Trust has a Dignity at Work Policy to support the provision of a working environment that is free from harassment and bullying. Harassment and bullying are contrary to the Trust's commitment to Equal Opportunities in Employment. This policy protects people with a protected characteristic under the Equality Act 2010 – age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. Alongside the NHS People Plan, the Trust continues to review its current aspirations and commitments and are specifically reviewing work packages in relation to the development of a just and learning culture.

The Health and Attendance Policy provides support to staff where reasonable adjustments may be required when sickness absence is due to a disability as defined by the Equality Act 2010.

The Trust operates a Guaranteed Interview Scheme, which allows anyone with a disability to have a guaranteed invitation to interview if they meet the essential eligibility criteria as listed

in the person specification. The Trust has achieved Disability Confident Employer Level 2 status as part of the Disability Confident Scheme which focuses on the key themes of getting the right people for our business and keeping and developing our people. The Trust is working towards achieving the Level 3 Disability Confident Leader to draw from the widest possible pool of talent, and ensuring we are securing, retaining and developing disabled staff. Our policies have also been updated to include references to neurodiversity conditions.

### Union facility time

The Trust supports and values the work of its trade union (TU) and professional organisation representatives, promoting a climate of active co-operation between representatives, leadership teams and staff at all levels to achieve real service improvement, best patient care and our desire to be an employer of choice.

As an organisation we recognise that outstanding practice requires an engaged, diverse and valued workforce, and we continue to seek to enhance and maintain these excellent employee relations through early involvement, engagement and intelligence sharing with our TU partners.

In line with the Trade Union (Facility Time Publication Requirements) Regulations 2017 we have published details of facilities time carried out by our trade union representatives during the 2024/25 year on our website [www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk). This covers duties carried out for trade unions or as union learning representatives in relation to our Trust and staff.

Number of employees who were relevant union officials during 2024/25	Number of reps on full time release
6	2

There are fewer colleagues undertaking union duties than in 2022/23 when the figure was 12.

Percentage of time spent (of their working hours) by relevant union officials on facility time during 2024/25	Number of employees
0%	-
1-50%	4
51%-99%	-
100%	2

Percentage of pay bill spent on facility time during 2024/25	Figures
Total cost of facility time	£81,243.36
Total pay bill	£169,436,000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.05%

This has reduced from 2023/24 when the figure was 0.07%

### Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours during 2024/25 calculated as:	
(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	5%

## **Involving and engaging staff**

Staff engagement and internal communications has continued to be a priority for the Trust throughout 2024/25, with staff involvement encouraged through a wide range of mechanisms and opportunities.

Staff involvement in key programmes of work including the Making Room for Dignity and Living Well programmes has developed over the last year, ensuring that colleagues have the opportunity to shape and influence both important projects that will shape the future delivery of the Trust's clinical services.

Virtual engagement hours continue to take place for all staff each month, to discuss a range of different topics and share best practice and innovations. Attendance at these events continues to grow.

The Trust's Leadership Forum also takes place regularly throughout the year, bringing senior leaders together to discuss strategic issues, find solutions and to collectively develop leadership skills.

Following on from the national Staff Survey, we are working with colleagues to improve staff engagement, given the drop in the feedback received last year. Initial conversations to better understand the feedback received are underway, with a focus on improving communication and engagement within teams being identified as a priority for the coming year.

## **Development of a new Trust Strategy**

Significant engagement took place this year in the development of a new Trust Strategy. Colleagues participated in a range of focus groups exploring different aspects of the Trust Strategy including our vision and values, staff engagement, the development of our new strategic priorities and a new visual identity. A new personal accountability framework was developed in response to feedback from colleagues about having clear guidelines in place to support the new Trust values.

These engagement opportunities were open to all staff to participate in, together with focused conversations taking place with our staff networks, governors and experts by experience. These took place alongside wider external engagement opportunities to shape the new Trust Strategy. A high level of engagement was achieved with over 1500 colleagues participating in these conversations.

The new Trust Strategy was launched in November 2024 and has been embedded over recent months. You can read more about the new Trust Strategy and our engagement approach on pages 20-22.

## **Annual staff conference**

In October 2024, the Trust's annual staff conference took place, with over 120 colleagues coming together from different teams for discussions on the theme 'the time is now'. Guest speaker, former Olympic Swimmer Mark Foster related his experiences to the challenges we currently face in the NHS. He talked about aiming high, overcoming adversity and being clear on the outcomes we want to achieve; and how our own actions and mindset determine how successful we will be in achieving our results.

A number of important conversations took place on the day, exploring what the national shifts in healthcare would mean for our services. Attendees also provided feedback on the new Personal Accountability Charter (which was then in development) and what the Trust could do to embed the charter within teams.



This year the staff conference was funded by sponsorship monies. Thank you to our sponsors Hill Dickinson, GMP Drivercare and the Kingsway Group.

### Recognising and rewarding our staff

November 2024 saw the return of the Trust's popular HEARTS (Honouring Exceptional and Really Terrific Staff) awards, highlighting the fantastic work of colleagues over the last year.

A record number of staff were nominated in each of the award categories, with members of the public nominating colleagues in the Making a Difference award category, for making a positive difference to people's lives and embodying the Trust's values.



Our winners included:

*Winners from the HEARTS Awards*

- Clinical Team of the Year Award – Memory Assessment Service (MAS)
- Non-Clinical/ Corporate Team of the Year Award – ICARE (Increase Confidence, Attract, Retain, Educate) Programme Team
- Rising Star Award – Sifo Dlamini, Making Room for Dignity Team
- Inspirational Leader Award – Tom Larder, Urgent Assessment and Home Treatment Services (Adults of Working Age)
- Outstanding Care and Compassion Award – Janice Moores, Chesterfield CMHT (Older Adults)
- Environmental Impact/Green Award – Occupational Therapists working at Cherry Tree Close and the Kedleston Unit
- Continuous Improvement/ Research Excellence Award – Jackie Hughes, Corinne Gale, Neurodevelopmental Integrated Team and Phyllis Leung, Research and Development Team
- Equality and Diversity Award – Toby Marandure, Community Mental Health and Substance Misuse Services
- Making a Difference Award – EQUAL.

Three colleagues from the Children's Community Occupational Therapy Team were presented with the 'Derbyshire Healthcare Lifetime Achievement' award for dedicating each 40 years of their career to the NHS and have retired and returned to pass on their skills and knowledge within the team.



*Jan Nicholson and Janet Taylor from the Children's Community Occupational Therapy Team with Mark Powell, Chief Executive and Arun Chidambaram, Medical Director*



One winner was presented with a special '50 Years' Service award for Domestic Assistant Balbir Kaur. Balbir joined the Trust on 25 November 1974. Colleagues praised Balbir for being industrious, dependable and having an incredible memory.

The Trust's DEED (Delivering Excellence Every Day) staff recognition scheme continues to be popular and saw a record number of nominations from both colleagues and members of the public during the year. We continue to have a monthly winner who is decided by a different member of the executive team.

The staff awards were also sponsored this year. Thank you to Kier, IHP, Tillia Homes, and Crag Spring water.



*Balbir Kaur with Mark Powell*

### **Engagement through our staff networks**

The Trust's staff networks have continued to meet regularly throughout the year, offering guidance, support and an opportunity to develop and increase understanding of inclusion across the Trust.

Our networks have an important role in sharing information and celebrating significant events and awareness days throughout the year, promoting positive inclusive messages to our staff and potential future workforce. Examples this year have included Black History Month, LGBT History Month, Neurodiversity Celebration Week, Disability History Month, Armed Forces Day and National Inclusion week and Holocaust Memorial Day. Important religious and spiritual events have also been celebrated, with information shared to raise awareness of different faiths and cultures.

In March 2025 the Women's network was relaunched as part of International Women's Day with the Executive Sponsor and Network Chair visiting bases in the north and south of Derbyshire to raise awareness of the network and encourage colleagues to join the group. Our BME staff network also plan a relaunch in the coming months following a change in Chair and new members being welcomed.

The Trust's Staff Forum remained active during 2024/25, providing staff with an opportunity to work with the Executive Leadership team to discuss decisions affecting the Trust. In February 2025 members of the Staff Forum decided to stand down future meetings, following feedback that the forum was no longer being utilised in the way it once was given the range of staff engagement opportunities that are in place across the Trust. Colleagues remain able to raise any issues via our Staff Forum Chair who will take this forward to our Trust Executive Directors.

### **Remembering our colleagues**

Sadly, the Trust lost a small number of colleagues throughout the year, who will be remembered in the memorial garden at our Kingsway Hospital site. In March 2025 colleagues came together to remember Deborah Hall, Deborah Matthews, Joanne Roberts, Samantha Hourd, Simon Stansfield and Jane Giles.

### **Involving staff in the performance of the Trust**

All Trust employees have access to information regarding the performance of the Trust. The public Trust Board papers are available on the [Trust website](#) and staff are encouraged to engage in the live Tweets that are posted during the meeting. Since January 2025, following low engagement statistics, live Tweets are no longer posted during the meeting. A summary of key points is shared on the Trust's website and social media channels and shared with staff through internal

communication mechanisms. Staff are also invited to observe Trust Board and Council of Governors meetings which are held in public.

The integrated performance report is discussed during meetings of the Trust Leadership team. Discussions and decisions taken by the Trust Board are disseminated to all staff through the staff engagement events and the Leadership Forum. This enables staff to understand the Trust's priorities and challenges and be better involved in shaping the Trust's performance.

### **Jack's marathon effort for Dementia Rapid Response Team**

When Jack Layzell's grandad Barry Whitehead was suffering from Alzheimers, he knew he wanted to give something back and help other families affected by the disease.

So, having never been a runner before, Jack (a Nottingham resident) laced up his trainers and challenged himself to run the Robin Hood half marathon to raise money for two of the organisations that supported Barry – the Dementia Rapid Response Team at the Trust, and the Alzheimers Society.



### **Local NHS team pick up national award win for supporting healthcare workers to thrive**

Colleagues from a workforce training team at the Trust are celebrating after being announced as the winner of a Healthcare People Management Association's (HPMA) Excellence in People Award.

The Icare (Increase confidence, attract, retain, educate) Programme team took home the accolade in recognition of their work supporting the emotional, educational and wellbeing needs of newly employed healthcare support workers (HCSWs), providing innovative training opportunities. The team were also finalists at the Nursing Times' Workforce Awards for their innovative efforts to support HCSW of all disciplines who work with people that access mental health services in the Trust.



## **Freedom to Speak Up 2024/25**

The Trust employs a Freedom to Speak Up Guardian (FTSUG) who works as a confidential and impartial source of support to help staff to speak up safely and without fear of reprisal. In addition, the FTSUG is supported by a network of Speaking Up Champions who have received training relevant to the role.



Staff are initially encouraged to speak up about any work-related concerns with their line manager or with anyone else in their management line. Staff can also speak up and raise concerns about anything to do with working life with the FTSUG. Staff may also contact the Chief Executive as lead for speaking up across the Trust, Executive Directors, or the lead Non-Executive Director (NED) for Speaking Up. Outside of the Trust, there are a range of external bodies staff can approach, and contact details are outlined in the Trust's Freedom to Speak Up Policy and on the staff intranet.

The role of the FTSUG is promoted widely through internal communication routes with regular communications bulletins including the promotion of Speak Up Month during October 2024 with a focus on promoting speaking up Champions and through the staff intranet. The FTSUG also delivers training in the Trust and runs drop-ins at various sites.

The Trust's commitment to Speaking Up and the role is highlighted at Trust corporate induction with the FTSUG also delivering a presentation to new staff. The FTSUG has a network of Speaking Up Champions who are positioned across the Trust and can support staff to speak up.

For those finding it difficult to speak up, or who may want to do so anonymously, staff can access the FTSU raising concerns button on the staff intranet or write to the FTSUG.

### **How feedback is given to those who speak up**

The Trust aims to deal with concerns promptly and without delay and keep those who speak up informed and supported throughout the process. The Trust recognises that in exceptional circumstances timescales may need to be extended and these are mutually agreed. The FTSUG aims to:

- Respond to an individual who has spoken up within five working days
- Ensure those who speak up receive feedback on concerns raised.

### **How we ensure staff who do speak up do not suffer detriment or demeaning treatment**

The FTSU Policy is clear that staff who speak up must not suffer any form of detriment, or demeaning treatment, because they have spoken up:

- If detriment, or demeaning treatment, is evident the Trust will ensure allegations are promptly and fairly investigated and acted on
- The Trust will not tolerate any attempt to coerce or bully an employee into not speaking up. Such behaviour would be a breach of Trust values and, if upheld following investigation, could result in disciplinary action.

The Trust works to ensure there is a positive culture in relation to speaking up by addressing barriers to speaking up and working to improve psychological safety around speaking up. The Trust aims to ensure staff feel supported and comfortable to raise a concern openly. Staff can also choose to keep their identity confidential when raising concerns, unless required to disclose it by law. We also understand that there may be occasions where a staff member may wish to remain anonymous to safely speak up.

### Protecting staff

Work continues providing evidence of key standards being met in accordance with the Health and Safety at Work Act 1974, the Regulatory Reform (Fire Safety) Order 2005, and Security Management Standards.

Five incidents occurred during 2024/25 which were reported to the Health and Safety Executive under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Of the five incidents, three resulted in over seven days absence from work, two were specified major injury's, (fractured bone).

The Trust's Health and Safety Training Framework (detailing compliance with training that supports the achievement of the strategic objectives) continues to be delivered to a high standard, ensuring that training as a control measure is effective and adequately reduces risk.

Compliance is reported to the Trust's Health and Safety Committee on a quarterly basis. This Committee has continued to meet quarterly throughout the year and includes robust representation from recognised Trade Union bodies. The Committee demonstrates effectively the requirement to consult and communicate on all health and safety related matters. The Committee has a detailed documented work plan to ensure effective business is undertaken and completed.

Competency	Does not meet requirement	Meets requirement	Grand total	Compliance %
Fire warden (three yearly)	15	91	106	85.85%
Fire safety (two yearly)	309	2,955	3,264	90.53%
Health and safety awareness (three yearly)	367	2,997	3,264	91.82%

### Occupational health

The Trust provides occupational health support to staff through a wider health wellbeing offer, as outlined in the Staff Report.



*Derwent Unit, Chesterfield*



### Expenditure on consultancy

Consultancy fees incurred in 2024/25 were £0 (2023/24 £0).

### Off-payroll arrangements

The Trust's policy on the use of off payroll is to use by exception. Having conducted an internal audit review of our high-cost off-payroll arrangements in 2015/16 and introduced additional oversight and reporting to Executive Directors and the Finance and Performance Committee on such engagements. The Trust did not have any off-payroll engagements until 2020/21 and has had none since 2022/23.

