Derbyshire Healthcare
NHS Foundation Trust

Council of Governors meeting

Agenda

Date: Tuesday 23 September 2025, from 14:00-16:30 hours.

Location: This meeting will be a hybrid meeting. Face to face will be taking place in Conference Rooms A&B, first floor, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. If you are attending virtually click here to join the meeting.

Item	Topic	Lead	Time
1.	Welcome, introductions and Chair's opening remarks Apologies and Declaration of Interests	Selina Ullah	14:00
2.	Submitted questions from members of the public (verbal)		
3.	Minutes of the previous meeting, held on 3.6.25	Selina Ullah	14:05
4.	Matters arising and actions matrix		
5.	Chief Executive's update (verbal)	Vikki Ashton Taylor	14:15
6.	Presentation of the Annual Report and Accounts 2024/25 and report from the External Auditors	External Auditors/James Sabin & Geoff Lewins	14:35
7.	Non-Executive Directors reports (Geoff Lewins report includes Annual Report of Audit and Risk Committee)	Geoff Lewins	14:55
8.	Integrated Performance Summary Report	Non-Executive Directors	15:15
Comfort break			15:35
9.	Escalation items to the Council of Governors (verbal)	Selina Ullah	15:45
10.	Report from Governance Committee 19.8.25	Marie Hickman	15:55
11.	Any other business	Selina Ullah	16:00
12.	Review of meeting effectiveness		
13.	Close of meeting	Selina Ullah	16:15
14.	Governor meeting timetable 2025/26 (for information)		

* Public Board papers will be available to view on the Trust's website. Click on the 2025 drop down menu and select the relevant agenda and papers.

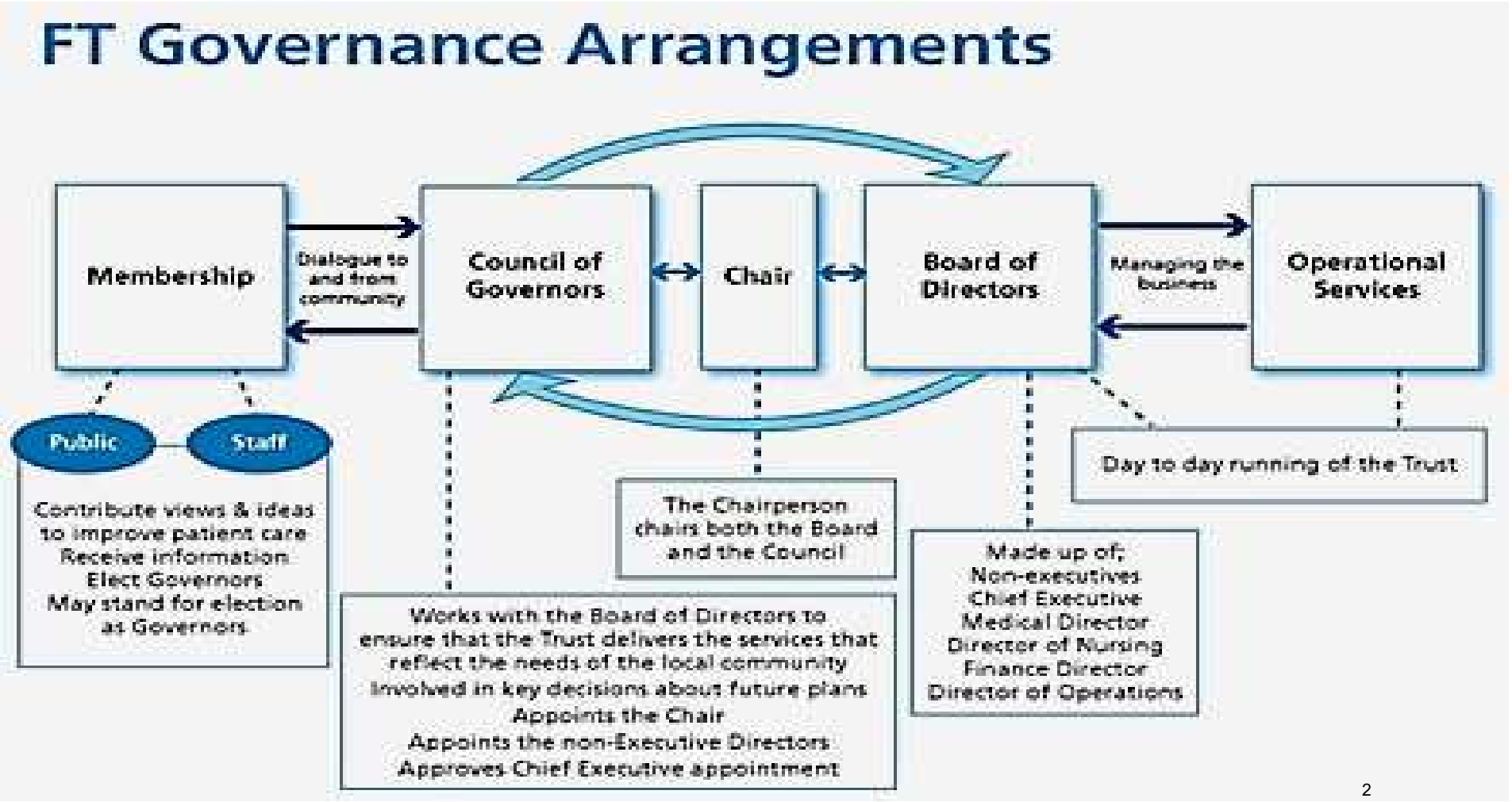
Next meeting:	Time:	Location:
25.11.25	14:00-17:00 hours	This will be a hybrid meeting in Kingsway Room 10, Kingsway House, Kingsway Hospital site, Derby DE22 3LZ. If you are attending virtually click here to join the meeting.

In the event of an emergency, should you require assistance to evacuate the building (e.g. due to mobility, hearing, vision, or other needs), please let us know so we can put a Personal Emergency Evacuation Plan (PEEP) in place for you – thank you.

Questions applicable to the agenda, and at the Chair's discretion, can be sent by email to the dhcft.membership@nhs.net up to 48 hours prior to the meeting for a response.

Users of the Trust's services and members of the public are welcome to observe meetings of the Council of Governors. Participation in meetings is at the Chair's discretion.

Getting the balance right



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The implications for governors and 'holding to account'

- How are the Board complying with best practice – and obligations ?
- How are the Board reaching the right decisions ?
- How are the Board assuring themselves that the trust is delivering safe and effective care ?

❖ The performance of the Trust is the Board's concern;

❖ The performance of the Board is the Governors' concern !

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how do we ask effective questions?

Good questions

- Help us clarify, explore, open things up, see the whole picture
- Help us identify underlying causes, impacts and patterns
- Help us understand and empathise
- Help us gain fresh perspectives and new ways of seeing
- Help us get to the crux of an issue or problem and reframe it

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how do we ask effective questions?

Good questions

- Allow us to diverge and examine issues before we converge on an answer or solution
- Encourage us to listen and reflect
- Help us offer and get ideas and insights
- Help us learn and be more creative
- Help us hold to account
- Help us gain assurance
- Help us make a difference

Strategy on a page

Derbyshire Healthcare
NHS Foundation Trust

Our strategic priorities

Patient focus

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.

We make a positive difference in everything we do

Our vision

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.

Productive

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

Our values

Caring

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

Inclusive

We respect and include 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.

WE MAKE A POSITIVE DIFFERENCE • IN EVERYTHING WE DO •

Find out more

derbyshirehealthcareft.nhs.uk/about-us/strategy

Our vision, values and strategic priorities are central to everything we do. They are the 'thread' that ties together all our work, explaining how we can best serve the people of Derby and Derbyshire and support each other. How does your role form part of that thread?