**Table 1: Highly paid off-payroll worker engagements as at 31 March 2025 earning £245 per day or greater**

<b>Number of existing engagements as of 31 March 2025</b>	<b>0</b>
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

**Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2025 earning £245 per day or greater**

<b>Number of off-payroll workers engaged, during the year ended 31 March 2025</b>	<b>0</b>
Subject to off-payroll legislation and determined as out-of-scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

**Table 3: For any off-payroll engagements of Board members, and/ or senior officials with significant financial responsibility between 1 April 2024 and 31 March 2025**

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' during the financial year. This figure includes both off-payroll and on-payroll engagements.	16

## Exit packages 2024-25\*

Exit package cost band	No. of compulsory redundancies 2024-25	No. of other departures agreed 2024-25	Total no. of exit packages by cost band 2024-25	No. of compulsory redundancies 2023-24	No. of other departures agreed 2023-24	Total no. of exit packages by cost band 2023-24
<£10,000		15	15		18	18
£10,000 - £25,000		4	4		1	1
£25,001 - £50,000		6	6		1	1
£50,001 - £100,000						
£100,001 - £150,000						
£150,001 - £200,000						
>£200,000						
Total number of exit packages by type	0	25	25	0	20	20
Total resource cost (£000)	0	362	362	0	146	146

\* Subject to audit

## Exit packages: non-compulsory departure payments

	Agreements Number 2024-25	Total value of Agreements £000 2024-25	Agreements Number 2023-24	Total value of Agreements £000 2023-24
Voluntary redundancies including early retirement contractual costs	1	4		
Mutually agreed resignations (MARS) contractual costs	12	271		
Early retirements in the efficiency of the service contractual costs				
Contractual payments in lieu of notice	12	87	20	146
Exit payments following Employment Tribunals or court orders				
Non-contractual payments requiring HMT approval *				
<b>Total</b>	<b>25</b>	<b>362</b>	<b>20</b>	<b>146</b>
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0



## NHS Staff Survey 2024

The NHS staff survey is conducted annually from September to November. From 2022/23 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale.

The response rate to the 2024 survey among trust staff was 64%, this was an increase from last year's response rate of 62% and the year prior of 48%.

The results are also compared against 50 organisations in our benchmarking group: Mental Health and Learning Disability and Mental Health, Learning Disability and Community Trusts.

The 2024 survey included one new question: '24f. To what extent do these statements reflect your view of your organisation as a whole? I am able to access clinical supervision opportunities when I need to'.

In 2024, our approach to staff engagement around the NHS Staff Survey was both proactive and inclusive, aimed at maximising participation and ensuring every voice was heard. To encourage engagement, we carried out a series of on-site visits across our locations, hosted virtual engagement sessions, and maintained regular communication through email updates.

Weekly response rate "thermometer" visuals were shared Trust-wide to build momentum and foster friendly competition between teams. A prize draw was also introduced as an incentive to take part, alongside eye-catching visuals that highlighted the importance of staff feedback. These efforts contributed to a positive response rate and demonstrated our commitment to listening, learning, and acting on what matters most to our staff.

Indicators (‘People Promise’ elements and themes)	2023 Survey		2024 Survey	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score
We are compassionate and inclusive	7.7	7.6	7.7	7.6
We are recognised and rewarded	6.6	6.4	6.5	6.4
We each have a voice that counts	7.1	7.0	7.0	6.9
We are safe and healthy	6.6	6.4	6.5	6.4
We are always learning	6.0	5.9	5.9	5.9
We work flexibly	7.2	6.8	7.1	6.8
We are a team	7.3	7.2	7.3	7.2
Staff engagement	7.2	7.1	7.1	7.1
Morale	6.4	6.2	6.3	6.2

We are pleased to report a positive response reflecting the success of our targeted engagement efforts. The results show that we continue to perform strongly in key areas of the NHS People Promise, consistently matching or exceeding the benchmarking group across most indicators.

The 2024 survey showed a decrease in the two ‘friends and family’ questions:

- 69% of colleagues said they would recommend Derbyshire Healthcare as a place to work. This is a decrease of 3% from last year's survey
- 63% of colleagues said they would recommend the Trust as a place to receive care, if a friend and relative needed treatment. This is in comparison to the 68% cited by colleagues last year.

### Areas to celebrate

Overall, our results are strong and compare positively against our comparator organisations.

The key areas emerging from the survey, which is of particular cause for celebration are:

- Increased response rate from 62% in 2023 to 64% in 2024, reflecting stronger staff engagement with the survey
- 'We are compassionate and inclusive' maintained a strong score of 7.7, above the benchmarking group (7.6), highlighting our supportive and inclusive culture
- 'We are a team' held steady at 7.3, again above the benchmark (7.2), reinforcing the strength of teamworking across the organisation
- 'We work flexibly' scored 7.1, outperforming the benchmark (6.8) and showing our ongoing commitment to flexibility and work-life balance
- Record response rate for the organisation
- Fourth in the Midlands mental health trusts for 'We are a team.'

### Areas of improvement

This year the areas highlighted in need of further improvement by the survey include staff learning and development, staff experience, staff engagement and standards of care.

While we do rate strongly against comparator trusts overall, there are some areas we want to ensure we focus and prioritise on. These include:

- **Staff Development** – We are enhancing staff development by improving appraisals through bite-size training, SMART objective guidance, and recorded 'how-to' sessions. A focus on employee-led appraisals and ESR training will support consistency and quality. We are also launching Careers Week, showcasing real career stories and development opportunities for all career stages. A review of current offers, use of stay conversations, and a staff feedback campaign will help shape future development. We will also promote a broader understanding of development through myth-busting communications
- **Staff Experience – Great Place to Work** – We are transforming People Services by reviewing processes during the transition of employee relations to the Trust, ensuring staff know what to expect. Safety is a priority, with increased access to breakaway training and improved manager support following incidents. We are reviewing our health and wellbeing offer to better meet staff needs and refreshing recognition initiatives to ensure everyone feels valued
- **Staff Engagement** – To boost engagement, we are promoting improvement initiatives to enhance the way we approach team level improvements. We are also reviewing internal communications at both team and Trust levels to improve staff involvement, information flow, and leadership visibility across the organisation
- **Standards of Care** – We are improving how updates about patient care are shared with staff and gathering feedback to understand concerns behind perceptions of care quality. We will strengthen how we act on patient feedback to prevent repeated issues and improve overall standards of care.

### National Quarterly Pulse survey (NQPS)

We track each quarter for the National Quarterly Pulse survey so that we are able to highlight changes from each survey and pick up improvements where needed. The table below shows how the Quarter 4 data for engagement and its component parts of advocacy, involvement and motivation, compares with peer and national median responses.

Component	Our score (out of 10)	Comparator average (out of 10)
Employee engagement score	6.88	6.62
Advocacy sub-score	6.86	6.64
Involvement sub-score	6.83	6.47
Motivation sub-score	6.94	6.74

We scored more than the average on all questions:

Question	Our score Q2	Our score Q4	Comparator average
I look forward to going to work	52.8%	53.7%	50.3%
I am enthusiastic about my job	69.7%	69.5%	63.7%
Time passes quickly when I am working	73.4%	73.2%	69.0%
There are frequent opportunities for me to show initiative in my role	72.8%	72.4%	66.4%
I am able to make suggestions to improve the work of my team/department	73.9%	72.7%	67.0%
I am able to make improvements happen in my area of work	60.3%	60.7%	54.5%
Care of patients/service users is my organisation's top priority	77%	71.8%	71.5%
I would recommend my organisation as a place to work	67.4%	63.0%	57.2%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	68.1%	62.5%	61.7%

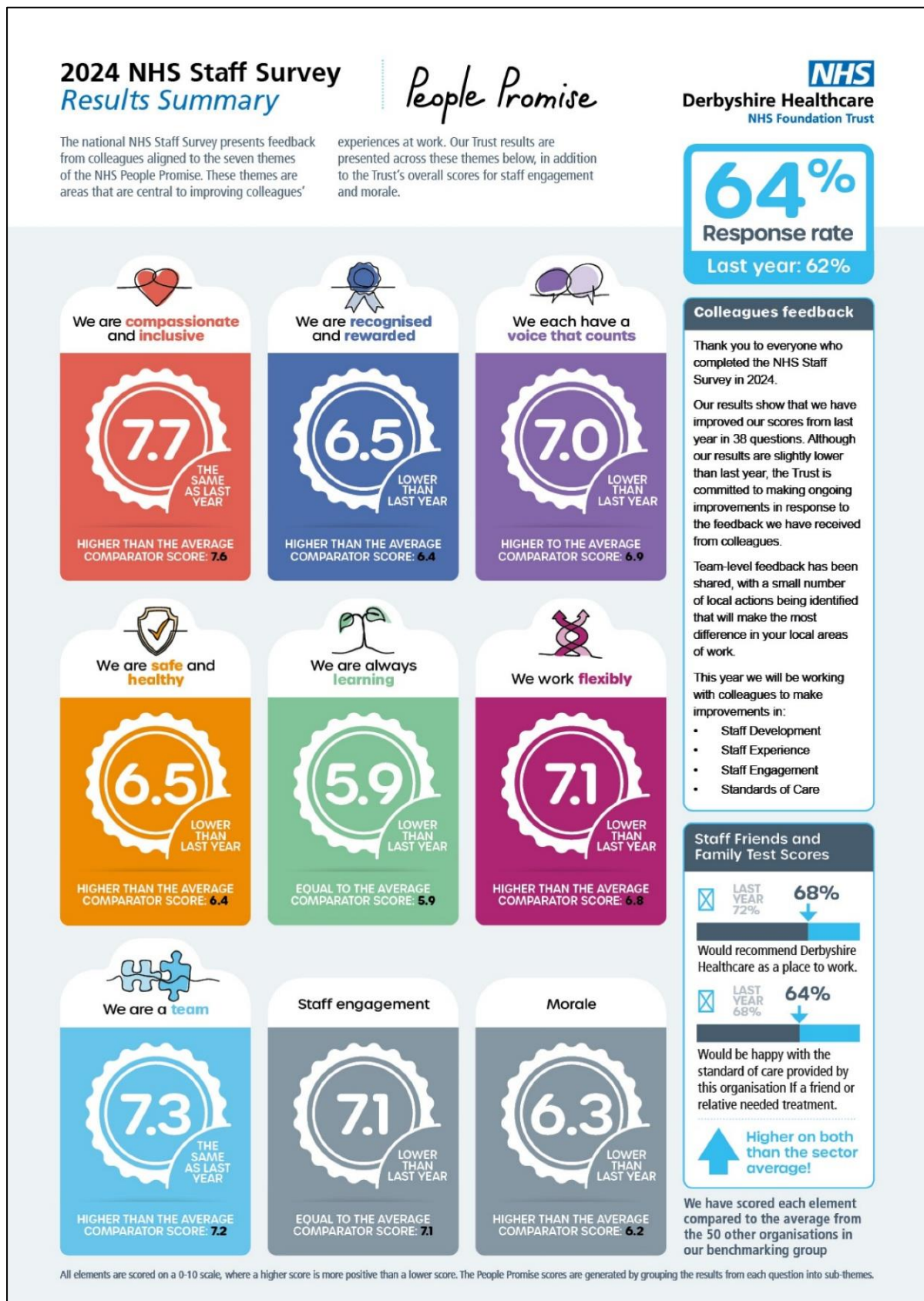
From Quarter 2 we have decreased in most scores apart from 'I am able to make improvements happen in my area of work' and 'I look forward to going to work'.

### Next Steps

- Local action plans
- Engagement events/site visits
- Equality, diversity and inclusion action plan
- Focus on areas of low response rates in both surveys.

We have started creating detailed reports outlining breakdowns by team, protected characteristics and site, in addition to the free text comments. Some work projects which will address some of the emerging themes highlighted in this report are already underway. We will ensure that the team

staff survey data and free text comments are incorporated into these projects to assist prioritisation. We will work alongside the Divisional People Lead to identify areas of the Trust that may need additional support, and will work with the team and managers, directorate and divisional leaders to explore what this support should look like.



## Equality Report – embedding equality, diversity and inclusion (EDI)

*“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.”<sup>8</sup>*

The NHS is founded on a common set of principles and values which bind together the people it serves and the staff who work for it. The Constitution sets out the rights to which we are all entitled, and we are required in law to take these into account in our decisions and actions. Where staff are concerned, the NHS commits to every employee’s legal rights which include:

- Being treated fairly, equally, and free from discrimination
- Working in an environment which is free from harassment, bullying and violence
- Encourage staff to raise concerns and, where appropriate, investigate the concerns raised.

Over and above the legal rights, the NHS pledges to create supportive, open work cultures and provide all staff with the opportunities to fulfil their potential, have a voice in the organisation, and maintain their health, wellbeing, and safety. Our EDI work at the Trust is resolutely focused on making good on those rights and pledges. We know there are causes for appreciation and recognition of progress in some areas, and the need for honesty, courage, and openness where we need to improve.

Two recent national reports set out the direction to be followed by all NHS providers. Published in June 2022, the Messenger and Pollard report *Health and Social Care Review: Leadership for a Collaborative and Inclusive Future*<sup>9</sup> makes the case for EDI being everyone’s business, woven into the day to day management and leadership of organisations, rather than being seen as a special interest, stand-alone topic. In 2023, the *NHS Equality, Diversity, and Inclusion Improvement Plan*<sup>10</sup> provides specific actions for all NHS providers to achieve over a three-year period.

### **Workplace Disability and Race Equality Standards (WDES<sup>11</sup> and WRES<sup>12</sup>)**

The Workforce Disability Equality Standard (WDES) and NHS Workforce Race Equality Standard (WRES) are nationally mandated tools to measure disability and race equality within NHS Trusts through the NHS contract. Both standards measure a range of indicators through numerical data and analyse progress over time towards disability and race equality. Reports are published and available on the Trust website.

### **Gender Pay Gap**

We are committed to developing initiatives and implementing workforce strategies to adjust the imbalance relating to pay levels of male and female employees. We submit our gender pay gap information for publication annually and this can be viewed on the Trust website [Gender pay gap report 2024/25](#)

### **Staff networks**

The Trust has seven staff networks:

- Armed Forces
- Black and Minority Ethnic
- Christian
- Disability and Wellbeing

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<sup>8</sup> [The NHS Constitution for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115271/The_NHS_Constitution_for_England.pdf)

<sup>9</sup> [Health and social care review: leadership for a collaborative and inclusive future - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115271/Health_and_social_care_review_leadership_for_a_collaborative_and_inclusive_future.pdf)

<sup>10</sup> [NHS England » NHS equality, diversity and inclusion \(EDI\) improvement plan](#)

<sup>11</sup> [Workforce Disability Equality Standard WDES Annual Report and Action Plan - 2023-24.pdf](#)

<sup>12</sup> [Workforce Race Equality Standard WRES Annual Report and Action Plan - 2023-24.pdf](#)



- LGBT
- Multi-Faith
- Women.

The networks enable staff to meet and network together based on aspects of their identity and/or life experiences and for those who wish to be allies. The networks provide both a safe space for people to be heard, get support, and share experiences as well as help the Trust to work towards its equality and inclusion objectives. The efforts of our network members have enabled our organisation to achieve accreditations and in turn, educate our colleagues on the needs of different employee and patient groups.

### **Educational and celebratory events**

As the year progresses, the Trust marks important faith and cultural events which are included in the Chief Executive's messages to staff. This highlights opportunities to recognise the diversity of both our colleagues and the communities we serve. Engagement in awareness days is encouraged across the Trust and supported by our EDI team and staff networks.

### **The Modern Slavery and Human Trafficking Act 2015**

The Trust's Modern Slavery statement is published on the Trust website:

[Modern Slavery Statement - 2024-25.pdf](#)

### **Two dedicated local doctors shortlisted for a national award championing south Asian healthcare workers**

Two Trust members of staff were named as finalists for work carried out within the NHS at a national awards scheme run by Asian NHS professionals.

Both Dr Rais Ahmed, a Consultant Psychiatrist, and Dr Subodh Dave, also a Consultant Psychiatrist, were in the running for awards at the Asian Professionals National Alliance (APNA) NHS Awards. The awards celebrated South Asian colleagues and those who support equality, diversity and inclusion work to break through the glass ceiling and visibly make a difference to the NHS and its diverse workforce.





## Disclosures set out in the Code of Governance for NHS Provider Trusts

The Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a 'comply or explain' basis. The Code of Governance for NHS Provider Trusts was published in October 2022 and has been applicable since 1 April 2023. It replaced the NHS Foundation Trust Code of Governance.

The information in this report about our compliance or explanations for non-compliance with the Code of Governance is subject to review by the Trust's external auditors.

### Requirements under the code for disclosure

The Trust discloses compliance with the Code of Governance where annual disclosure in the Annual Report is required. Those marked 'additional' are not in the Code but are added by the Annual Reporting Manual to supplement the requirements. Additional information has also been included as appropriate, to provide further detail on the Trust's compliance with the Code.

Reference	Summary of requirement	Disclosure/ additional information
A 2.1	The Board of Directors should assess the basis on which the Trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships.	Within the Annual Governance Statement and the Performance Section.
A 2.3	The Board of Directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the Trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the Trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Assurance through Well Led report and covered within the Staff Report. Accountability Framework launched in 2024/25.
A 2.8	The Board of Directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the Trust has entered.	Within the Performance Section and Annual Governance Report.
B 2.6	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent.	Within the Directors' report.
B 2.13	The annual report should give the number of times the Board and its committees met, and individual director attendance.	Within the Directors' report.
B 2.17	Clear statement detailing the roles and responsibilities of the Council of Governors. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate.	Within the Accountability section of this report.
C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the Trust or individual directors.	Within the Remuneration Report.

C 2.8	The annual report should describe the process followed by the Council of Governors to appoint the Chair and Non-Executive Directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Within the Remuneration Report.
C 4.2	The Board of Directors should include in the annual report a description of each Director's skills, expertise and experience.	Within the Directors' report. For each vacancy, the Remuneration and Appointments Committee reviewed the structure, size and composition of the Board during the year to ensure that there is a broad mix of skills, knowledge, experience and diversity.
C 4.7	All Trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well Led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the Trust or individual directors.	Well Led Review completed in 2023/24.
C 4.13	The annual report should describe the work of the nominations committee(s).	Within the Remuneration Report.
C 5.15	Foundation Trust Governors should canvass the opinion of the Trust's members and the public, and for Appointed Governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors.	Within the Council of Governors section.
D 2.4	<p>The annual report should include:</p> <ul style="list-style-type: none"> <li>the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed</li> <li>an explanation of how the audit committee (and/or auditor panel for an NHS Trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans</li> <li>an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.</li> </ul>	Within the Accountability section of this report and the auditor's report.

D 2.6	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.	Within Statement of CEO responsibilities as Accounting Officer.
D 2.7	The Board of Directors should carry out a robust assessment of the Trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	Within Annual Governance Statement.
D 2.8	The Board of Directors should monitor the Trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The Board should report on internal control through the annual governance statement in the annual report.	Within Annual Governance Statement.
D 2.9	In the annual accounts, the Board of Directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern.	See Going Concern Statement.
E 2.3	Where a Trust releases an executive director, e.g., to serve as a Non-Executive Director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	Not applicable in 2024/25.
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Within the Council of Governors section.
Appendix B, para 2.14 (not in Schedule A)	The Board of Directors should ensure that the NHS Foundation Trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS Foundation Trust's website and in the annual report.	Within the Council of Governors section.
Appendix B, para 2.15 (not in Schedule A)	The Board of Directors should state in the annual report the steps it has taken to ensure that the members of the Board, and in particular the Non-Executive Directors, develop an understanding of the views of governors and members about the NHS Foundation Trust, e.g., through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	Within the Council of Governors section.

Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	Not applicable in 2024/25.
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The Board of Directors confirms that in relation to those provisions within the Code of Governance for which the Trust is required to 'comply or explain,' the Trust was compliant throughout the year to 31 March 2025 in respect of those provisions of the code which had effect during that time, save exceptions and explanations outlined in the table above.

### **Derbyshire based NHS Healthcare Support Worker wins award for improving the lives of learning disability patients with speech and language therapy needs**

A Healthcare Support Worker who works with local people with learning disabilities with their speech, language and communication needs was presented with a county-wide Healthcare Support Worker (HCSW) Award for her contributions to the profession.

Francesca Scrivener-Greene, Speech and Language Therapy Apprentice at the Trust, was awarded the 'Student of the Year Award' by Joined Up Care Derbyshire for adding value to the Speech and Language service through providing alternative methods of communication with those who cannot rely on speech alone. Some of Francesca's work highlights her ability to adapt to new challenges and still provide a high quality of service to the patients she cares for in the community.



*Colleagues from the Research and Development Team at the Annual Members Meeting*

## **NHS Oversight Framework**

NHS England's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments.'

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

- a) Objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics. The themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities
- b) Additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS 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 conditions.

## **Segmentation**

Effective from 1 April 2024, NHS England placed the Trust into segment 3 'mandated support'. This was based on the Integrated Care Board's (ICB) assessment of the Trust's delivery against the performance measures set out in the NHS Oversight Framework, driven by:

- Clinical Quality and Safety – significant and immediate safety concerns identified by the CQC from their inspection of the Trust's acute adult inpatient wards in April 2024. The acute adult service was rated as 'Requires Improvement' and regulator-imposed restrictions were put in place
- Financial Performance – the Trust has experienced a challenging financial position and is one of a few mental health trusts in the country with a financial deficit
- Operational Performance – continued concerns relating to inpatient flow impacting on achievement of out of area placement performance, and the lack of sustained improvement in this area.

This segmentation information is the Trust's position as at 31 March 2025.

The exit criteria from segment 3 has been agreed and the Trust has robust improvement plans against the areas flagged around quality, operational and financial performance. Good progress was recognised at the March 2025 NOF review meeting, particularly the quality and safety improvements evidenced in the CQC's re-inspection of the Trust's acute inpatient units in December 2024. The service was rated as 'Good' following the inspection, with no safety concerns and all restrictions lifted.

Current segmentation information for NHS Trusts and foundation trusts is published on the NHS England website: <https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/>.



## **Statement of Chief Executive's responsibilities as the Accounting Officer of Derbyshire Healthcare 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 England.

NHS England has given Accounts Directions which require the 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 the Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- 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
- 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 them 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 preventions 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.



Mark Powell  
Chief Executive  
25 June 2025



# Annual Governance Statement

1 April 2024 – 31 March 2025

## 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 Derbyshire Healthcare 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 Derbyshire Healthcare NHS Foundation Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

### Leadership of risk management process

Management of risk underpins the achievement of the Trust's Strategy and related objectives. The Trust believes that effective risk management is imperative not only to provide a safe environment and improved quality of care for patients and staff, but it is also significant in the business planning process where public accountability in delivering health services is required. Risk management is the responsibility of all staff and managers.

Strong leadership is provided to the risk management process through the Trust Board which has overall responsibility for managing risk in the Trust and ensuring implementation of the Risk Management Strategy. The Board monitors strategic risks through regular review of the Board Assurance Framework and receipt of reports from the Audit and Risk Committee which provides assurance to the Board regarding the continued effectiveness of the Trust's system of integrated governance, risk management and internal control.

All Board committees have responsibilities to monitor and review risks relevant to their remit including the extent to which they are assured by the evidence presented with respect to the management of the risks. Each committee is responsible for escalating concerns regarding the management of significant risks to the Trust Board.

There are key roles on the Trust Board in relation to risk:

- The Chief Executive Officer has overall responsibility for maintaining a sound system of internal control that supports the achievement of the Board's policies, aims and objectives, whilst safeguarding funds and assets
- The Director of Corporate Affairs and Trust Secretary supports the Chief Executive Officer in their role as the Accounting Officer of the organisation and has responsibility for risk in relation to the corporate governance framework, compliance and assurance including the Board Assurance Framework. Day to day responsibility for risk management is discharged through the designated accountability of other Executive Directors. Health and Safety risks also sit under their portfolio
- The Director of Nursing, Allied Health Professionals, Quality and Patient Experience and

the Medical Director are the joint executive leads for quality and patient safety, responsible for patient involvement, safeguarding, infection control and professional standards for nursing and allied health professional staff. They have delegated responsibility for the risk management and assurance function

- The Medical Director is also responsible for the professional standards of medical staff within the Trust, serious incidents and data security and protection (including cyber security)
- The Director of Finance has delegated responsibility for risks associated with the management, development and implementation of systems of financial risk management and the risks associated with the Trust's estate
- The Chief Delivery Officer has delegated responsibility for risks associated with operational management including overall emergency planning and resilience and business continuity. They also have delegated responsibility for risks relating to local commissioning and partnership working, strategy and business development, and organisational transformation
- The Director of People, Organisational Development and Inclusion has delegated responsibility for risk associated with the delivery of an effective People Services function including workforce planning, staff welfare, recruitment and retention
- The Trust Chair and Non-Executive Directors exercise non-executive responsibility for the promotion of risk management through participation in the Trust Board and the Board committees. They are responsible for scrutinising systems of governance and have a role in this Trust as chairs of Board committees.

The Risk Management Strategy formalises risk management responsibilities for the Trust within a broad corporate framework and sets out how the public (and all stakeholders) may be assured that risks are identified and managed effectively. It guides staff in the application of that framework through the identification, evaluation and treatment of risk as part of a continuous process. The Risk Management Strategy also enables the development of a positive learning environment and risk aware culture.

#### Risk management training

Staff are trained to manage risks through an embedded tiered risk management training programme comprising of the following elements:

- Trust Board – Board Assurance Framework development – Annual session
- How To Manage Safely (Health and Safety) risk training
- Datix training for teams (Datix is the Trust's incident/risk/complaints recording system)
- Datix – New risk handlers one to one training
- 'Bite size' sessions on how to report incidents are delivered through MS Teams to support staff.

Uptake is monitored and reported to the Health and Safety Committee and the Audit and Risk Committee and is monitored through operational lines.

In addition, many of the courses delivered by the Trust support effective risk management and delivery of the Risk Management Strategy. Examples include:

- Safeguarding – Children and adult
- Safety planning and suicide awareness
- Data security and protection
- Infection control and prevention
- Medicines management courses
- Fire – awareness and fire warden
- First aid at work
- Falls prevention

- Manual handling
- 'Positive and safe' and 'promoting safer therapeutic services'.

Trust-wide guidance is provided to staff to encourage learning from good practice. Examples include: a 'Blue Light' system of alert notifications to rapidly communicate information on significant risks that require immediate action to be taken; a monthly 'Policy Bulletin' informing staff of key themes within new or updated policies and procedures, a Safeguarding Information Sharing document, and a 'Practice Matters' publication which focuses on learning and sharing best practice.

## **The risk and control framework**

### Identification, evaluation and control of risks

The Risk Management Strategy details the identification of risk to the Trust and its evaluation, control and transference and is supported by a range of policies and procedures. These include the Risk Assessment Policy and Procedures; Incident Policy and Procedure; Duty of Candour Policy and Procedures; Safety Needs Assessment and Management of Safety Needs Policy; Learning from Deaths Procedure; and Freedom to Speak Up Policy and Procedure. In addition, the Risk Management Strategy supports the implementation of the Corporate Governance Framework and Health and Safety at Work Policy. The Risk Management Strategy was formally reviewed and reissued at the end of 2022. The 2023-2025 strategy will run from January 2023 until December 2025. A progress update on achievements against the strategy's objectives is considered annually by the Audit and Risk Committee each October.

Risk identification is undertaken both proactively via risk assessments and reactively via incident reporting, complaints, claims analysis, internal and external inspection and audit reports. Risk evaluation is completed using a single risk matrix to determine impact and likelihood of risk realisation with grading of risk resulting from the overall matrix score. Risk control and treatment plans identify responsibility and authority for determining effectiveness of controls and development of risk treatment plans and actions.

All risks are detailed on a single electronic Trust-wide risk register (Datix). The exception is for risk assessments relating to individual patients which are recorded on patient record systems, and those relating to individual staff arising from workplace assessments which are retained alongside the staff record. The Datix risk register has inbuilt ward/team, service, divisional and Trust-wide level risk registers reporting from this central hub and notification through automated escalation of risks (depending on the rating of the risk identified).

The risk appetite for the Trust is clearly articulated in the Risk Management Strategy in the form of a risk appetite statement. The risk tolerance levels linked to the risk appetite are shown as 'acceptable', 'tolerable in certain circumstances' and 'unacceptable', and the grading for each level is mapped against the Risk Assessment Matrix. The risk appetite for risks on the Board Assurance Framework is articulated in the Risk Management Strategy.

Incident reporting is openly encouraged and supported by an online incident reporting form, accessible to all staff, which includes a link to 'frequently asked questions'. 'Bite size' sessions on how to report incidents are delivered every two weeks by the Risk Management Team through MS Teams. Incident investigation involves robust systems for reporting and investigating incidents to identify areas for organisational learning and good practice.

All serious incidents are overseen by the Executive Director Led Executive Incident Group or the Operational Incident Group, dependent on the level of investigation required. The Patient Safety Incident Response Framework (PSIRF) methodology is the adopted approach for the Trust. Summary reports are provided to the Quality and Safeguarding Committee including assurance of action plans being completed.