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 3 JUNE 2025 FROM 14.00 – 17:05 HOURS
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE

PRESENT	Selina Ullah*	Trust Chair and Chair of Council of Governors
	Susan Ryan*	Public Governor, Amber Valley
	Neil Baker	Public Governor, Bolsover and North East Derbyshire
	Dave Allen*	Public Governor, Chesterfield
	Tom Bladen*	Public Governor, Derby City East
	Jane Chukwudi	Public Governor, Derby City East
	Ruth Day	Public Governor, Derby City West
	Christine Williamson*	Public Governor, Derby City West
	Andrew Beaumont*	Public Governor, Erewash
	Christopher Williams*	Public Governor, Erewash
	Brian Edwards	Public Governor, High Peak and Derbyshire Dales
	Fiona Birkbeck*	Public Governor, High Peak and Derbyshire Dales
	Anson Clark	Public Governor, Rest of England
	Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
	Claire Durkin	Staff Governor, Admin and Allied Support Staff
	Fiona Rushbrook	Staff Governor, Allied Health Professions
	Mathew Joseph	Staff Governor, Medical
	Sifo Dlamini*	Staff Governor, Nursing
	Dawn Abbott	Appointed Governor, Derbyshire County Council **
	Alison Martin	Appointed Governor, Derby City Council
	Debra Dudley	Appointed Governor, Derbyshire Mental Health Forum
IN ATTENDANCE	Denise Baxendale*	Membership and Involvement Manager
	Justine Fitzjohn*	Director of Corporate Affairs and Trust Secretary
	James Sabin*	Director of Finance
	Tumi Banda	Director of Nursing, Allied Health Professionals, Quality and Patient Experience
	Lynn Andrews*	Non-Executive Director
	Tony Edwards *	Non-Executive Director
	Andrew Harkness*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director
	Geoff Lewins*	Non-Executive Director
	Lucy Moorcroft	Organisational Development Lead

* Attendees in Conference Room A&B, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby.
** Appointee subsequently replaced.

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APOLOGIES	Angela Kerry	Public Governor, Amber Valley
	Jill Ryalls	Public Governor, Chesterfield
	Marie Hickman	Staff Governor, Admin and Allied Support Staff
	Jo Foster	Staff Governor, Nursing
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action
	David Robertshaw	Appointed Governor, University of Derby
	Mark Powell	Chief Executive

DHCFT/GOV /2025/020	**WELCOME, INTRODUCTIONS AND CHAIR'S OPENING REMARKS, APOLOGIES AND DECLARATIONS OF INTEREST** Selina Ullah, Trust Chair welcomed all to the meeting. Apologies were noted above. Lynn Andrews, Non-Executive Director declared an interest in item DHCFT/GOV/2025/025 – Report from Governors Nominations and Remuneration Committee.
DHCFT/GOV /2025/021	**SUBMITTED QUESTIONS FROM MEMBERS OR THE PUBLIC** It was confirmed that no questions had been received from members or the public.
DHCFT/GOV /2025/022	**MINUTES OF THE PREVIOUS MEETING, HELD ON 4 MARCH 2024** The minutes of the meeting held on 4 March 2025 were accepted as a correct record.
DHCFT/GOV /2025/023	**MATTERS ARISING AND ACTIONS MATRIX** **Matters arising** There were no matters arising. **Actions Matrix** Denise Baxendale, Membership and Involvement Manager, referred to the Council of Governors meeting in March at which it was asked if the Care Programme Approach (CPA) was being disbanded. Lynn Andrews Non-Executive Director and Chair of the Trust's Quality and Safeguarding Committee confirmed that the Care Programme Approach system is being replaced by the Personalised Care Framework (PCF). The new framework will help the Trust assess, plan, review and coordinate a person's care using a person centred approach. It is envisaged that the Trust will implement the new framework in quarter two. Susan Ryan, Public Governor asked how prepared the Trust is in implementing the new framework considering there were still issues with CPA care plans. Tumi Banda, Director of Nursing, Allied Health Professionals, Quality and Patient Experience confirmed that the Trust will be taking a transformation approach and is in the process of understanding the principles in the framework to ensure that there is the right skill mix. Mathew Joseph, Staff Governor asked if there will be a gap in services whilst the transformation takes place. Tumi explained that the Trust will continue to

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	deliver CPA, as Section 117 of the Act will still apply, and teams will be working as usual. He also reiterated that the Trust's Waiting Well policies will support people on CPA moving across to the new framework. Denise also referred to the request for an update on Community Outreach and explained that Vikki Ashton Taylor's response had been shared at the Governance Committee held on 15 April which confirmed that a review of crisis alternatives and community drop in services had been undertaken. Reference was also made to the Valdo Calocane case and it was noted that a paper on assertive outreach community services is being presented to the Trust Board on issues raised in the Inquiry. Governors agreed to close all completed actions. All 'green' actions have been scrutinised to ensure they were fully complete. **RESOLVED: The Council of Governors:** **1) Noted the matters arising** **2) Agreed to close all completed actions on the actions matrix.**
DHCFT/GOV /2025/024	**CHIEF EXECUTIVE'S UPDATE** James Sabin, Director of Finance gave a verbal update In Mark Powell's absence which included: • The national context. He referred specifically to significant changes to NHS England (NHSE) and Integrated Care Boards (ICB). The recent letter from NHSE's transitional Chief Executive, Jim Mackey, sent to all providers and ICB Chief Executive's in April, titled 'Working together in 2025/26 to lay the foundations for reform', provided further detail. It included an update on 2025/26 planning, next steps on reducing corporate costs, and planned work on the financial regime and NHS operating model. Of relevance to the Trust is the reduction in corporate costs of £1.6m that are expected to be delivered by the end of the calendar year. Plans are in place and are being monitored on a monthly basis. • The Trust is entering the final stage of its Making Room for Dignity programme with many of the Trust's new and refurbished facilities due to open in the coming weeks. The Carsington Unit in Derby was opened last week. Two female wards from the Radbourne Unit were transferred to the new unit and some service users have been repatriated from out or area placements. • The Care Quality Commission's (CQC) focused inspection across the Older Adults Wards took place in April and May. This was a positive experience with no serious concerns raised. The Trust is waiting for the formal report from CQC. • The Trust has formalised a closer working relationship with the University of Derby through the signing of a strategic partnership document. • System wide transformation – discussions at the Mental Health, Learning Disability and Autism Delivery Board have agreed the system-wide use of the Mental Health Services Assessment (MEN-Sat) Tool. • The 2025/26 NHS Standard Contract has been published, requiring providers to deliver critical elements of mental health care including: reducing out of area placements, urgent access to mental health care,

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	monitoring discharge and flow, and achieving NICE concordance for Early Intervention in Psychosis. • Vita Health Group are the new lead provider for Talking Therapies in Derbyshire for a three-year period, starting on 1 July 2025. Focused work is underway to ensure a smooth transition of staff and services, including a transfer plan for people who are receiving services as well as those on the waiting list. The Trust, along with other local providers has now closed the waiting lists ahead of this transfer taking place. Dave Allen, Public Governor referred to a discussion in this morning's Public Board and asked if the Trust expects to see out of area placements decreasing once the new facilities are opened. Dave was assured that the Trust continues to try and make progress regarding out of area placements. It was noted that the 10 week delay in opening the Kingfisher Unit, the new psychiatric intensive care unit (PICU) had impacted on this. Once opened, the new 14 bedded unit will be used to repatriate patients placed out of area. Dave expressed concern that the Talking Therapies service was put out to tender and awarded to a private provider. James explained that the Trust could not submit a tender to continue providing Talking Therapies due to the decrease in funding and increase in demand. He assured governors that the service will continue to be monitored by NHSE and the ICB. Dave also expressed concern that other services provided by the NHS are being put out to tender, as discussed in Public Board, and requested that governors are made aware of any services that this may affect within the Trust. Brian Edwards, Public Governor, referred to the corporate reduction target set by the government and asked for a progress update. James explained the Trust is making plans to deliver the full ask, but not all is delivered as yet. There are some nuances which will be monitored and performance managed. Currently the Trust is looking at natural turnover to reduce costs. Brian asked if the Trust was still providing unfunded services for which no income is being received. He referred to the government's strategy plan which is still being worked on. James explained that there has been very little mentioned about mental health at national forums, but a meeting has been planned in June to look at the detail. Selina Ullah confirmed that little detail has been shared by the government, and that Mark Powell the Trust's Chief Executive attends regional meetings where information is being filtered through. The regional forum is being led by Dale Bywater, Midlands Regional Director. James confirmed that there are few unfunded isolated posts in the Trust. A review is currently being undertaken to look at what services we are funded for. It was also noted that services not funded do add value, however, the ICB wants Trusts to get back to core management and to only provide services they are commissioned for. Dave Allen referred to the Making Room for Dignity programme. He had recently attended the formal opening of the Bluebell Ward at Walton Hospital in Chesterfield. He was very impressed and learnt a lot about the service. **RESOLVED: The Council of Governors noted the update.**