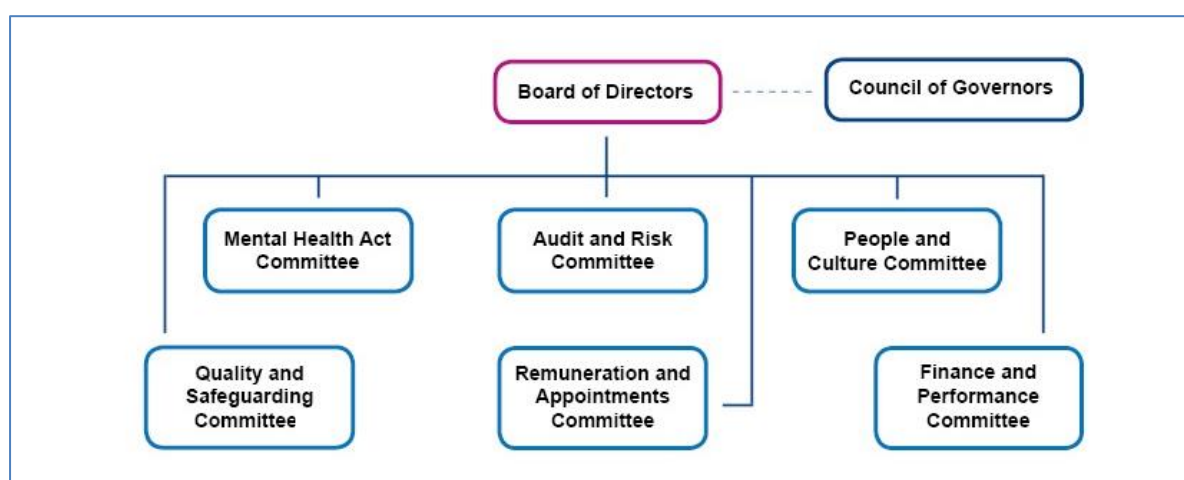
### Quality governance arrangements

Overall responsibility for quality governance lies with the Trust Board, as part of its responsibility for the direction and operation of the Trust. The Board is supported in its role regarding quality governance by the Quality and Safeguarding Committee, which is constituted as a committee of the Board, led by a Non-Executive Chair and with both Executive and Non-Executive Director members.

Day to day oversight of quality governance is the responsibility of the Executive Leadership Team, with the leadership role in this area taken by the Director of Nursing, Allied Health Professionals, Quality and Patient Experience. This is supported by the Medical Director, Deputy Medical Director, Clinical Directors, Deputy Director of Nursing and Patient Safety and the professional leads from within the nursing and patient experience teams. The Clinical and Quality Directorate supports quality governance in the Trust.

### Trust governance structure

The Trust's governance structure is shown in the diagram below:



A summary of the key responsibilities of the Board committees in relation to risk management is detailed below:

The Audit and Risk Committee is responsible for providing assurance to the Board about the continued effectiveness of the Trust's system of integrated governance, risk management and internal control. In particular, the committee will review the adequacy of:

- All risks and control-related disclosure statements, e.g. Annual Governance Statement
- The Board Assurance Framework as a robust process for monitoring, assurance, and mitigation of significant risks to the attainment of the Trust's strategic objectives.

Overall, the Audit and Risk Committee provides assurances to the Board that the organisation has sufficient controls in place to manage the significant risks to achieving its strategic objectives and that these controls are operating effectively.

All Board committees, Finance and Performance Committee, Mental Health Act Committee, People and Culture Committee, Remuneration and Appointments Committee and Quality and Safeguarding Committee, have responsibilities to monitor and review risks relevant to their remit including the extent to which they are assured by the evidence presented with respect to the management of these risks. Each committee is responsible for escalating concerns regarding the management of significant risks to the Board and for determining areas and topics for organisational learning.

#### Assessment of quality performance information

Throughout 2024/25 the Board received the Integrated Performance Report (IPR) which incorporates quality indicators for specific service lines and quality metrics, as well as metrics around finance, workforce and performance.

The Quality and Safeguarding Committee and associated groups are active and their outputs are clearly evidenced in the Trust's Annual Report. Elements of the Annual Report are subject to review by external auditors as well as extensive consultation and feedback internally and externally on its content.

The Trust has a Board Visit programme which includes planned visits to every ward and team in the Trust, this sits alongside the Fundamental Standards of Care framework to review quality and safety across the services.

The Trust has continued to manage CQC action plans from previous inspections. The Quality and Safeguarding Committee receives assurance on the CQC actions and compliance to the standards of care, including those from the Mental Health Act visits.

#### Data security risks

The Trust is committed to protecting personal information of our service users and to handle this as carefully as we would our own. The Trust is registered with the Information Commissioner's Office who oversee our compliance against the Data Protection Act 2018 and General Data Protection Regulation (GDPR) in the UK. Registration reference Z8416831.

The Board has put in place procedures to ensure that information is handled with appropriate regard to its sensitivity and confidentiality, which are available to all staff and which all staff are required to follow.

The Trust has in place the following arrangements to manage data security and protection risks:

- A Senior Information Risk Owner (SIRO) who is the Director of Corporate Affairs and Trust Secretary. The Medical Director has retained the role of Caldicott Guardian. Both these key roles have appointed deputies
- Annually completed Data Security and Protection Toolkit, with reported outcomes to the Audit and Risk Committee and Board
- Clear identification of information asset owners who have undergone training for their role and undertaken risk assessment for their respective assets
- Excellent compliance for mandatory Data Security and Protection training (97-98%)
- Data security incidents reviewed by the Data Security and Protection Committee at each meeting
- Data security policy compliance reviewed by the Data Security and Protection Committee at each meeting, consistently 100% policies reviewed and in date
- Ongoing compliance with the implementation of the General Data Protection Regulations (GDPR).

The last Data Security and Protection Toolkit Review, completed in June 2024 by internal auditors 360 Assurance, resulted in a moderate level of confidence in the Trust's self-assessment. One moderate and four low level actions were recommended; all of these have been completed on time.

### Major risks

Major risks to the delivery of the Trust strategic objectives are identified in the Board Assurance Framework and reporting and review processes. At the start of 2024/25 these risks were as follows:

<b>Major Risks to Achievement of Trust Strategic Objectives 2024/25 At Start of Year (01.04.24)</b>	
<b>Risk Description</b>	<b>Risk Rating</b>
There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board.	<b>HIGH</b>
There is a risk that the Trust does not deliver key regulatory and strategic requirements related to dormitory eradication and psychiatric intensive care unit (PICU) and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements.	<b>HIGH</b>
There is a risk that the Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage.	<b>MODERATE</b>
There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility as it has not fully completed its dormitory eradication programme. This may result in regulatory action if mitigation to improve safety does not occur.	<b>MODERATE</b>
There is a risk that we are unable to create the right culture with high levels of staff morale.	<b>HIGH</b>
There is a risk that we do not have a diverse workforce with the right number of people with the right skills to support and deliver safe high quality care.	<b>HIGH</b>
There is a risk that the Trust fails to deliver its revenue and capital financial plans.	<b>EXTREME</b>
Whilst there are significant benefits from the creation of the Integrated Care System (ICS) as an NHS body, there is a risk that the effects of the change may impact negatively on the cohesiveness of the Derbyshire health and care system.	<b>MODERATE</b>
There is a risk of reputational damage if the Trust is not viewed as a strong partner.	<b>MODERATE</b>
<b>Multiple System Strategic Risk</b>	
There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS in-patient LD bedded care.	<b>HIGH</b>

Progress during 2024/25 against the major risks and associated actions is summarised below:

**Quarter 1 2024/25** – Actions relating to key gaps in control were reviewed to ensure they were current, one relating to the ability to complete physical healthcare checks was removed as it was no longer an issue and one relating to the percentage of leaders attending local, system or national leadership programmes was removed as the targets were achieved. Narrative in the BAF was updated to reflect the safety concerns and restrictions following the April 2024 unannounced inspection of the Acute Inpatient Services.

**Quarter 2 2024/25** – Progress was made against an action to improve the Trust's response to a possible major outage. The risk was reduced as the Trust's work progresses on mitigating risks associated with the increasing dependence on digital technology for the delivery of care and operations.



A key gap in control to risks relating to recruitment was closed – overseas recruitment plans came to fruition. Ongoing progress on the CQC action plan (Acute Inpatient Services Inspection April 2024) was reported.

**Quarter 3 2024/25** – The whole BAF was updated to include the impact of:

- National NHS Reforms
- National Oversight Framework – placement of the Trust in segment 3
- Making Room for Dignity (MRfD) programme.

Two actions to close gaps in key controls against recruitment and retention risks deteriorated in status as further issues were identified by the Director of People, Organisational Development and Inclusion. Ongoing progress on the CQC action plan (Acute Inpatient Services Inspection April 2024) was reported.

**Quarter 4 2024/25** – The BAF was updated to reflect the Acute Inpatient Services re-inspection in December 2024, when the service was rated 'Good' following the inspection, there were no safety concerns and all restrictions were lifted. The continuing work on improving patient outcomes and standards for quality care were reported.

An additional full review of the BAF to align it against the new Trust Strategy was undertaken. Director updates ensured that the risks were mapped to the new strategic objectives and a thorough review of the root causes, key gaps in control and associated actions were undertaken to ensure that:

- Any new risks to meeting the new objectives are captured in the BAF report
- The key controls and internal assurances of those controls are current
- Any of the measures under the new objectives have been added to the controls, assurances, or to the narrative against the actions.

The following main changes were made:

**Productive – Our services will be productive, demonstrate best value for our population and be cost effective** – The title was updated to include corrective action required to control the risk, and root causes were updated to ensure they directly link to the current risk. Additional key gaps in control were identified and new actions to close them were logged with progress updates. The BAF risk on the delivery of the Trust's revenue and capital financial plans was downgraded from extreme to moderate at the end of the financial year to reflect the breakeven position at that point.

**Partnerships – Our organisation will identify new ways of working, through new collaborative approaches** – Risk MS1 was previously included in the BAF report as a system-wide risk that did not directly link to Trust objectives. This was removed and the risk and actions linked to it were moved to the partnership section, now showing as Risk 1C. The entire non-Trust section was removed to avoid duplication but without losing any content that is linked to the Trust strategic objectives. Risk titles, all root causes, key gaps in control and associated actions to close those gaps were updated and added to.

Major risks included in the Board Assurance Framework report at the end of 2024/25 were carried over for 2025/26 in readiness for the first review of 2025/26.

Major Risks to Achievement of Trust Strategic Objectives 2025/26 At Start of Year (1.04.25)	
Risk Description	Risk Rating
There is a risk that the Trust will fail to provide standards for safety, and effectiveness as required by our patients, regulators, partners and our Board, There is also a risk of poor patient experience and outcomes.	HIGH
There is a risk that the Trust does not deliver key regulatory and strategic requirements related to dormitory eradication and psychiatric intensive care unit (PICU) and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements.	HIGH
There is a risk that the Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage.	MODERATE
There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility as it has not fully completed its dormitory eradication programme. This may result in regulatory action if mitigation to improve safety does not occur.	MODERATE
There is a risk that we are unable to create the right culture with high levels of staff morale.	HIGH
There is a risk that we do not have an adequate supply of a diverse workforce with the right people with the right skills to support and deliver safe high-quality care.	HIGH
There is a risk that the Trust fails to deliver its revenue and capital financial plans for 2025/26 caused by factors including non-delivery of Cost Improvement Programme (CIP) targets and increased cost pressures not mitigated resulting in a threat to our financial sustainability and delivery of our statutory financial duties.	MODERATE
There is a risk that the effects of both nationally and locally driven changes to roles and responsibilities within the Integrated Care Board (ICB), and with its partners may impact negatively on the cohesiveness of the Derbyshire health and care system.	MODERATE
There is a risk of reputational damage if the Trust is not viewed as a strong partner both within the Derby and Derbyshire Integrated Care System (ICS) and more broadly within the East Midlands Mental Health Provider Alliance.	MODERATE
There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership.	HIGH

The full details of these risks, including the controls and assurances in place and the actions identified and progress made in mitigating the risk, are shown in the Board Assurance Framework, which is reported to the Audit and Risk Committee and Board quarterly.

All operational risks on the Trust-wide risk register with a residual risk of 'high' or 'extreme' are cross-referenced to the associated strategic risk in the Board Assurance Framework.

#### Assessment against NHS Improvement Well Led Framework

The last external assessment under the above framework was undertaken in 2023 by the Office of Modern Governance. The assessment of the Trust's governance arrangements as set out in the report was a positive one. During the review, the Office of Modern Governance indicated they observed many elements of good or leading-edge leadership and governance practice. This was balanced by the highlighting of areas where a sharpening or subtle refocusing of the Trust

approach will accelerate the journey of improvement the Trust is on. These areas were reflected in the recommendations and have been built into the action plan, delivery of which is being monitored by the Audit and Risk Committee.

The Board continues to receive regular updates on the robustness of the Trust's corporate governance processes. The Board has continued to receive assurance through its committee structure. The committees have in turn received assurance on governance through a variety of internal and external sources, such as the Head of Internal Audit Opinion and the external audit of the Annual Governance Statement, overseen by the Audit and Risk Committee.

#### Embedding of risk management

Risk management systems and processes are embedded throughout a wide range of Trust activities, with significant risks reported through the risk register systems and processes. Risks reported include clinical risks, health and safety risks, business continuity risks, data security risks and commissioning risks.

The Trust is a learning organisation, where staff are encouraged to report incidents honestly and openly through an online incident reporting form, with incidents escalated and managed depending on their grade and subject category. Learning is evidenced at team, service and Trust-wide level through feedback on incident forms, serious incident investigation reports and 'Blue Lights' (staff communications for urgent risks).

The Trust uses an equality impact assessment (EIA) tool as the evidence-based framework to proactively and consciously engage and consider the impact of 'due regard' (legal duty as set out in the Equality Act 2010) on all key decisions, proposals, policies, procedures, services and functions that are relevant to equality. The tool is used to identify relevance to equality and potential inequalities, barriers to access and outcomes arising out of our processes, decisions, services and employment. If there is an adverse effect on people with protected characteristics, the Trust seeks to mitigate or minimise those effects.

EIA is embedded in all Trust policies and through cover sheets for reports for Trust Board and committees which requires the authors of the papers to identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

#### Public stakeholders' involvement in managing risks

The Trust seeks and welcomes feedback from and involvement of stakeholders in relation to the provision of services and the management of risk which may impact on them. Ways in which public stakeholders are involved include:

- Range of processes for receiving and learning from patients and carer feedback including 'EQUAL Forum', a Trust patient and carers committee
- Council of Governors and its governance structure
- The Trust's engagement with Overview and Scrutiny Committees and Healthwatch
- Cohesive work with partners in the Derbyshire health and care system and with the Integrated Care System (ICS)
- Trust membership and Annual Members Meeting.

#### Compliance with CQC registration

The Trust's last comprehensive inspection from the CQC took place during 2019/20 and resulted in an overall rating of 'Good'. In April 2024 the Acute Inpatient Services had an unannounced inspection, the service was rated 'Requires Improvement' because of safety concerns and restrictions were put in place. The Trust's overall rating remained at 'Good'. The Trust worked with partners on the development and delivery of an action plan to improve the services. In December

2024 the Acute Inpatient Services were reinspected in an unannounced visit. The service was rated 'Good' following the inspection, there were no safety concerns and all restrictions were lifted. The Trust overall rating of 'Good' remains unchanged.