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DHCFT/GOV /2025/025	**REPORT FROM GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE** *(Lynn Andrews declared a specific interest in item 2 below and left the meeting during the discussion of the item).* The Trust Chair presented an overview of the matters discussed at the last Governors' Nominations and Remuneration Committee on 12 May which covered the following business: 1. The appraisals for the Trust Chair and Non-Executive Directors (NEDs) 2. Proposal for the re-appointment of Lynn Andrew's as a Non-Executive Director (NED) and approval for her being the new Deputy Trust Chair 3. Several year-end reports 4. Update on the NED recruitment including recommendation to approve the appointment of the NED Chair of the Finance and Performance Committee. Regarding the NED recruitment, Selina explained that the NED recruitment panel had been unable to recommend the appointment of the Finance and Performance Committee Chair because two candidates were on a par. A group selected from the interview panel met the two candidates individually yesterday and encouraged free flowing conversations to explore what their approach would be to leading the Finance and Performance Committee, what they expect to see on the agenda, their ambition for the Committee and to get a greater sense of the candidates, measuring them more closely against the essential requirements of the role including fit to our values and fit to our Board. The decision of the working panel was unanimous in recommending Jo Hanley as the NED Chair of the Finance and Performance Committee. Selina emphasised that Jo had demonstrated a strong understanding of finance and performance priorities. She provided strong examples of transformation work she had been involved in both in a non-executive and executive capacity. She spoke about integration and collaboration and gave complex examples, demonstrating depth, breadth and outcomes. Jo has very extensive senior leadership experience, strategic and working knowledge of business processes, including driving customer focused strategies and transformation in a global business. It was confirmed that Jo will join Chioma Akpom, whose appointment was approved by the Council of Governors as the NED Chair of Audit and Risk Committee on 22 May 2025. It is hoped that Jo will start the NED role on 1 July and Chioma on 1 October to allow for some handover, subject to completion of necessary recruitment checks and Fit and Proper Persons Test checks. *(Lynn Andrews returned to the meeting.)* **RESOLVED: The Council of Governors:** **1) Noted the update report from the Nominations and Remuneration Committee held 12 May 2025** **2) Received assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors**

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	3) Approved the Chair's objectives as set out in the report **4) Approved the appointment of Lynn Andrews as the Trust's Deputy Chair from 1 August 2025, noting the position attracts an additional £1,000 on top of the annual NED renumeration** **5) Approved the re-appointment of Lynn Andrews, as Non-Executive Director for a further three year term from 11 January 2026, at the annual NED remuneration rate of £13,000** **6) Noted the year-end report** **7) Approved the Committee's Terms of Reference** **8) Approve the appointment of Jo Hanley to the Chair of Finance and Performance Committee NED role for an annual fee of £13,000 for a three year term commencing on a date to be confirmed in line with the completion of the recruitment checks and an appropriate handover period.**
DHCFT/GOV /2025/026	**COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY** Denise Baxendale presented the report to approve the process for this year's Governors Annual Effectiveness Survey. She explained that the Council of Governors carries out its annual effectiveness survey in line with best practice. The results are presented to the Governance Committee and then to the Council of Governors. There are 31 questions and free text sections for capturing suggestions for training needs, suggestions for improvements and an overall assessment of the Council of Governors effectiveness. Last year, as in previous years, the survey was undertaken in September, with the results being presented to the Governance Committee in October and the Council of Governors in November. It is recommended that the survey this year follows the same process. The survey will be promoted widely in Governor Connect, via governor meetings, and emails encouraging governors to complete the survey. **RESOLVED: The Council of Governors:** **1) Noted the information provided in the report** **2) Approved that the survey is undertaken in September 2025.**
DHCFT/GOV /2025/027	**NON-EXECUTIVE DIRECTORS REPORT** Andrew Harkness, Non-Executive Director presented his overview report since he took up the post in January 2025. He specifically referred to the following: • Responsibilities of the Audit and Risk, Finance and Performance Committees and Mental Health Act Committees, which he is a member of • Board visits • Meeting teams – including being NED link for Forensic, Specialist and Rehabilitation services • Involvement in the recruitment of senior leaders • Attended a two day induction training course organised by NHS Providers • Working towards his objectives set by the Trust Chair. Andrew conveyed his appreciation to the NEDs and Board for their support.

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	Ralph Knibbs presented his report, updating Governors since his last report in May 2024 on his activities as a NED, noting he is Chair of the People and Culture Committee, and also the Senior Independent Director. Ralph: • Gave a summary of the key activities of the People and Culture Committee and the priorities it is working to which included overseeing: - the development and implementation of an effective People Plan which supports the Trust Strategy - compliance with requirements of equality and diversity legislation and development of a culture which supports and embeds equality and diversity for staff and service users • Participating in the Trust's Partners in Progress Programme, reciprocal mentoring programme. He explained that there is a considerable amount of work to do on Equality, Diversity and Inclusion (EDI) and progress had been slowed due to the turnover of EDI Leads over the past five years, noting we now have a new EDI lead in place. Ralph also set out his other responsibilities and activities as a NED **RESOLVED: The Council of Governors noted the Non-Executive Directors' updates and gained assurance from them.**
DHCFT/GOV /2025/028	**STAFF SURVEY RESULTS** Lucy Moorcroft, Organisational Development Lead, presented the staff survey results which shows the current position of the Trust for the 2024 NHS staff survey. She reported that there are nine themes that NHS England and Improvement (NHSE/I) uses to report the data and key findings: • We are compassionate and inclusive • We are recognised and rewarded • We each have a voice that counts • We are safe and healthy • We are always learning • We work flexibly • We are a team • Staff engagement • Morale It was noted that: • We are benchmarked against 50 mental health and learning disability, learning disability and community trusts • 64% of staff completed the survey (an increase of 2% compared to the previous year) • We are above or equal to the average score in all combined elements (but there as some questions within some of the themes that are not above average for example compassionate culture, addressing concerns, safety, working well together, morale) • This year's priorities will focus on staff development, staff experience, staff engagement and standards of care.