Reports for both of these inspections are available on the CQC website.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

The foundation trust has published on its website an up to date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve 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.

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 on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Trust Board carries the final overall corporate accountability for its strategies, policies and actions as set out in the codes of conduct and accountability issued by the Secretary of State.

The Trust has a robust committee governance structure in place with the following committees reporting into the Board:

- Audit and Risk Committee
- Mental Health Act Committee
- Quality and Safeguarding Committee
- People and Culture Committee
- Finance and Performance Committee
- Remuneration and Appointments Committee.

Terms of reference for all committees have been approved by the Board. A review of effectiveness is undertaken and annual reports from the committees are received at Board meetings during the year. Work is well underway on the annual reports from committees for 2024/25.

The Trust continues to review its operational efficiency metrics throughout the year via the Integrated Performance Report.

Improvements in triangulation of data continues to take place across the Board committees and are escalated as part of the committee reporting into Board.

Internal audit services provide the Trust with an independent and objective opinion on the effectiveness of the systems in place for risk management, control and governance.

The Audit and Risk Committee approves the annual audit plan, which is set using a risk

management approach. The annual clinical audit plan is approved by the Quality and Safeguarding Committee.

External audit services report on the accuracy and appropriateness of the Trust statutory reports (Annual Accounts and elements of the Annual Report).

The Trust has overachieved and delivered a year end performance position which is better than planned. This is part of a wider positive system position where Derby and Derbyshire ICB have collectively delivered on its 2024/25 system financial performance targets for the year. This is described in more detail in the financial performance section of the annual report. The Finance and Performance Committee scrutinise the financial performance and financial risks throughout the year.

During the year, the Trust moved into National Oversight Framework segment 3 from segment 2 during 2024/25. This was in relation to three aspects of performance: CQC and quality concerns, inappropriate out of area performance and operating with a financial deficit plan and performance. During the year, the CQC and quality concerns were satisfactory resolved, pressures and challenges remain with regards to financial sustainability and an actual continued operational deficit alongside out of area challenges.

### **Information governance**

Between 1 April 2024 and 31 March 2025 one concern was reported to the Information Commissioner's Office (ICO) by our Trust ref: IC-315450-X9B7. This was for a subject access request which required external support. This was completed, but beyond the three-month deadline for complex requests. Lessons learned from this incident include a change in how email searches and forensic discoveries requests are made to NHS Mail. This is to help focus the scope and to help speed up the overall process.

There have been a further nine incidents reported externally via the Data Security and Protection Toolkit.

Six of these met the threshold for further escalation to the ICO who in turn responded to confirm no further action was necessary. Four of these six were confirmed as external to the Trust and reported to ensure third party involved correctly managed the incident process. As part of the learning from these incidents, the Trust policy was also updated to reflect the importance of multi factor authentication (MFA) and how this can help staff protect their own data in their personal life and also Trust and service user data in their roles.

Three further incidents were reported to the Data Security and Protection toolkit but did not meet the threshold to be reported to the ICO.

In all cases the Trust acted to make sure the incidents were investigated with a just culture approach, apologies made to those affected along with confirmation.

### **Data quality and governance**

The Trust recognises the need to understand how it is performing and to ensure that performance data and information is accurately reported. The Trust Data Quality policy has been updated in year, this highlights the importance of data quality, all staff have responsibility with Trust Leadership Team involvement and backing. Report feedback is in place to provide healthcare professionals visibility of data they are responsible for.

Overall accountability for data quality has been confirmed as part of the remit of the Audit and Risk Committee during the year with routine reporting for 2024/25 on the committee forward plan. Any issues identified are captured and corrections are made to the policies, systems and processes to provide the Board with assurances that it can rely upon the information.

## 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 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 risk/clinical governance/quality committee, if appropriate) and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes applied in maintaining and reviewing the effectiveness of the system of internal control are:

The Board of Directors:

- Is responsible for approving and monitoring the systems in place to ensure there are proper and independent assurances given on the soundness and effectiveness of internal control
- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The Audit and Risk Committee:

- Is responsible for independently overseeing the effectiveness of the Trust's systems for internal control and for reviewing the structures and processes for identifying and managing key risks
- Is responsible for reviewing the establishment and maintenance of effective systems of internal control
- Is responsible for reviewing the adequacy of all risk and control-related statements prior to endorsement by the Board
- In discharging its responsibilities takes independent advice from the Trust's internal auditor 360 Assurance, and external auditor Forvis Mazars.

## Internal audit

The headline internal audit opinion provided by the Trusts internal auditors 360 Assurance is as

### Overall Opinion

I am providing an opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently.

The basis for forming this opinion is informed by the completion of the Trust's internal auditors of eight Trust audits and one system-wide audit undertaken in 2024/25; they were issued the following assurance ratings:

Significant assurance:

- Board Assurance Framework
- Performance Management Framework
- Section 12 approved doctors
- Ligatures



Moderate assurance:

- Staff Health and Wellbeing
- Quality Governance
- Payroll

Moderate assurance (NHSE Rating):

- Data Security and Protection Toolkit

Advisory Report:

- Derby and Derbyshire ICS – Joined Up Care Derbyshire (JUCD)  
System-wide controls for managing the discharge of patients from hospital.

My review is also informed by:

- Registration with the CQC
- Regular CQC Mental Health Act visits and CQC engagement meetings
- NHS England's compliance return and governance statements
- Compliance with NHS England's National Oversight Framework
- Audit reports received during the year following on from the internal audit and external audit plans and fraud risk assessment agreed by the Trust's Audit and Risk Committee.

## **Conclusion**

No significant internal control issues have been identified.

Signed: 

Date: 25 June 2025

**Mark Powell**  
**Chief Executive**

# **Annual Accounts 2024/25**

Derbyshire Healthcare NHS Foundation Trust  
Annual Accounts for the year ending 31 March 2025

**Foreword**

Presented to Parliament pursuant to Schedule 1, prepared in accordance with paragraphs 24 & 25 of Schedule 7 of the National Health Service Act 2006 by Derbyshire Healthcare NHS Foundation Trust.

# **Independent auditor's report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust**

## **Report on the audit of the financial statements**

### **Opinion on the financial statements**

We have audited the financial statements of Derbyshire Healthcare NHS Foundation Trust ('the Trust') for the year ended 31 March 2025 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information.

The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2024/25 as contained in the Department of Health and Social Care Group Accounting Manual 2024/25, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

### **Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

## **Other information**

The other information comprises the information included in the Annual Report & Accounts, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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 such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in 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 in these regards.

## **Responsibilities of the Accounting Officer for the financial statements**

As explained more fully in the Statement of Chief Executive's Responsibilities as the Accounting Officer, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2024/25 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

## **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's 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.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the Trust, we considered that non-compliance with the following laws and regulations might have a material effect on the financial statements: employment regulation, health and safety regulation, data protection, corruption and anti-bribery. To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit and Risk Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and the Accounts and Audit Regulations 2003.

In addition, we evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, in particular in relation to revenue recognition (which we pinpointed to the cut-off assertion and overstatement of revenue, and the existence assertion on receivables), and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management, Internal Audit and the Audit and Risk Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing;
- consideration of identified significant transactions outside the normal course of business;
- testing accounting estimates impacting amounts included in the financial statements;
- testing income transactions in the pre and post year end period to ensure they have been recognised in the right year;
- testing of year end receivables to ensure they exist at the balance sheet date; and
- reviewing the intra-NHS reconciliations and data matches provided by the Department of Health.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit and Risk Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.



A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources**

### **Matter on which we are required to report by exception**

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in this respect.

### **Responsibilities of the Accounting Officer**

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

### **Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

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 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 guidance issued by the Comptroller and Auditor General in November 2024.

## **Report on other legal and regulatory requirements**

### **Opinion on other matters prescribed by the Code of Audit Practice**

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024/25; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which we are required to report by exception under the Code of Audit Practice**

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2024/25; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.


We have nothing to report in respect of these matters.

## **Use of the audit report**

This report is made solely to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

## **Delay in certification of completion of the audit**

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the National Audit Office that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.




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Mark Surridge (Jun 25, 2025 19:43 GMT+1)

Mark Surridge, Key Audit Partner  
For and on behalf of Forvis Mazars LLP (Local Auditor)

2 Chamberlain Square  
Birmingham  
B3 3AX

# STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED 31 MARCH 2025

		2024-25	2023-24
	NOTE	£000	£000
Operating income from continuing operations	4 & 5	251,410	218,298
Operating expenses of continuing operations	7	(270,009)	(220,153)
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>(18,599)</b>	<b>(1,855)</b>
<b>FINANCE COSTS</b>			
Finance income	11	1,901	2,497
Finance expense - financial liabilities	13	(3,605)	(6,519)
PDC Dividends payable		(4,977)	(3,949)
<b>NET FINANCE COSTS</b>		<b>(6,681)</b>	<b>(7,971)</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>(25,280)</b>	<b>(9,826)</b>
Other Gains and Losses	12	0	781
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>(25,280)</b>	<b>(9,045)</b>
Other Comprehensive Income/(Expenditure)*		(7,397)	1,899
<b>TOTAL COMPREHENSIVE INCOME(EXPENSE) FOR THE YEAR</b>		<b>(32,677)</b>	<b>(7,146)</b>

## Breakeven Duty - The below does not form part of the Statement of Comprehensive Income

### Adjusted financial performance (control total basis):

Surplus / (deficit) for the period	(25,280)	(9,045)
Remove net impairments not scoring to the Departmental expenditure limit	23,859	980
Remove I&E impact of capital grants and donations	(1,063)	0
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	7,973	6,368
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	(5,488)	0
Add back I&E impact of IFRIC 12 schemes on an IAS 17 basis	0	(2,891)
<b>Adjusted financial performance surplus / (deficit)</b>	<b>1</b>	<b>(4,588)</b>

\* Other Comprehensive Income/(expenditure) relates to the revaluation of the Land and Buildings that has been adjusted through the revaluation reserve.

The notes on pages 164 to 209 form part of these accounts.

# STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2025

		31 March 2025	31 March 2024
	NOTE	£000	£000
<b>Non-current assets:</b>			
Intangible assets	15	2,070	4,067
Property, plant and equipment	14	198,574	222,091
Right of use assets	16	8,118	7,867
Trade and other receivables	20	1,396	1,682
<b>Total non-current assets</b>		<b>210,158</b>	<b>235,707</b>
<b>Current assets:</b>			
Inventories	19	188	258
Trade and other receivables	20	4,718	5,611
Cash and cash equivalents	23	19,071	33,638
<b>Total current assets</b>		<b>23,977</b>	<b>39,507</b>
<b>Current liabilities</b>			
Trade and other payables	25	(21,186)	(35,182)
Borrowings	27	(2,534)	(2,683)
Provisions	31	(781)	(432)
Other liabilities	26	(7,047)	(8,417)
<b>Total current liabilities</b>		<b>(31,548)</b>	<b>(46,714)</b>
<b>Total assets less current liabilities</b>		<b>202,587</b>	<b>228,500</b>
<b>Non-current liabilities</b>			
Borrowings	27	(40,705)	(41,117)
Provisions	31	(1,960)	(1,934)
<b>Total non-current liabilities</b>		<b>(42,665)</b>	<b>(43,051)</b>
<b>Total Assets Employed:</b>		<b>159,922</b>	<b>185,449</b>
<b>FINANCED BY:</b>			
<b>TAXPAYERS' EQUITY</b>			
Public Dividend Capital		130,309	123,159
Revaluation reserve		52,513	59,910
Other reserves		8,680	8,680
Income and expenditure reserve		(31,580)	(6,300)
<b>Total Taxpayers' Equity:</b>		<b>159,922</b>	<b>185,449</b>

The financial statements on pages 159 to 163 were approved by the Audit and Risk Committee on behalf of the Board on the 25 June 2025 and signed on its behalf by:



Signed: Mark Powell - Chief Executive

**STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE PERIOD ENDED 31 MARCH 2025**

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
<b>Taxpayers Equity at 1 April 2024</b>	<b>123,159</b>	<b>59,910</b>	<b>8,680</b>	<b>(6,300)</b>	<b>185,449</b>
Surplus/(deficit) for the year	0	0	0	(25,280)	(25,280)
Revaluations/Impairments	0	(7,397)	0	0	(7,397)
Public Dividend Capital Received	7,150	0	0	0	7,150
<b>Taxpayers Equity at 31 March 2025</b>	<b>130,309</b>	<b>52,513</b>	<b>8,680</b>	<b>(31,580)</b>	<b>159,922</b>

**STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE PERIOD ENDED 31 MARCH 2024**

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2023	72,896	58,011	8,680	13,952	153,539
Surplus/(deficit) for the year	0	0	0	(9,045)	(9,045)
IFRS Application to PFI Liability	0	0	0	(11,207)	(11,207)
Revaluations	0	1,899	0	0	1,899
Public Dividend Capital Received	50,263	0	0	0	50,263
Taxpayers Equity at 31 March 2024	123,159	59,910	8,680	(6,300)	185,449

## **Information on reserves**

Public dividend capital (PDC) - is a type of public sector equity finance which the Trust has received to fund capital projects.

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 – this reserve was created when two Trusts merged and the accounts were consolidated. This will represent the merged I&E and Revaluation Reserves at the point of merger and will remain unchanged.

Income and expenditure reserve - the balance of this reserve is the accumulated surpluses or deficits of the Trust.



STATEMENT OF CASH FLOWS FOR THE PERIOD ENDED 31 MARCH 2025

	NOTE	2024-25 £000	2023-24 £000
<b>Cash Flows from operating activities</b>			
Operating Surplus/(Deficit) from continuing operations		<u>(18,599)</u>	<u>(1,855)</u>
<b>Operating Surplus/(Deficit)</b>		<u>(18,599)</u>	<u>(1,855)</u>
<b>Non cash income and expenses</b>			
Depreciation and Amortisation		9,396	7,062
Impairments		23,998	1,487
Income recognised in respect of capital donations		(1,063)	0
(Increase)/Decrease in Inventories		70	(3)
(Increase)/Decrease in Trade and Other Receivables		894	5,248
Increase/(Decrease) in Trade and Other Payables		(1,102)	(6,535)
(Increase)/Decrease in Other Current Liabilities		(1,370)	2,739
Increase/(Decrease) in Provisions		326	(55)
<b>Net Cash Inflow/(Outflow) from Operating Activities</b>		<u>12,550</u>	<u>8,088</u>
<b>Cash flows from investing activities</b>			
Interest Received		1,901	2,497
Purchase of intangible assets		0	0
Purchase of Property, Plant and Equipment		(26,595)	(72,312)
Sales of Property, Plant and Equipment		0	0
<b>Net Cash Inflow/(Outflow) from Investing Activities</b>		<u>(24,694)</u>	<u>(69,815)</u>
<b>Cash flows from financing activities</b>			
PDC Capital Received		7,150	50,263
Capital Element of Private Finance Lease Obligations		(1,371)	(1,398)
Interest Element of Private Finance Lease Obligations		(1,606)	(1,511)
Interest Element of Finance Lease Obligations		(1,857)	(1,846)
PDC Dividend paid		(4,739)	(4,038)
<b>Net Cash Inflow/(Outflow) from Financing Activities</b>		<u>(2,423)</u>	<u>41,470</u>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<u>(14,567)</u>	<u>(20,257)</u>
<b>Cash and Cash Equivalents at Beginning of the 1 April</b>		<u>33,638</u>	<u>53,895</u>
<b>Cash and Cash Equivalents at 31 March</b>	23	<u>19,071</u>	<u>33,638</u>

## **NOTES TO THE ACCOUNTS**

### **1. Accounting policies and other information**

NHS England has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) which shall be agreed with the HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2024-25 issued by the Department of Health and Social Care. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be the most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with the terms considered material in relation to the accounts.