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	Susan Ryan noted that although most of the scores are above average, some have decreased compared to the 2023 results and Lucy explained that this can be for a number of reasons and an action plan is in place to make improvements. Brian Edwards also noted that a quarter of people who responded do not feel they can reporting a problem and asked if the results are telling us what the issues are. Lucy explained from the analysis of the results she is able to visit those services where responses were low and she has built up strong relationships with teams and is able to understand the problems and develop an action plan with the teams concerned. It is hoped that with this engagement and knowledge and an action plan in place the responses will improve for the following year. Regarding the staff who did not complete the survey, Lucy is continuing to build on relationships and explain why completing the survey is important. Plans are in place to support staff and find out the root causes of why staff are not completing the survey. Susan Ryan expressed concern that physical violence towards staff has increased and asked the NEDs for reassurance how the risks are managed. Lucy explained that this has been picked up by divisional leads in the form of an action plan. A report is presented to the Trust Board and Board committees with a view of ensuring that this is not acceptable; and to put support in place for staff and a risk assurance to avoid this happening. Divisional leads are trying to understand why physical violence has increased, risk assessments are carried out to put protection around the workforce and protocols have been put in place to keep this to a minimum. The Chair emphasised that the environment can also play a factor in physical violence and confirmed that the new builds which services have moved into and the Trust's transformational changes have de-escalated some of the risk. Fiona Birkbeck noted that 64% is a good response rate and suggested that qualitative work is really important. For example, if staff are saying they want to leave the Trust it would be useful to know how many have, to see if there is a correlation. The Chair suggested that Lucy has a conversation with Fiona outside of the meeting, along with Ralph Knibbs to discuss intelligence gathering and correlations. *(Post meeting note: Ruth Day, Public Governor asked to be included in the meeting attendance list for March).* Sifo Dlamini offered to open up links between Lucy and clinical teams and suggested that she also contact staff governors for assistance. Neil Baker, Public Governor referred to the four graphs regarding Freedom to Speak Up and noted that three of these are on a downward trend. He asked if there was any anecdotal evidence that can be fed back to improve these and to stop this trend. Lucy explained that she will be working on this later in the year. **RESOLVED: The Council of Governors noted the outcome of the NHS Staff Survey 2024.**
DHCFT/GOV/2025/029	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE**

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	Two items of escalation were received from the Governance Committee meeting held on 15 April 2025: 1. *Governors request assurance through the Non-Executive Directors that the government imposed cost reductions will not impact on patient services.* In response, Governors were informed that unfortunately it was not possible to give them the full assurance they are seeking on the basis the Government imposed cost reductions has a wide scope and could include cost reductions beyond health care such as disability and winter fuel payments. Focusing on NHS England and ICB cost reductions, the plans state a 50% reduction in staff costs by the end of 2025, but the configuration of the new cluster ICBs has not yet been confirmed, nor what they will need to do differently or stop delivering to achieve the required reductions. There may be some functions that ICBs look to transfer to certain providers. Once the Trust has further details we will be able to consider any impact on us as a provider and on patient services and will keep the Governors updated. 2. *Governors also seek assurance through the Non-Executive Directors that the accumulation of cuts on the voluntary sector at the same time (which the Trust is aware of) will not impact on our services.* In response, it was noted that the Trust is unable to provide this level of assurance to Governors as the VCSE sector is independent and works across many sectors and the Trust is not always sighted on such changes in local communities. There was acknowledgment that the VCSE sector, like all sectors are experiencing real challenges and some commissioning organisations continue to review their spend on VCSE provision. For those VCSE cuts the Trust is aware of already, it was noted that the biggest challenge is to attribute causality/contribution of cost cutting to the change/negative impact on our services. It is likely however that the impact of cuts both in VCSE services and nationally will potentially lead to greater demand for our services over time. Tony Edwards suggested that governors inform Denise Baxendale of any cuts in the VCSE that they are aware of. Brian Edwards thanked the Trust for its honesty and reiterated the importance of ensuring that patient safety and quality of services are not affected by the financial constraints. James Sabin assured governors that there are systems and processes in place (including Quality and Equality Impact Assessments) to ensure that services are running efficiently without detriment to service users. He also confirmed that the Trust has turned down cost saving ideas from the ICB and has evidence to explain why this would have a detrimental impact on services. This work was led by the Medical Director and Director of Nursing, Allied Health Professionals, Quality and Patient Experience Director. It was also noted that although the Trust wants to play a role in partnership working, the Chief Executive is also making it clear what the Trust needs to provide quality services safely.

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	Mathew Joseph raised a point about the Trust needing to deliver evidence based treatment as being the best for service users and not having to provide other services that the government prioritises, to which it then has to recruit staff to that have not been needed. Selina explained that all trusts have to adhere to government policies which dictate what we can provide and spend money on. Currently trusts are measured on league tables and as a public service we have to respond to these. Selina suggested that Matthew and his colleagues continue to influence the use of evidence based medicine through the Medical Senate. She also suggested that as our strategic partnership with the University of Derby develops, there is likely to be a possibility of research into evidence based medicine. Matthew also expressed concern about the impact on morale because of the organisation restructure.
DHCFT/GOV /2025/030	**VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT** The Non-Executive Directors reminded governors that the purpose of this report is to provide an update of how the Trust was performing and included data up to the end of April 2025. The report focuses on key finance, performance, and workforce measures. Geoff Lewins, as a member of the Finance and Performance Committee gave the operations update and referred to: • The unadjusted outturn deficit of £25.3m at the end of 2024/25, with technical adjustments, the financial position was breakeven against an adjusted plan of £6.4m deficit • At the end of the financial year the required savings were delivered in full • Agency spending throughout the year had significantly reduced • Out of area placements had increased in quarter four but has seen a reduction in March • The accounts for last year are currently being audited with sign off expected on 18 June. Neil Baker, Public Governor asked for clarification on what out of area placements are and how they operate. Geoff explained that they arise when we have more people to accommodate than we have beds so we are required to send service users to other providers for which we have to pay. With the new facilities we are expecting the situation to improve, along with the flow of patients and envisaged reduction in the length of stay if they have somewhere safe to go after discharge. Brian Edwards noted that the ICB is looking at reduced expenditure over the next few years and asked if we will be looking at a negative balance sheet. James explained that there is £50m deficit funding to support the system, and as long as the ICB meets its compliant plan for 2025/26 will only be required to pay back £30m over the next three years. He also explained that if there is no additional resources to manage some of the government priorities, it is likely that the Trust will be in deficit as performance and delivery is really important. The Chair reiterated that the Trust has plans in place to reduce its underlying deficit. *(Due to other commitments, Geoff Lewins left the meeting).*

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	Tony Edwards, as Chair of the Finance and Premises Committee gave the operations update which included: • There continues to be a high demand for adult autistic spectrum disorder (ASD) assessment • The number of completed ASD assessments has remained high within existing resources and the contractual activity target for 2024/25 was exceeded by 300% • The rate of dementia diagnosis remains high • Out of area placements remain a challenge but should be improved by with the opening of the new facilities where it is envisaged that service users' health will improve more quickly, thereby improving patient flow. Susan Ryan referred to Community Paediatrics wait times that remain high due to ongoing pathway issues and high levels of demand and asked if there is an opportunity for the Child and Adolescent Mental Health Service (CAHMS) to support the wait list. Lynn Andrews confirmed that the Childrens Board across the system is having conversations with the ICB to discuss how children services can be delivered differently working in partnership. Tumi Banda explained that the Trust was currently in dialogue with Chesterfield to see if they can support the work we are doing. Tony noted that it is a stable report and shows that plans put in place by the Trust are improving services. It was also noted that funding and workforce issues do hinder improvements in some areas. James Sabin reiterated that the Trust does put forward requests to the ICB for more investment for the services it commissions and even though we are exceeding requirements in some areas (i.e. ASD) there is no additional money. He added that if demand for our services continue to increase and no funding is forthcoming the Trust may have to have a difficult conversation with the ICB about risk. *(Due to other commitments, Christopher Williams left the meeting.)* Mathew Joseph referred to the out of area placements and asked how many additional beds the new facilities will have. It was confirmed that the new psychiatric intensive care unit (PICU) has 14 beds which will help to address the out of area placement issue. The other new facilities will not have additional beds but it is envisaged that once community work is strengthened through the Community Service Framework, patient flow will improve. It was noted that Living Well programme was introduced under the framework and is having a positive impact on patient flow. Ralph Knibbs as Chair of People and Culture Committee gave an update on people which included: • An Absence Delivery plan is being reduce sickness absence which is currently 5.93% • The Employee Relations team is being brought back in-house • Staff have been consulted on the new model of care • Mandatory training is improving • Monthly reports on appraisals and supervision are being carried out with results expected to be presented end of June. A supervision audit is also taking place, the results of which will be included in the report.