#### **1.1 Going Concern**

The annual report and accounts have been prepared on a going concern basis. An NHS foundation trust's assessment of whether the going concern basis is appropriate for its accounts is solely based on whether it is anticipated that the services it provides will continue to be provided with the same assets in the public sector. In addition, in making their going concern assessment each year, Trust management consider all available information about the future prospects of the Trust which enables them to consider and confirm the declaration regarding whether there is any material uncertainty to the trust continuing to be a going concern.

#### **1.2 Accounting convention**

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

These accounts have been prepared using the going concern convention.

#### **1.3 Consolidation**

The Trust does not have any subsidiary, associate company or joint venture or joint operations arrangements.

Charitable funds are managed by Derbyshire Community Health Services NHS Foundation Trust on behalf of the Trust and do not have to be consolidated into the accounts.

#### **1.4 Critical judgments in applying accounting policies**

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

## **Asset lives**

The Trust has to make assumptions and judgments when determining the length of an asset's estimated useful life. This will take into account the view provided during the professional valuation and also the Trust's assessment of the period over which it will obtain service potential from the asset.

In determining the estimated useful lives of assets the Trust has taken into consideration any future lifecycle replacement that will enhance and prolong the life of the asset; specifically in relation to assets capitalised under PFI contract arrangements.

Intangible assets are amortised over their expected useful economic lives on a straight line basis in a manner consistent with the consumption of economic or service delivery benefits.

## **PFI**

The PFI scheme has been reviewed under IFRIC 12 and it is deemed to meet the criteria to include the scheme on balance sheet.

### **1.5 Key sources of estimation uncertainty**

The following are the key assumptions concerning the future, and other key sources of estimating uncertainty at the end of the reporting period, which have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

#### **Property Valuation estimation**

Assets relating to land and buildings were subject to a full revaluation during the financial year ending 31 March 2025. This resulted in a reduction in asset valuations of £7.397m, reflecting the trend in market prices. The valuation was based on prospective market values at 31 March 2025, which has been localised for the Trust's estate. Note 14.4 outlines the changes from this report. The Trust also commissions formal valuations for assets that have been classified as "available for sale" during the period, note 24, we do not have any assets held for sale in this accounting period.

### **1.6 Revenue**

Where income is derived from contracts with customers, it is accounted for under IFRS 15.

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The main source of income for the Trust is contracts with Commissioners for health care services. The Trust's income is largely received from commissioners via block contracts for the provision of services. These service requirements are agreed on an annual basis, with

no carry-over to future years. Block contract income is received each month for the services that have been provided that month.

Education and Training income mainly relates to salary of trainees and placement tariff for undergraduates and is received on a quarterly basis, recognised on a monthly basis, to contribute to the salaries and other expenditure paid in that period. Income received in relation to future training provision is deferred as per the requirements of IFRS15.

Income from Pharmacy sales is accounted for in the period the items that have been sold in.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Where income is received for a specific activity that is to be delivered in the following 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.

## **1.7 Employee Benefits**

### **Short-term employee benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. The cost of leave 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.

### **Retirement benefit costs**

#### **NHS Pensions**

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.

The Schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

## **NEST**

The Trust offers a second NEST pensions scheme for employees who do not want to be in the NHS Pension Scheme but want to be auto enrolled in a pension.

This pension is free for employers to use and the employee pays a 1.8% contribution charge and a management charge of 0.3% a year. The scheme then invests the employee's contribution to support the pension payments on their retirement.

### **1.8 Expenditure on other goods and services**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable for 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.

### **1.9 Value Added Tax**

Most of the activities of the Trust 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 fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **1.10 Property, plant and equipment**

#### **Recognition**

Property, plant and equipment is capitalised if:

- 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 will be supplied to, the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and
- The item has an individual cost of at least £5,000 or collectively, a number of items have a cost of at least £5,000 and individually have cost more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

#### **Valuation**

All property, plant and equipment is measured initially at cost, representing the cost 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. Assets that are held for their service potential and are in use are measured subsequently at their

current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their re-valued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Revaluations of property plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period, in years where a revaluation does not take place, an indexation factor is applied.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

### **Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

### **Depreciation, amortisation and impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated. Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period



over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

In accordance with the *GAM*, impairments that arise from a clear consumption of economic benefits or of 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 (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### **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 expenditure.

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".

### **De-recognition**

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use.

This condition is regarded as met when the sale is highly probable the asset is available for immediate sale in its present condition and management is committed to the sale, which is

expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to the income and expenditure reserve. 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. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment that are due to be scrapped or demolished do not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

### **1.11 Intangible assets**

#### **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when:

- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- where the cost of the asset can be measured reliably, and
- Where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at cost. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Assets are capitalised in the month following the completion of the project, allowing time for final invoices to be received and accurate costs to be capitalised.

## Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

## Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

### 1.12 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

There are further expedients or election that have been employed by The Trust in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 [the entity] has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets.

Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

#### **1.12.1 The Trust as lessee**

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive Income.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16 and new leases in 2025 4.81%, 2024 4.72% and 2023 at 3.51%.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset The Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified The Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by The Trust.

#### **1.13 Private Finance Initiative (PFI) transactions**

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the Trust. The underlying assets are recognised as property, plant and equipment, together with an equivalent PFI liability measured in alignment with the principles of IFRS 16 from 1 April 2023 as mandated by the FReM.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary

- Payment for the fair value of services received
- Repayment of the finance lease liability, including finance costs, and
- Payment for the replacement of components of the assets during the contract 'Lifecycle replacement'

### **Services received**

The cost of services received in the year is recorded under the relevant expenditure headings with 'operating expenses'.

### **PFI assets, liabilities and finance costs**

The PFI assets are initially measured using the principles of IFRS 16. Subsequently, the assets are measured at current value in existing use per the policies applied under IAS 16.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

Where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments, including for example a change to reflect changes in market rental rates following a market rent review. The entity remeasures the PFI liability to reflect those revised payments only when there is a change in the cash flows (i.e. when the adjustment to the payments takes effect). The entity shall determine the revised payments for the remainder of the PFI arrangement based on the revised contractual payments. As subsequent measurement of the PFI asset is per IAS 16 than IFRS 16, the opposite entry to adjustment of the PFI liability for such remeasurements is charged to Finance Costs. Given this represents a change in the measurement basis of the PFI liability for 1 April 2023, PFI liabilities have been remeasured to include all the index linked changes relating to the capital element of the contract which would have taken place since the arrangement commenced. The entity has remeasured this using a cumulative catch up approach by which the cumulative effect of the change in measurement of the PFI liability is recognised as an adjustment to the opening balance of retained earnings (or other component of equity as appropriate). Comparative information has not been restated

### **Lifecycle replacement**

Components of the asset replaced by the operator during the contract ("lifecycle replacement") are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle

replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a “free” asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

### **Assets contributed by the Trust to the operator for use in the scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust’s Statement of Financial Position.

### **Other assets contributed by the Trust to the operator**

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator’s capital costs, are recognised initially as prepayments during the construction phase of the contract. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

### **1.14 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust’s cash management. Cash and bank balances are recorded at current values.

### **1.15 Provisions**

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury’s discount rates.

Early retirement provisions are discounted using HM Treasury’s pension discount rate of 2.40% (2023-24: 2.45%) in real terms.

### **1.16 Clinical negligence costs**

NHS Resolution, formerly NHS Litigation Authority operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical



negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 32 to the Trust accounts, however, is not recognised.

### **1.17 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 Resolution 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.

### **1.18 Contingencies**

Contingent liabilities are not recognised, but are disclosed in note 32.1, 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.

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust’s control) are not recognised as assets, but are disclosed in note 32.2 where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

### **1.19 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, see IFRS 9 B5.1.2A

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 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 at fair value through profit and loss are held for trading. A financial asset is classified in this category if it has been acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are 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 Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

### **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 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.

### **1.20 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 discharged – that is, the liability has been paid 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.

### **1.21 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 within the meaning of IAS 32. At any time, the secretary of State can issue new PDC to, and require repayments of the PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the 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:

- (i) donated assets (including lottery funded assets)
- (ii) average daily cash balances held with the Government Banking Services and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relates to short-term working capital facility
- (iii) PDC dividend receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occurs as a result of the audit of the annual accounts.

### **1.22 Foreign currencies**

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise. Foreign currency transactions are negligible.

### **1.23 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in note 38 to the accounts.

### **1.24 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, including losses which would have been made good through insurance cover had the Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note 38 is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

### **1.25 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

### **1.26 Accounting Standards that have been issued and have not yet been adopted**

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2024-25. These Standards are still subject to HM Treasury FReM adoption, with

- IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM which is expected to be from the 1 April 2025. Early adoption is not permitted
- IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK- endorsed and not yet adopted by the FReM. Early adoption is not permitted
- IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK- endorsed and not yet adopted by the FReM. Early adoption is not permitted.

## **2. Operating segments**

The Trust has only one operating segment; that is the provision of healthcare services.

The total amount of income from the provision of healthcare services during the accounting period is £251,410k, including £192,879k from Integrated Care Boards (ICB's).

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Clinical Income	<b>236,339</b>	205,682
Non Clinical Income	<b>15,071</b>	12,616
Pay	<b>(180,618)</b>	(165,858)
Non Pay	<b>(89,391)</b>	(54,295)
Operating Surplus/(deficit)	<b><u>(18,599)</u></b>	<u>(1,855)</u>

The Trust generated over 10% of income from the following organisations:

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
NHS Derby and Derbyshire ICB	<b>190,834</b>	171,053

### 3. Income generation activities

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires 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 purposes.

The Trust undertakes some minor income generation activities with an aim of achieving profit, which is then used in patient care, although those activities do not provide material sources of income or have a full cost of over £1m.

## 4. Income

### 4.1 Income from patient care activities (by type)

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
NHS England*	<b>19,225</b>	12,508
Integrated Care Boards	<b>192,532</b>	171,294
Local Authorities	<b>19,708</b>	17,790
Foundation Trusts	<b>4,585</b>	3,946
NHS Other	<b>289</b>	144
	<b><u>236,339</u></b>	<u>205,682</u>

\*Included in the figure with NHS England is £11,052k (2023-24 £6,674k) of notional income for the additional 9.4% Pensions Contribution (6.3% 2023-24).

#### 4.2 Income from patient care activities (class)

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Block Contract income	<b>188,320</b>	168,703
Community income	<b>27,062</b>	24,758
Services delivered as part of a mental health collaborative	<b>6,229</b>	3,594
Income for commissioning services from other providers as a mental health collaborative lead provider	<b>3,022</b>	1,458
Other clinical income	<b>11,706</b>	7,169
	<b>236,339</b>	205,682

During 2024-25 it remained that contract income for patient care services was all paid under Mental Health Income contract arrangements.

#### 4.3 Income from Commissioner Requested Services

Out of the services provided by the Trust through the main Commissioner contract for Mental Health including Child and Adolescent Mental Health Services (CAMHS), Learning Disabilities and Children's Services a significant proportion (62%) are deemed through the contract to be Commissioner Requested Services. The value of the income for those Commissioner Requested Services is £155m. All other income stated in the accounts is generated from non-Commissioner Requested Services.

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Commissioner Requested Services	<b>155,227</b>	133,661
Non-Commissioner Requested Services	<b>96,183</b>	84,637
Total Income	<b>251,410</b>	218,298

The classification of commissioning requested services (CRS) is based on a review that was carried out by commissioners in 2016-17. The change in value of CRS is due to new investments and service developments.

#### 4.4 Overseas Visitors

The Trust has not invoiced or received any income from overseas visitors.

#### 5. Other operating income

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Research and Development	<b>601</b>	521
Education and Training	<b>9,839</b>	7,307
Staff Costs	<b>275</b>	134
Contributions to Centrally Issued Supplies	<b>0</b>	3
Receipt of Peppercorn Leases	<b>1,063</b>	0
Other Revenue	<b>3,293</b>	4,651
	<b>15,071</b>	12,616



Other revenue includes:		
PFI Land contract	<b>60</b>	61
Catering	<b>256</b>	244
Pharmacy Sales	<b>2</b>	1,081
Services to specialist schools	<b>144</b>	315
Services to other NHS Providers	<b>2,022</b>	2,306
Transport	<b>0</b>	291
Other income elements	<b>809</b>	353
	<b>3,293</b>	4,651

#### 5.1 Additional information on revenue from contracts with customers recognised in the period

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	<b>3,928</b>	2,665
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	0	0

#### 6. Income

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
From rendering of services	<b>251,410</b>	218,298
From sale of goods	<b>0</b>	0

## 7. Operating Expenses

	2024-25 £000	2023-24 £000
Services from NHS Bodies	5,087	4,173
Purchase of healthcare from non NHS bodies	19,933	14,676
Mental Health collaborative – purchase of healthcare from NHS bodies*	2,956	2,356
Employee Expenses - Non-executive directors	130	137
Employee Expenses - Staff and Executive Directors	180,488	165,721
Drug costs	4,060	4,369
Supplies and services - clinical (excluding drug costs)	349	343
Supplies and services - clinical (centrally issued)	0	3
Supplies and services - general	1,321	1,095
Establishment	5,868	5,219
Research and development	2	6
Transport	2,925	2,764
Premises - business rates payable to local authorities	1,035	889
Premises	7,582	5,217
Lease Expenditure	565	742
Increase / (decrease) Provision	206	357
Depreciation on property, plant and equipment	7,403	6,321
Amortisation of intangible assets	1,993	741
Impairments of property, plant and equipment	23,998	1,487
Audit services- statutory audit	101	98
Internal Audit	81	64
Clinical Negligence Costs	845	873
Legal fees	368	454
Training, courses and conferences	963	820
Car parking & Security	31	42
Hospitality	49	18
Insurance	12	123
Other services, e.g. external payroll	457	292
Losses, ex gratia & special payments	28	81
Other	1,174	672
	<b>270,009</b>	<b>220,153</b>

\* The Trust became the lead provider for the Perinatal Collaborative in October 2023.