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	Lynn Andrews as Chair of the Quality and Safeguarding Assurance Committee gave an update on safety which included: • Staff are engaging with the new Clinical Model of Care which is being implemented in the new environments • Safer staffing models are now in place • There is a backlog of complaints. A Quality Plan is currently being produced which will include the work that the Patient Experience Team carries out. It was noted that thematic reviews continue to take place for trend analysis and assurance. Brian Edwards was assured that there are good quality processes in place. **RESOLVED: The Council of Governors noted the updates from the Integrated Performance Report and were assured that the Non-Executive Directors are holding the Executive Directors to account for the performance of the Board.**
DHCFT/GOV /2025/031	**GOVERNANCE COMMITTEE REPORT (INCLUDING APPROVAL OF GOVERNOR STATEMENT FOR THE QUALITY ACCOUNT)** Denise Baxendale presented an overview of the matters discussed at the last Governance Committee meeting which was well attended. This included: • Feedback from governors' engagement activities • Approval of the draft governor and membership section of the Annual Report 2024/25 • Draft Governor Statement for the Quality Account – which the Committee recommends is approved by the Council of Governors • Review of governors' declarations of interest. It was noted that the Quality Account has to be published nationally by 30 June 2025. **RESOLVED: The Council of Governors:** **1) The Council of Governors noted the information provided in the Governance Committee report** **2) Approved the governor statement for the Quality Account.**
DHCFT/GOV /2025/032	**REVIEW GOVERNORS' MEMBERSHIP ENGAGEMENT ACTION PLAN** Denise Baxendale provided an update on the Governors Membership Engagement Action Plan (the Action Plan). She reminded governors that they are elected to represent their local communities and the Action Plan has been developed to increase engagement with members and to promote the governor role. It is aligned to the key objectives for members' engagement in the Membership Plan 2025-2028 as follows: • Increase membership engagement with the Trust and its governors • Provide mechanisms for members to provide feedback to the Trust • Increase awareness of governors and the role they play • Further develop and enhance member focused communications through the membership magazine and e-bulletin • Include the role and promotion of staff governors in the Trust's wider focus on staff engagement.

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	The Action Plan was presented to the Council of Governors in March and since then has been reviewed and updated. Denise encouraged all governors to familiarise themselves with the Action Plan and to notify her of any updates. **RESOLVED: The Council of Governors:** **1) Noted the contents of the Action Plan.** **ACTIONS:** • **Governors to notify Denise Baxendale of any updates that need to be included in the Action plan** • **The Action Plan will be reviewed by the Governance Committee in October.**
DHCFT/GOV /2025/033	**ANY OTHER BUSINESS** ***Governor updates*** Denise Baxendale gave an update as follows: - Garry Hickton is no longer eligible to represent Derbyshire County Council. She conveyed her appreciation to Garry over the past few years - Cllr Dawn Abbott has replaced Garry as the representative for DCC. *(Post meeting note: unfortunately, as Dawn is a governor for Derbyshire Community Health Services NHS Foundation Trust, she is not eligible to take on the role at our Trust. We are awaiting a replacement.)* - The University of Nottingham has not confirmed to date who will be replacing David Charnock as Appointed Governor. David retired on 31 December 2024 and Denise is in regular contact with the university - Andrew Beaumont, Public Governor for Erewash is resigning from the governor role today to enable him to spend more time on other pastimes and activities. Andrew has represented our Erewash members for the past six and a half years. Attendees sincerely thanked Andrew for his hard work and dedication to the role and wished him well in his future endeavours. ***Governor meetings*** Denise reminded governors that due to the close proximity of this meeting and the planned Governance Committee on 10 June it had been agreed to cancel the 10 June meeting. The next joint Board and Governors session is taking place on 22 July from 2pm to 5pm. It is a face to face meeting and will held in Conference Rooms A&B in the Centre for Research and Development at Kingsway, Derby. All governors were encouraged to attend this session with the Board. For the benefit of new governors Denise explained that twice a year joint board and governor sessions are held in person. At these sessions updates on the Trust are given; and there is plenty of opportunities to network. ***Tony Edwards*** Tony noted that this was his last Council of Governors as he is leaving in July. He conveyed his appreciation to governors for their valued contribution in holding the NEDs to account for the performance of the Board.

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	Governors also thanked Tony for his commitment and hard work as a NED. During his time in the role, he has given governors lots of assurance and the way he communicates with people in an understandable way (in particular when talking about finance) was really appreciated.
DHCFT/GOV /2025/034	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The meeting overran slightly due to the meaningful questions and thought provoking and well thought out responses. The Chair conveyed her appreciation to governors for their engagement and interest. It was noted that there was an issue with sound, and Susan Ryan suggested that IT support is required so that everyone can take part.
DHCFT/GOV /2025/035	**CLOSE OF MEETING** The meeting closed at 17.05 hours. The next Council of Governors meeting will be held on **Tuesday 23 September 2025**, from 14:00-17:00 hours. It will be held as a hybrid meeting.

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COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 16.9.25							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
4.3.25	DHCFT/GOV/2025/011	Verbal summary of Integrated Performance Report		Community Outreach and CPA updates requested for the next meeting.	3.6.25	To update under matters arising. NB: there is a paper going to June board on the community outreach - which is the Valdo Calocane issue. COMPLETE	Green
3.6.25	DHCFT/GOV/2025/032	Review Governors' Membership Engagement Action Plan	Governors	Governors to notify Denise Baxendale of any updates that need to be included in the Action plan	19.8.25	No updates received. COMPLETE	Green
3.6.25	DHCFT/GOV/2025/032	Review Governors' Membership Engagement Action Plan	Denise Baxendale	The Action Plan will be reviewed by the Governance Committee in October	22.10.25	On the agenda for the Governance Committee meeting on 22.10.25. COMPLETE	Green

Key	**Agenda item for future meeting**		**YELLOW**	0	0%
	Action Ongoing/Update Required		**AMBER**	0	0%
	Resolved		**GREEN**	3	100%
	Action Overdue		**RED**	0	0%
				3	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 23 September 2025

Presentation of the Auditor's Annual Report

Purpose of Report: The purpose of this report and presentation is to summarise our audit conclusions and work.

Executive Summary

Issued on 25 June 2025, we gave an unqualified opinion on the financial statements for the year ended 31 March 2025:

"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."

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	X

Risks and Assurances
The Auditor's Annual Report for 2024/25 affords reasonable assurance that the Trust is continuing to manage its affairs appropriately.

Consultation
The Audit and Risk Committee received the draft Auditor's Annual Report at its meeting on 18 June 2025 prior to the report being finalised.

Governance or Legal Issues
We shared the outcome of our work with the Audit and Risk Committee in June. Now our work is completed, we are sharing our Auditor's Annual Report with the Council of Governors.

Public Sector Equality Duty & Equality Impact Risk Analysis
We have not identified any significant implications in these areas.

Recommendations
The Council of Governors is requested to note the information in the Auditor's Annual Report for 2024/25 and the associated presentation.

Report presented by: **Mark Surridge/Bethan Vance**
Role: External Audit, Forvis Mazars

Report prepared by: **Mark Surridge/Bethan Vance**
Role: External Audit, Forvis Mazars

Presentation to the Council of Governors

Derbyshire Healthcare NHS Foundation Trust – year ended 31 March 2025

September 2025

forvis mazars

Introduction

Mark Surridge

Key Audit Partner

Mark is the key contact for the Board, Audit and Risk Committee and Management. He has overall responsibility for delivering a high quality audit to ensure a ‘safe’ Auditor’s Report to the Trust. Mark attends Audit and Risk Committee meetings.

Bethan Vance

Audit Senior Manager

Bethan is the key contact for the finance team. She manages the audit using her experience of auditing NHS mental health foundation trusts. Bethan attends Audit and Risk Committee meetings.

Introduction

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO').

Scope of our work

- Opinion on the financial statements
- Value for Money arrangements
- Wider reporting responsibilities

Who we report to

Committee	
Audit and Risk Committee	We present an Audit Plan, and then regularly progress against that plan and our findings to the Audit and Risk Committee
Board	The Audit and Risk Committee uses our work to provide assurance to the Board. Occasionally, we may report directly to the Board but have not needed to do that this year.
Governors	Annually, we issue a summary to the Governors

Our work for 2024/25
Scope

Opinion on the financial statements

We carry out our audit in accordance with the requirements of the Code of Audit Practice and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error.

Value for money arrangements

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We report against the following criteria:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Trust ensures that it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Wider reporting

The NHS Act 2006 provides auditors with specific powers where matters come to our attention that, in our judgement, require specific reporting action to be taken. We have the power to:

- issue a report in the public interest; and
- make a referral to the regulator.

We are also required to report if the governance statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust.

We also issue a ‘certificate’ to confirm we have completed all the work required under the NHS Act 2006.

Our work for 2024/25
Outcomes

Opinion on the financial statements

✓

COMPLETE

Issued on 25 June 2025, we gave an unqualified opinion on the financial statements for the year ended 31 March 2025:

"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"

Value for money arrangements

✓

COMPLETE

We shared the outcome of this work with the Audit and Risk Committee in June. Now this is completed, we are sharing our Auditors Annual Report with Governors.

Wider reporting

✓

COMPLETE

We have not needed to use any of our reporting powers.

We had no issues to report over the content or format of the Governance Statement

We have not been able to issue our 'certificate' confirming completion of all our reporting requirements under the NHS Act because we are waiting for final instructions from the National Audit Office on any testing they may require for their audit.

Contact

Forvis Mazars

Mark Surridge
Partner

Bethan Vance
Senior Audit Manager

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www.forvismazars.com/uk

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Auditor's Annual Report

Derbyshire Healthcare NHS Foundation Trust – year ended 31 March 2025

June 2025

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This document is to be regarded as confidential to Derbyshire Healthcare NHS Foundation Trust. It has been prepared for the sole use of the Audit and Risk Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

01

Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for Derbyshire Healthcare NHS Foundation Trust ('the Trust') for the year ended 31 March 2025. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the National Health Service Act 2006 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO').The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.

Opinion on the financial statements
We issued our audit report on 25th June 2025. Our opinion on the financial statements was unqualified.

Value for Money arrangements
We did not identify any significant weaknesses in the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources. Section 3 provides our commentary on the Trust's arrangements.

Reporting to the group auditor
In line with group audit instructions issued by the NAO, on 25th June 2025, we reported that the Trust's consolidation schedules were consistent with the audited financial statements.

02

Audit of the financial statements

Our audit of the financial statements

Our audit was conducted in accordance with the requirements of the Code, and International Standards on Auditing (ISAs). The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust's financial position as at 31 March 2025 and of its financial performance for the year then ended. Our audit report, issued on 25th June 2025, gave an unqualified opinion on the financial statements for the year ended 31 March 2025.

A summary of the significant risks we identified when undertaking our audit of the financial statements and the conclusions we reached on each of these is outlined in Appendix A. In this appendix we also outline the uncorrected misstatements we identified and any internal control recommendations we made.

Other reporting responsibilities

Reporting responsibility	Outcome
Annual Report	We did not identify any material misstatements or significant inconsistencies between the content of the annual report, the financial statements and our knowledge of the Trust.
Annual Governance Statement	We did not identify any matters where, in our opinion, the Governance Statement did not comply with the NHS Foundation Trust Annual Reporting Manual 2024/25. We also did not identify any matters where, in our opinion, the Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.
Remuneration and Staff Report	We report that the parts of the Remuneration and Staff Report subject to audit have, following some disclosure amendments identified through the audit, been properly prepared in accordance with the National Health Service Act 2006.

03

Our work on Value for Money arrangements

VFM arrangements

Overall Summary

Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

Financial sustainability - How the Trust plans and manages its resources to ensure it can continue to deliver its services.

Governance - How the Trust ensures that it makes informed decisions and properly manages its risks.

Improving economy, efficiency and effectiveness - How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

Our work is carried out in three main phases.

Phase 1 - Planning and risk assessment

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements.

We obtain our understanding or arrangements for each of the specified reporting criteria using a variety of information sources which may include:

- NAO guidance and supporting information
- Information from internal and external sources including regulators
- Knowledge from previous audits and other audit work undertaken in the year
- Interviews and discussions with staff and directors

Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Phase 2 - Additional risk-based procedures and evaluation

Where we identify risks of significant weaknesses in arrangements, we design a programme of work to enable us to decide whether there are actual significant weaknesses in arrangements. We use our professional judgement and have regard to guidance issued by the NAO in determining the extent to which an identified weakness is significant.

We have not identified any risks of significant weakness.

Phase 3 - Reporting the outcomes of our work and our recommendations

We are required to provide a summary of the work we have undertaken and the judgments we have reached against each of the specified reporting criteria in this Auditor's Annual Report. We do this as part of our Commentary on VFM arrangements which we set out for each criteria later in this section.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust. We refer to two distinct types of recommendation through the remainder of this report:

- **Recommendations arising from significant weaknesses in arrangements -** We make these recommendations for improvement where we have identified a significant weakness in the Trust arrangements for securing economy, efficiency and effectiveness in its use of resources. Where such significant weaknesses in arrangements are identified, we report these (and our associated recommendations) at any point during the course of the audit.
- **Other recommendations -** We make other recommendations when we identify areas for potential improvement or weaknesses in arrangements which we do not consider to be significant but which still require action to be taken.

The table on the following page summarises the outcomes of our work against each reporting criteria, including whether we have identified any significant weaknesses in arrangements or made other recommendations.

Overall summary by reporting criteria

Reporting criteria	Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
Financial sustainability	11	No	No	No
Governance	19	No	No	No
Improving economy, efficiency and effectiveness	22	No	No	No

VFM arrangements

Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services

Significant weakness in 2023/24	Nil.
Significant weaknesses in 2024/25	Nil.

VFM arrangements – Financial Sustainability

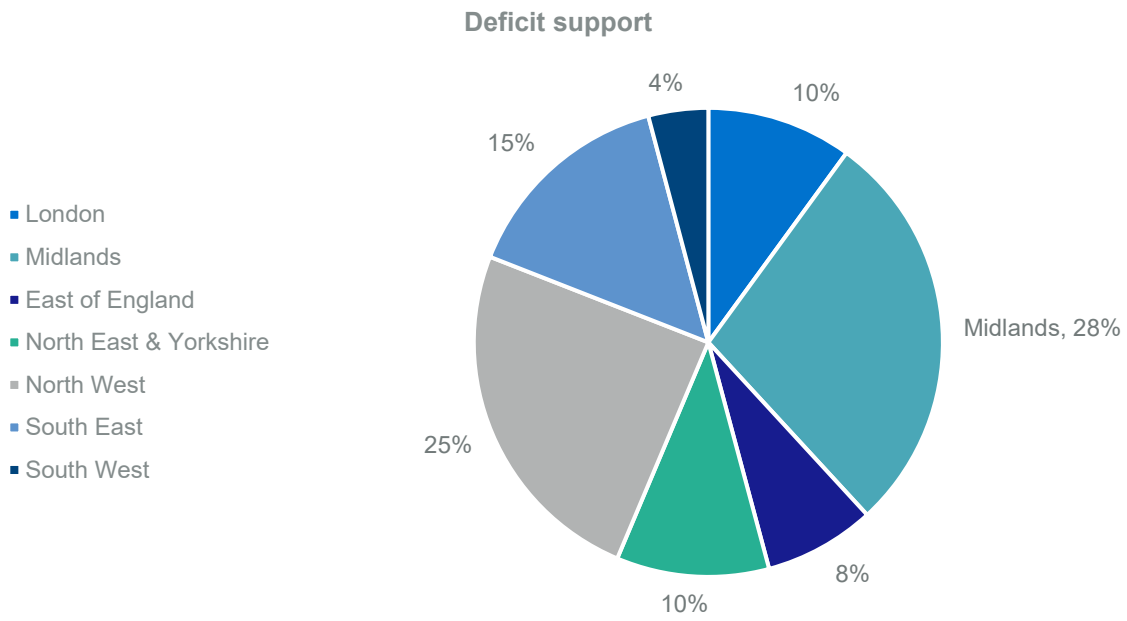
Overall commentary on Financial Sustainability