## 8. Employee costs and numbers

8.1 Employee Costs	2024-25	2023-24
	Total	Total
	£000	£000
Salaries and Wages	134,056	122,189
Social Security Costs	13,220	12,645
Apprenticeship Levy	657	624
Employer Contributions to NHS Pension Scheme	16,946	15,295
Pension Costs paid by NHS England	11,052	6,674
Temporary Staffing (Agency and Contract)	5,089	8,825
Termination benefits	0	0
Employee benefits expense	181,020	166,252
Of the total above:		
Charged to Capital	532	531
Employee benefits charged to revenue	180,488	165,721
	181,020	166,252

There have been 4 cases of early retirements due to ill health in year at a value of £171k (2023-24 – 7 cases at £1,062k).

## 9. PENSION COSTS

Past and present employees are covered by the provisions of the 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](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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 and Social Care 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 2025, is based on valuation data as 31 March 2024, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### **b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost

cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

## 10. The Late Payment of Commercial Debts (Interest) Act 1998

There were no payments that were made in respect of the Late Payment of Commercial Debt (Interest) Act 1998 (one in 2023-24 for £1390.63).

## 11. Finance Income

Finance income was received in the form of bank interest receivables totalling £1,901k (2023-24 £2,497k).

## 12. Other gains and losses

There have been £0k of gains reported in 2024-25 (2023-24 £781k), There were no losses in 2024-25 (2023-24 £0k).

## 13. Finance costs

	2024-25 £000	2023-24 £000
Interest in right of use lease obligations	84	97
Interest on obligations under PFI contracts:		
- main finance cost	1,857	1,846
- Remeasurement of PFI	1,615	4,522
Unwinding of discount on provisions	49	54
<b>Total interest expense</b>	<b>3,605</b>	<b>6,519</b>

#### 14. Property, plant and equipment

	Land	Buildings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>2024-25</b>								
<b>Cost or valuation:</b>								
<b>At 1 April 2024</b>	<b>14,635</b>	<b>81,744</b>	<b>125,658</b>	<b>2,281</b>	<b>635</b>	<b>5,014</b>	<b>3,915</b>	<b>233,882</b>
Additions	0	3,416	7,706	0	78	767	1,781	13,748
Revaluations	85	8,440	0	0	0	0	0	8,525
Impairments (Note 17)	(3,910)	(12,055)	(23,942)	0	0	(2)	(7)	(39,916)
Reclassifications – Assets Under Construction	0	102,025	(104,476)	2,060	0	391	0	0
Reclassifications – Depreciation Roll Up	0	(6,669)	0	0	0	0	0	(6,669)
Disposals/Derecognition	0	(2,803)	0	(203)	0	(991)	(931)	(4,928)
<b>At 31 March 2025</b>	<b>10,810</b>	<b>174,098</b>	<b>4,946</b>	<b>4,138</b>	<b>713</b>	<b>5,179</b>	<b>4,758</b>	<b>204,642</b>
<b>Depreciation</b>								
<b>At 1 April 2024</b>	<b>0</b>	<b>6,870</b>	<b>0</b>	<b>654</b>	<b>301</b>	<b>2,100</b>	<b>1,866</b>	<b>11,791</b>
Provided During the Year	0	3,826	0	143	97	1,329	479	5,874
Reclassifications – Depreciation Roll Up	0	(6,669)	0	0	0	0	0	(6,669)
Disposals/Derecognition	0	(2,803)	0	(203)	0	(991)	(931)	(4,928)
<b>At 31 March 2025</b>	<b>0</b>	<b>1,224</b>	<b>0</b>	<b>594</b>	<b>398</b>	<b>2,438</b>	<b>1,414</b>	<b>6,068</b>
<b>Net Book Value at 31 March 2025</b>	<b>10,810</b>	<b>172,874</b>	<b>4,946</b>	<b>3,544</b>	<b>315</b>	<b>2,741</b>	<b>3,344</b>	<b>198,574</b>

	Land	Buildings	Assets under Construction	Plant & machiner y	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value								
Owned	10,810	139,681	4,946	3,544	315	2,741	3,344	165,381
PFI	0	33,193	0	0	0	0	0	33,193
<b>Total at 31 March 2025</b>	<b>10,810</b>	<b>172,874</b>	<b>4,946</b>	<b>3,544</b>	<b>315</b>	<b>2,741</b>	<b>3,344</b>	<b>198,574</b>

#### 14.1 Revaluation reserve balance for property, plant & equipment

	Land £000	Buildings £000	Total £000
At 1 April 2024	12,906	47,004	59,910
Movements	(3,825)	(3,572)	(7,397)
At 31 March 2025	<u>9,081</u>	<u>43,432</u>	<u>52,513</u>



## 14.2 Property, plant and equipment

	Land	Buildings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
<b>2023-24</b>								
<b>Cost or valuation:</b>								
<b>At 1 April 2023</b>	<b>14,635</b>	<b>77,604</b>	<b>59,481</b>	<b>2,199</b>	<b>593</b>	<b>4,980</b>	<b>3,700</b>	<b>163,192</b>
Additions	0	666	69,177	30	42	758	47	<b>70,720</b>
Revaluations	0	1,899	0	0	0	0	0	<b>1,899</b>
Impairments	0	(980)	(354)	0	0	(153)	0	<b>(1,487)</b>
Reclassifications	0	2,555	(2,646)	52	0	125	178	<b>264</b>
Disposals/Derecognition	0	0	0	0	0	(696)	(10)	<b>(706)</b>
<b>At 31 March 2024</b>	<b>14,635</b>	<b>81,744</b>	<b>125,658</b>	<b>2,281</b>	<b>635</b>	<b>5,014</b>	<b>3,915</b>	<b>233,882</b>
<b>Depreciation</b>								
<b>At 1 April 2023</b>	<b>0</b>	<b>3,426</b>	<b>0</b>	<b>525</b>	<b>221</b>	<b>2,117</b>	<b>1,487</b>	<b>7,776</b>
Provided During the Year	0	3,589	0	129	80	679	389	<b>4,866</b>
Reclassifications	0	(145)	0	0	0	0	0	<b>(145)</b>
Disposals/Derecognition	0	0	0	0	0	(696)	(10)	<b>(706)</b>
<b>At 31 March 2024</b>	<b>0</b>	<b>6,870</b>	<b>0</b>	<b>654</b>	<b>301</b>	<b>2,100</b>	<b>1,866</b>	<b>11,791</b>
<b>Net Book Value at 31 March 2024</b>	<b>14,635</b>	<b>74,874</b>	<b>125,658</b>	<b>1,627</b>	<b>334</b>	<b>2,914</b>	<b>2,049</b>	<b>222,091</b>

	Land	Buildings	Assets under Construction	Plant & machiner y	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value								
Owned	14,635	30,033	125,658	1,627	334	2,914	2,049	<b>177,250</b>
PFI	0	44,841	0	0	0	0	0	<b>44,841</b>
<b>Total at 31 March 2024</b>	<b>14,635</b>	<b>74,874</b>	<b>125,658</b>	<b>1,627</b>	<b>334</b>	<b>2,914</b>	<b>2,049</b>	<b>222,091</b>

#### 14.3 Revaluation reserve balance for property, plant & equipment

	Land £000	Buildings £000	Total £000
At 1 April 2023	12,906	45,105	<b>58,011</b>
Movements	0	1,899	<b>1,899</b>
<b>At 31 March 2024</b>	<b>12,906</b>	<b>47,004</b>	<b>59,910</b>

#### 14.4 Valuation

In the year, a full valuation was undertaken where the external valuer NEWMARK visited every site and revalued each site based on the condition of the building and size. This led to a reduction in value of £7,397k.

The last full review was undertaken in 2019-20.

#### 14.5 Economic life of property, plant and equipment

The following table shows the range of estimated useful lives for property, plant and equipment assets

	<b>Max Life Years</b>	<b>Min Life Years</b>
Buildings excluding dwellings	99	1
Plant & machinery	60	5
Transport equipment	15	5
Information technology	15	5
Furniture & fittings	25	2

#### 14.6 Property Plant and Equipment: Commissioner Requested Services

No Commissioner Requested Services properties were sold in 2024-25.

## 15. Intangible Assets

	Software Licences (Purchased)	Information Technology (Internally Generated)	Total
2024-25	£000	£000	£000
Cost or valuation:			
At 1 April 2024	1,778	5,497	7,275
Impairments	(4)	0	(4)
Disposals/Derecognition	(596)	(396)	(992)
At 31 March 2025	1,178	5,101	6,279
Amortisation			
At 1 April 2024	1,192	2,016	3,208
Provided During the Year	488	1,505	1,993
Disposals/Derecognition	(596)	(396)	(992)
At 31 March 2024	1,084	3,125	4,209
Net Book Value at 31 March 2025	94	1,976	2,070

All Intangible assets are classed as owned and are amortised between 5 and 10 years.

## 15.1 Intangible Assets

	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
2023-24	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2023	1,778	5,497	442	7,717
Reclassifications	0	0	(442)	(442)
At 31 March 2024	<b>1,778</b>	<b>5,497</b>	<b>0</b>	<b>7,275</b>
Amortisation				
At 1 April 2023	1,035	1,432	33	2,500
Provided During the Year	157	584	0	741
Reclassifications			(33)	(33)
At 31 March 2024	<b>1,192</b>	<b>2,016</b>	<b>0</b>	<b>3,208</b>
Net Book Value at 31 March 2024	<b>586</b>	<b>3,481</b>	<b>0</b>	<b>4,067</b>

All Intangible assets are classed as owned.

## 16. Right of Use Assets

	2024-25	2024-25	2023-24	2023-24
	Property (land and buildings) £000	Of which: leased from DHSC group bodies £000	Property (land and buildings) £000	Of which: leased from DHSC group bodies £000
Valuation at 1 April	10,397	4,876	10,376	4,900
Additions	1,063	1,063	750	0
Rent Remeasurement	717	179	496	336
Reclassifications	0	0	(182)	0
Lease Termination/ Derecognition	(1,030)	(1,030)	(1,043)	(360)
<b>Valuation/gross cost at 31 March</b>	<b>11,147</b>	<b>5,088</b>	<b>10,397</b>	<b>4,876</b>
Valuation at 1 April	2,530	1,426	1,412	730
Provided during the year	1,529	721	1,455	744
Reclassifications	0	0	(182)	0
Lease Termination/ Derecognition	(1,030)	(1,030)	(155)	(48)
<b>Accumulated depreciation at 31 March</b>	<b>3,029</b>	<b>1,117</b>	<b>2,530</b>	<b>1,426</b>
<b>Net book value at 31 March</b>	<b>8,118</b>	<b>3,971</b>	<b>7,867</b>	<b>3,450</b>
<b>Net book value of right of use assets leased from other NHS Providers</b>		<b>1,063</b>		<b>344</b>
<b>Net book value of right of use assets leased from other DHSC group bodies</b>		<b>2,908</b>		<b>3,106</b>

## 17. Impairments

Impairments of £39,916k have arisen in year, £23,859k impairment for New Builds for three of the Trusts new inpatient units which were revalued by the Valuer before being brought into use. £139k relating over specification of Works in Progress and £15,922k from the Full Valuation of owned assets.

	2024/25 £000	2023/24 £000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Over specification of assets	139	507
Other	23,859	980
<b>Total net impairments charged to operating surplus / deficit</b>	<b>23,998</b>	<b>1,487</b>
Impairments charged to the revaluation reserve	15,922	-
<b>Total net impairments</b>	<b>39,916</b>	<b>1,487</b>



## 18. Commitments

### 18.1 Capital commitments

The Trust is committed to spend approximately £9m on the development and refurbishment of the Radbourne Unit, this is part of the Making Room for Dignity (MR4D) programme to eradicate dormitories style wards.

## 19. Inventories

### 19.1 Inventories

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Finished goods	<b>188</b>	258
<b>Total</b>	<b>188</b>	258
Of which held at net realisable value:	<b>0</b>	0

### 19.2 Inventories recognised in expenses

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
Inventories recognised as an expense in the period	<b>2,808</b>	2,219
<b>Total</b>	<b>2,808</b>	2,219

## 20. Trade and other receivables

### 20.1 Trade and other receivables

	<b>2024-25</b>	2023-24
	<b>£000</b>	£000
<b>Current</b>		
Contract receivables	<b>2,895</b>	4,638
Allowance for impaired contract receivables/assets	<b>(222)</b>	(432)
Prepayments (non-PFI)	<b>1,616</b>	689
PDC dividend receivable	<b>0</b>	238
VAT receivable	<b>425</b>	395
Other receivables	<b>4</b>	83
<b>Total current trade and other receivables</b>	<b>4,718</b>	5,611

**Non-current**

PFI lifecycle prepayments	<b>1,396</b>	1,682
Other	<b>0</b>	0
<b>Total non-current trade and other receivables</b>	<b>1,396</b>	<b>1,682</b>

**Of which receivables from NHS and DHSC group bodies:**

Current	<b>2,350</b>	3,772
Non-current	<b>0</b>	0

**20.2 Allowances for credit losses**

	<b>2024-25 Contract receivables and contract assets £000</b>	2023-24 Contract receivables and contract assets £000
<b>Allowances brought forward</b>	<b>432</b>	211
<b>Changes in Year</b>		
New allowances arising	<b>0</b>	221
Reversals of allowances	<b>(210)</b>	0
<b>Allowances as at 31 March</b>	<b>222</b>	<b>432</b>

**21. Other financial assets**

There are no other financial assets as at 31 March 2025.

**22. Other current assets**

There are no other current assets as at 31 March 2025.

## 23. Cash and cash equivalents

	31 March 2025 £000	31 March 2024 £000
Balance at 31 March	33,638	53,895
Net change in period	(14,567)	(20,257)
<b>Balance at period end</b>	<b>19,071</b>	<b>33,638</b>
<b>Made up of</b>		
Cash with Government banking services	19,026	33,589
Cash in hand	45	49
<b>Cash and cash equivalents as in statement of cash flows</b>	<b>19,071</b>	<b>33,638</b>

## 24. Non-current assets held for sale

The Trust has no Assets Held for Sale as at 31 March 2025.

## 25. Trade and other payables

	<b>Current</b>	<b>Current</b>
	<b>2024-25</b>	<b>2023-24</b>
	<b>£000</b>	<b>£000</b>
NHS payables	<b>597</b>	1,346
Trade payables - capital	<b>1,014</b>	13,908
Trade payables - Non NHS	<b>6,409</b>	5,954
Accruals – Non NHS	<b>6,730</b>	6,114
Annual Leave Accrual	<b>260</b>	2,010
Taxes payables	<b>1,637</b>	1,602
Social Security costs	<b>1,745</b>	1,519
Other payables	<b>2,794</b>	2,729
<b>Total</b>	<b>21,186</b>	35,182

The Trust does not have any non-current liabilities.

Other Payables include:

£2,352k outstanding pensions contributions at 31 March 2025 (31 March 2024 £2,150k). These were paid in April 2025.