Context to NHS spending

The calendar year 2025 has seen some significant developments across the NHS, starting in January 2025, when the Government issued its policy paper “Road to recovery: the government's 2025 mandate to NHS England”, setting out three priorities:

- cut waiting times
- improve access to primary care
- improve urgent and emergency care.

Subsequently, in March 2025, the Government announced its decision to abolish NHS England in a process expected to take place over a two-year timeframe. Alongside this is the expectation of Integrated Care Boards to reduce running costs by 50% and increased expectation of organisational reform between 2026 to 2027.



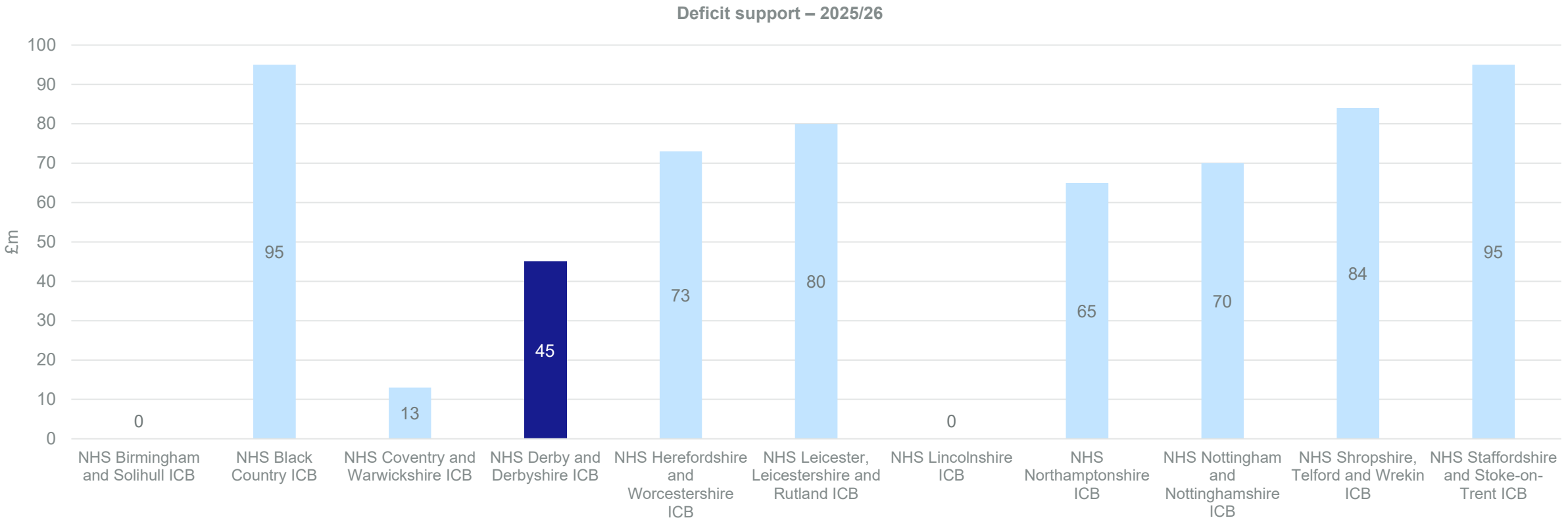
NHS finances remain in a highly challenged position. NHS England’s review of Month 11 financial performance (March 2025) provided some context on the financial challenges in 2024/25, where “systems planned to deliver the most significant efficiency savings that have ever been delivered totalling £9.3bn (equivalent to 6.1% of their total allocation)” and that at the forecast was to deliver slightly below that target at £8.7bn.

NHS systems have a collective requirement to seek to achieve system financial balance, as well as a duty to seek to comply with system resource use limits set by NHS England, after the inclusion of any non-recurrent support funding revenue allocation where this is applicable. In April 2025, the Interim Chief Executive of NHS England wrote to all ICBs and NHS trusts to provide detail on the Government’s reform agenda for the NHS. This includes[1] an overview of the financial position on 2025/26, which we have summarised in the charts opposite, which shows that the financial plans submitted for 2025/26 would have been a gross deficit of £2,516m had deficit support funding of £2,204m had not been available.

Region	Gross position (£m)	Deficit support (£m)	27 March Plan (£m)
London	(284)	221	(63)
Midlands	(620)	620	0
East of England	(169)	169	0
North East & Yorkshire	(232)	232	0
North West	(714)	542	(172)
South East	(368)	329	(39)
South West	(129)	91	(38)
Grand Total	**(2,516)**	**2,204**	**(312)**

1. Source: www.england.nhs.uk/long-read/working-together-in-2025-26-to-lay-the-foundations-for-reform/#appendix-1-2025-26-financial-plan-summary-as-at-31-march-2025

VFM arrangements – Financial Sustainability



VFM arrangements – Financial Sustainability

Overall responsibilities for financial governance

We have reviewed the Trust's overall governance framework, including Board and Committee reports, the Annual Governance Statement, and Annual Report and Accounts for 2024/25. These confirm the Trust Board undertook its responsibility to define the strategic aims and objectives, approve budgets and monitor financial performance against budgets and plans to best meet the needs of the Trust's service users. We have reviewed reports and minutes of the Board to confirm there are financial governance arrangements in place.

The Trust's Finance and Performance Committee has met regularly through the year and reported through to the Board. Within the Committee's remit includes oversight of:

- Financial performance and plans;
- Operational Performance;
- Continuous improvement and transformational change programmes;
- Estates strategy and delivery, including the Making Room for Dignity Programme;
- Information technology and systems strategy and execution;
- Contract delivery and system working (including collaborations and partnerships); and
- Oversight of key risks relating to the above.

In our view, the function and remit is as we would expect for a Trust of this size and complexity and evidence of adequate arrangements in place for financial governance.

The Trust's financial planning and monitoring arrangements

Through the year we have met regularly with management and reviewed relevant board and committee reports and minutes, including the Integrated Performance Report presented to the March 2025 Board.

Through our review of board and committee reports, meetings with management and relevant work performed on the financial statements, we are satisfied that the Trust's arrangements for budget monitoring remain appropriate, and these include:

- Standing Financial Instructions with relevant provisions for budgetary control and reporting;
- Oversight from the Trust Board and its Committees, through an Integrated Performance Report and detailed reports on finance including outturn and financial planning;
- The Trust has well established arrangements for year-end financial reporting, despite increasing challenges placed on the finance team with concurrent financial reporting and 2024/25 financial planning deadlines.

These findings provide assurance that the Trust continues to operate effective financial monitoring and reporting mechanisms in line with good governance practices and we have not identified any significant inconsistencies between budgetary information and the financial position as reflected in the financial statements.