## 26. Other liabilities

	<b>Current</b>	<b>Current</b>
	<b>2024-25</b>	<b>2023-24</b>
	<b>£000</b>	<b>£000</b>
Deferred income	<b>7,047</b>	8,417
	<b>7,047</b>	8,417

The Trust has no other liabilities.

## 27. Borrowings

	<b>Current 2024-25 £000</b>	<b>Non-current 2024-25 £000</b>	<b>Current 2023-24 £000</b>	<b>Non-current 2023-24 £000</b>
Right of Use Leases*	<b>1,161</b>	<b>5,967</b>	1,358	6,575
PFI liabilities	<b>1,373</b>	<b>34,738</b>	1,325	34,542
<b>Total</b>	<b>2,534</b>	<b>40,705</b>	2,683	41,117

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire during 2039. The increase in the PFI costs relate to a change in accounting policy in relation to IFRS 16.

## 28. Right of Use lease obligations

### 28.1 – Maturity of Right to use Leases

Details of the lease charges are below:

	<b>2024-25 £000</b>	<b>2023-24 £000</b>
Not later than one year	<b>1,240</b>	1,518
Later than one year, not later than five years	<b>4,312</b>	4,359
Later than five years	<b>1,815</b>	2,300
Sub total	<b>7,367</b>	8,177
Less: interest element	<b>(239)</b>	(244)
<b>Total</b>	<b>7,128</b>	7,933

The Trust is committed to pay per the above table.

### 28.2 Finance lease receivables

The Trust does not have any finance lease arrangements as a lessor.

## 29. Private Finance Initiative contracts

### 29.1 PFI schemes on-Statement of Financial Position

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire in 2039.

Under IFRIC 12, the asset is treated as an asset of the Trust; that the substance of the contract is that the Trust has a finance lease and payments comprise two elements - imputed finance lease charges and service charges.

Details of the imputed finance lease charges are shown in the table below:

Total obligations for on-statement of financial position PFI contracts due also below:

	<b>2024-25</b>	<b>2023-24</b>
	<b>£000</b>	<b>£000</b>
Not later than one year	<b>3,148</b>	3,088
Later than one year, not later than five years	<b>13,731</b>	12,898
Later than five years	<b>34,134</b>	36,710
Sub total	<b>51,013</b>	52,696
Less: interest element	<b>(14,902)</b>	(16,829)
<b>Total</b>	<b>36,111</b>	35,867

## 29.2 Charges to expenditure

The total charged in the period to expenditure in respect of the service element of on-statement of financial position PFI contracts was £1,464k (prior year £1,393k). In year £1,102k was released from the Lifecycle prepayment to revenue (£1,153k in 2023-24).

At present value the Trust is committed to the following charges:

	<b>2024-25</b>	<b>2023-24</b>
	<b>£000</b>	<b>£000</b>
Not later than one year	<b>1,471</b>	1,401
Later than one year, not later than five years	<b>5,958</b>	5,671
Later than five years	<b>13,807</b>	14,642
<b>Total</b>	<b>21,236</b>	21,714

## 29.3 Future Unitary Payments

	<b>2024-25</b>	<b>2023-24</b>
	<b>£000</b>	<b>£000</b>
<b>Total future payments committed in respect of the PFI service concession arrangements</b>	<b>81,933</b>	<b>83,941</b>
<b>Of which payments are due:</b>		
- not later than one year;	5,818	5,566
- later than one year and not later than five years;	23,266	22,258
- later than five years.	52,849	56,117

## 29.4 Unitary Payment payable to service concession operator

	<b>2024-25</b>	<b>2023-/24</b>
	<b>£000</b>	<b>£000</b>
<b>Unitary payment payable</b>	<b>5,818</b>	<b>5,566</b>
<b>Consisting of:</b>		
Interest charge	1,857	1,846
Repayment of balance sheet obligation	1,370	1,398
Service element and other charges to operating expenditure	1,464	1,393
Addition to lifecycle prepayment	1,127	929
<b>Total amount paid</b>	<b>5,818</b>	<b>5,566</b>

### 30. Reconciliation of Liabilities arising from financing activities

	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2024</b>	<b>7,933</b>	<b>35,867</b>	<b>43,800</b>
<b>Cash movements:</b>			
Financing cash flows - payments of principal	0	(1,371)	(1,371)
Financing cash flows - payments of interest	(1,606)	(1,857)	(3,463)
<b>Non-cash movements:</b>			
Lease liability remeasurements	717	0	717
Remeasurement of PFI	0	1,615	1,615
Application of effective interest rate	84	1,857	1,941
<b>Carrying value at 31 March 2025</b>	<b>7,128</b>	<b>36,111</b>	<b>43,239</b>

	Lease Liabilities £000	PFI and LIFT schemes £000	Total £000
<b>Carrying value at 1 April 2023</b>	<b>9,770</b>	<b>21,536</b>	<b>31,306</b>
<b>Cash movements:</b>			
Financing cash flows - payments of principal	0	(1,398)	(1,398)
Financing cash flows - payments of interest	(1,511)	(1,846)	(3,357)
<b>Non-cash movements:</b>			
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	0	11,207	11,207
Additions	750	0	750
Lease liability remeasurements	496	0	496
Remeasurement of PFI	0	4,522	4,522
Application of effective interest rate	97	1,846	1,943
Early terminations	(1,669)	0	(1,669)
<b>Carrying value at 31 March 2024</b>	<b>7,933</b>	<b>35,867</b>	<b>43,800</b>

#### 30.1 Other financial liabilities

The Trust has no other financial liabilities.

### 31. Provisions

	Current 2024-25 £000	Non-Current 2024-25 £000	Current 2023-24 £000	Non-Current 2023-24 £000
Pensions relating to other staff	167	1,731	173	1,709
Legal claims	66	0	93	0
Redundancy	268	0	0	0
Other	280	229	166	225
<b>Total</b>	<b>781</b>	<b>1,960</b>	<b>432</b>	<b>1,934</b>



	<b>Pensions: early departure costs £000</b>	<b>Pensions: injury benefits £000</b>	<b>Legal claims £000</b>	<b>Redundancy £000</b>	<b>Other £000</b>	<b>Total £000</b>
<b>At 1 April 2024</b>	<b>157</b>	<b>1,725</b>	<b>93</b>	<b>0</b>	<b>391</b>	<b>2,366</b>
<b>Arising during the period</b>	<b>8</b>	<b>57</b>	<b>36</b>	<b>518</b>	<b>156</b>	<b>775</b>
<b>Change in Discount Rate</b>	<b>11</b>	<b>187</b>	<b>0</b>	<b>0</b>	<b>(1)</b>	<b>197</b>
<b>Used during the period</b>	<b>(22)</b>	<b>(154)</b>	<b>(20)</b>	<b>(250)</b>	<b>(3)</b>	<b>(449)</b>
<b>Reversed unused</b>	<b>(38)</b>	<b>(77)</b>	<b>(43)</b>	<b>0</b>	<b>(39)</b>	<b>(197)</b>
<b>Unwinding of discount</b>	<b>3</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>49</b>
<b>At 31 March 2025</b>	<b>119</b>	<b>1,779</b>	<b>66</b>	<b>268</b>	<b>509</b>	<b>2,741</b>
<b>Expected timing of cash flows:</b>						
<b>Within one year</b>	<b>23</b>	<b>144</b>	<b>66</b>	<b>268</b>	<b>280</b>	<b>781</b>
<b>Between one and five years</b>	<b>83</b>	<b>545</b>	<b>0</b>	<b>0</b>	<b>136</b>	<b>764</b>
<b>After five years</b>	<b>13</b>	<b>1,090</b>	<b>0</b>	<b>0</b>	<b>93</b>	<b>1,196</b>
	<b>119</b>	<b>1,779</b>	<b>66</b>	<b>268</b>	<b>509</b>	<b>2,741</b>

The Trust holds a provision for pensions and by its nature this includes a degree of uncertainty in respect of timings and amount, due to the uncertainty of life expectancy. Future liability is calculated using actuarial values.

Other provisions – This includes other general Trust provisions relating to employee claims and Clinicians Pension Reimbursement.

£2,693k is included in the provisions of the NHS Resolution at 31/3/2025 in respect of clinical negligence liabilities of the Trust (31/03/2024 £1,980k).

## 32. Contingencies

### 32.1 Contingent Liabilities

There are on-going employee relations cases which have not been provided for in the 2024/25 accounts, no estimate can be disclosed because it would prejudice on-going procedures.

### 32.2 Contingent Assets

There are no contingent assets as at 31 March 2025.

## 33. Financial Instruments

### 33.1 Carrying Values of Financial Assets

	<b>2024-25 Held at Amortised Cost £000</b>	<b>2023-24 Held at Amortised Cost £000</b>
Trade Receivables	<b>2,677</b>	4,285
Cash at bank and in hand	<b>19,071</b>	33,638
<b>Total at 31 March</b>	<b>21,748</b>	<b>37,923</b>

Trade Receivables are net of the credit loss allowance

### 33.2 Carrying value of financial liabilities

	<b>2024-25 Held at Amortised Cost £000</b>	<b>2023-24 Held at Amortised Cost £000</b>
Trade Payables	<b>15,192</b>	30,051
PFI and finance lease obligations	<b>43,239</b>	43,800
<b>Total at 31 March</b>	<b>58,431</b>	<b>73,851</b>

IFRS 7 requires the Foundation Trust to disclose the fair value of financial liabilities. The PFI scheme is a non-current Financial Liability where the fair value is likely to differ from the carrying value. The Trust has reviewed the current interest rates available on the market and if these were used as the implicit interest rate for the scheme the fair value of the liability would range from £16,165k to £21,024k.

### 33.3 Maturity of Financial Liabilities

	2024-25	2023-24
	£000	£000
In one year or less	19,840	35,768
In more than one year but not more than five years	18,043	17,257
In more than five years	36,760	39,010
<b>Total</b>	<b>74,643</b>	<b>92,035</b>

### 33.4 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

#### Currency risk

The Trust is principally a domestic organisation with the great 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

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Derbyshire Healthcare NHS FT is not, therefore, exposed to significant 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 as at 31 March 2025 are in receivables from customers, as disclosed in the trade and other receivables note.

#### Liquidity risk

The Trust's cash flows are mainly stable and predictable. Operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament.

The Trust funds its business- as-usual capital expenditure from internally generated sources. The Trust is part of the national dormitory eradication programme and has been allocated national PDC funding for that purpose. The Full Business Case were approved part way through 2022-23 and funding has been received for the year 2024-25. Cashflow and liquidity are fully considered as part of the process. Given the Trust's current level of cash reserves it is not exposed to significant liquidity risks at this stage of the process. Future building cost inflation and associated affordability as well as cashflow implications are a key part of the business case considerations, in order to manage any future potential liquidity risks.

### 34. Events after the reporting period

There are no events after the reporting period 31 March 2025.

### 35. Audit Fees

The analysis below shows the total fees paid or payable for the period in accordance with the Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008 (SI 2008/489).

	<b>2024-25</b>	<b>2023-24</b>
	<b>£000</b>	<b>£000</b>
<i>External audit fees</i>		
Statutory audit services	<b>101</b>	98
Non audit services	<b>0</b>	0
<b>Total</b>	<b>101</b>	98
<i>Other audit fees</i>		
Internal audit services	<b>67</b>	64
Counter fraud	<b>14</b>	17
<b>Total</b>	<b>81</b>	81

The auditor's liability for external audit work carried out for the financial year 2024/25 is unlimited.

The External Audit Fees figure above includes VAT as under the NHS VAT regime it cannot be reclaimed.

### 36. Related party transactions

Derbyshire Healthcare NHS Foundation Trust is a public benefit corporation authorised by NHS England - the Independent Regulator for NHS Foundation Trusts. All NHS Foundation Trusts are independent bodies which are not controlled by the Secretary of State. The Trust has considered whether or not the working relationships it has with any NHS bodies and Government departments and agencies meet the definition of a related part under IAS 24.

The value of transactions with government bodies and other related parties with which the Trust has had material dealings and which therefore require disclosure are:

<b>2024-25</b>	<b>Income £000</b>	<b>Expenditure £000</b>	<b>Receivables £000</b>	<b>Payables £000</b>
<b>Related Parties with other NHS Bodies</b>	<b>218,398</b>	<b>13,384</b>	<b>2,349</b>	<b>3,961</b>
<b>2023-24</b>				
Related Parties with other NHS Bodies	192,319	11,459	3,534	6,678

No Board Members of Derbyshire Healthcare NHS Foundation Trust have had related party relationships with organisations where we have material transactions and could have a controlling interest.

The Department of Health is regarded as a related party, as they are the Parent Department for Foundation Trusts. During the period Derbyshire Healthcare NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

NHS Derby and Derbyshire Integrated Care Board  
University Hospitals of Derby and Burton NHS Foundation Trust  
Derbyshire Community Health Services NHS Foundation Trust  
NHS England  
Chesterfield Royal Hospital NHS Foundation Trust  
Sheffield Health and Social Care NHS Foundation Trust  
NHS Staffordshire and Stoke-on-Trent ICB  
NHS Business Authority  
NHS Shared Business Services  
NHS Providers  
University of Derby  
University of Sheffield  
National Mental Health Directors Forum  
Arkwright Society

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Derby City Council and Derbyshire County Council.

The Trust has also received payments from a number of charitable funds. The members of the NHS Trust Board are also the Trustees for the Charitable Funds held in trust for Derbyshire Healthcare which is managed by Derbyshire Community Health Services NHS Foundation Trust. The audited accounts for the Funds Held on Trust are available from the Communications Department.

The Register of Interests is available from the Legal Department.

### **37. Third party assets**

The Trust held £74k cash and cash equivalents as at 31 March 2025 (£72k 31 March 2024) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

The Trust deposit accounts on behalf of the patients have been transferred into the Trust GBS accounts as they were attracting monthly charges and were no-longer beneficial to be held in individual accounts. The balance remains at £28k (£28k 31 March 2024).

### 38. Losses and special payments

	<b>2024-25</b>	<b>2024-25</b>	2023-24	2023-24
	<b>Total</b>	<b>Total</b>	Total	Total value
	<b>number of</b>	<b>value of</b>	number of	of cases
	<b>cases</b>	<b>cases</b>	cases	
	<b>Number</b>	<b>£000</b>	Number	£000
Loss of Stock	<b>10</b>	<b>18</b>	12	34
Bad Debts	<b>4</b>	<b>8</b>	8	42
Special Payments				
- Loss of Personal effects	<b>12</b>	<b>4</b>	15	5
	<b>26</b>	<b>30</b>	35	81

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases accounted for in 2024-25 period where the net payment exceeded £300,000.

The above have been reported on an accruals basis and exclude provisions for future losses.



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**Derbyshire Healthcare NHS Foundation Trust HQ**  
Ashbourne Centre, Kingsway Hospital  
Derby DE22 3LZ