VFM arrangements – Financial Sustainability

2024/25 financial outturn

Financial performance is regularly reported and scrutinised by the Finance and Performance Committee alongside Audit and Risk Committee. There is regular integrated reporting of financial and performance information to the Board.

We considered the Trust's financial outturn as presented in the 2024/25 financial statements and underlying TAC returns for the Whole of Government Accounts, which shows:

- An Operating deficit from continuing operations of **£18.6m deficit** (Prior Year = £1.9m deficit);
- An Overall deficit for the year of **£25.3m deficit** (Prior Year = £9.9m deficit), against gross expenditure of £279m (Prior Year = £231m);
- As shown in the Cashflow statement, the Trust generated £13m positive cash inflow from operating activities (Prior Year = £8m) and ended the year with cash and cash equivalents of £19m (Prior Year = £34m); and
- As shown in the Balance Sheet, the Trust's Income & Expenditure Reserve is a deficit of £32m (Prior Year = £6m deficit).

	2023/24 Outturn (£'000)	2024/25 Plan (£'000)	2024/25 Outturn (£'000)	2025/26 Plan (£'000)
Operating surplus / (deficit)	(1,855)	(35,734)	(18,599)	2,330
Adjusted financial performance surplus / (deficit)	(4,588)	(6,384)	1	0
Recurrent efficiency savings	2,124	8,917	6,366	12,111
Non-recurrent efficiency savings	6,646	3,623	6,174	2,674

Capital expenditure

As set out in Note 14 of the financial statements, the Trust spent £13.8m on capital additions in 2024/25. Our testing of capital expenditure and capital additions and payables in the 2024/25 financial statements did not identify any significant errors.

Pay costs

Employee costs for 2024/25 are set out in note 8 of the financial statements, showing £134.1m spent on salaries and wages and £5.1m on temporary staffing Our testing on pay and pay related costs did not highlight any concerns.

The table below also summarises our calculation of temporary costs as a percentage of Trust expenditure on salaries, wages, social security and pension costs as shown in Note 8 of the draft financial statements. It shows that temporary staff costs has reduced by over 2.7% from prior year. This evidence of the reduced reliance on temporary staff, which has been a key driver of overspend in recent years.

Staff Costs	2023/24	2024/25
Temporary staff	8,825	5,089
Salaries, wages, social security and pension costs	156,803	175,274
Temporary staff costs as a % of employee benefits expenses	5.6 %	2.9%

Our work on the financial statements has not identified any significant errors and we are satisfied the financial performance for 2024/25 is not indicative of a risk of significant weakness in financial sustainability arrangements.

Arrangements to bridge funding gaps and identify achievable savings: efficiencies delivered 2024/25 and planned for 2025/26

The Trust is required to make financial efficiency savings through schemes known as Cost Improvement Programmes (CIPs). The Trust assesses CIP savings regularly and includes this assessment in the Board Integrated Performance Report allowing for review and challenge by Board members.

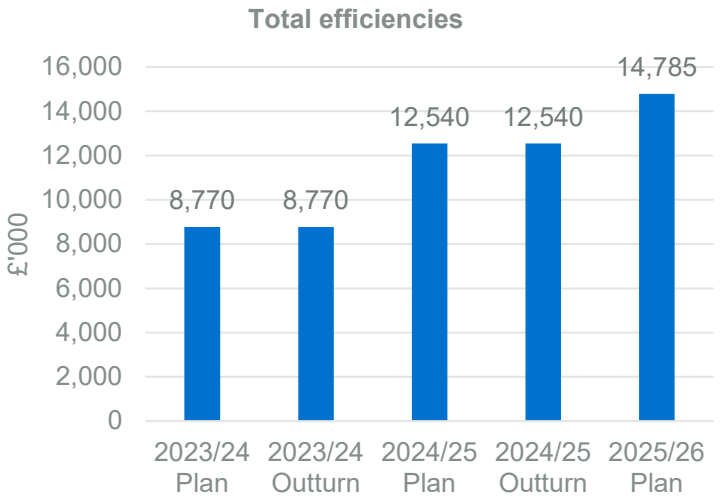
We have reviewed the Trust's financial plans for 2023/24, 2024/25 and 2025/26 as well as the outturn position. From our discussions with management and review of documents, we noted:

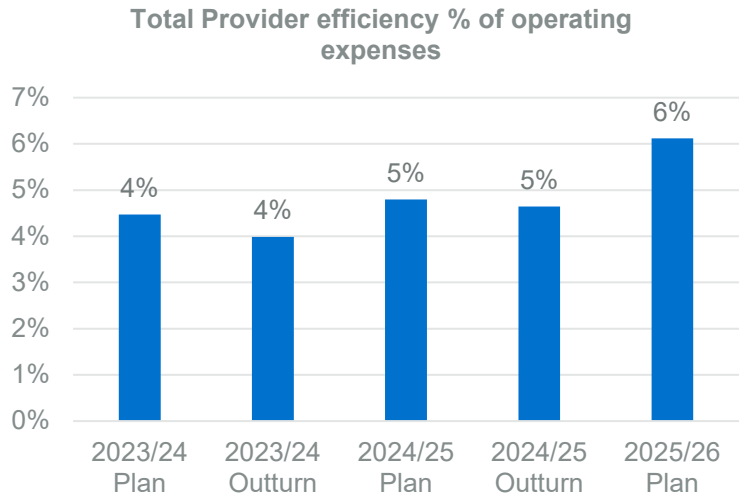
- Derbyshire Healthcare overachieved against their plan for 2024/25, delivering an adjusted surplus of £1k compared to a planned £6.4m deficit, which was achieved without any non-recurrent deficit funding.
- The Trust delivered their planned £12.5m efficiency savings, however only 50.8% of these were recurrent, compared to the planned 71.1%

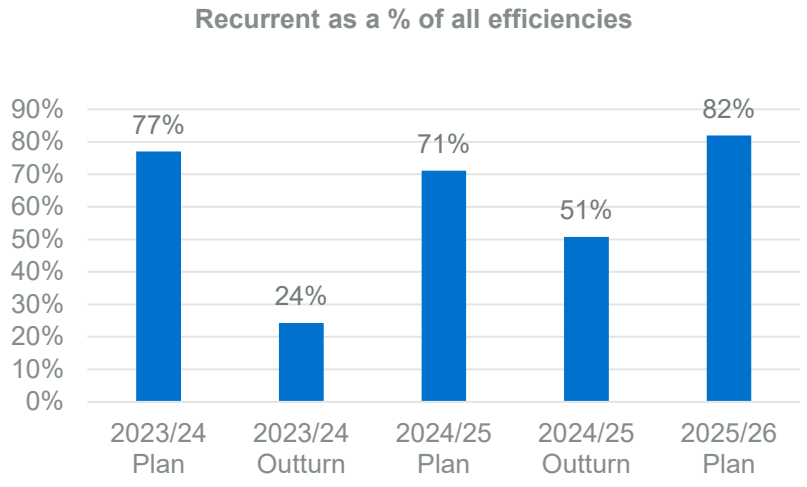
We have also considered the Trust's efficiency saving programme both historically and as planned for 2025/26.

The Trust has successfully delivered their planned efficiencies for both 2023/24 and 2024/25. The Trust has set a CIP target of £14.8m for 2025/26, which is 5.8% of planned operating expenditure, up from 4.6% in 2024/25.

The Trust has also made a significant move to reduce reliance on non-recurrent savings, with a plan to deliver 81.2% of savings recurrently in 2025/26. This could present a challenge for the Trust, having under delivered on their recurrent savings targets in both 2023/24 and 2024/25. However, given the fact it has delivered its overall savings target, and overachieved on the overall planned position without the use of non-recurrent deficit funding, we are satisfied that this does not indicate a significant weakness in arrangements for 2024/25.



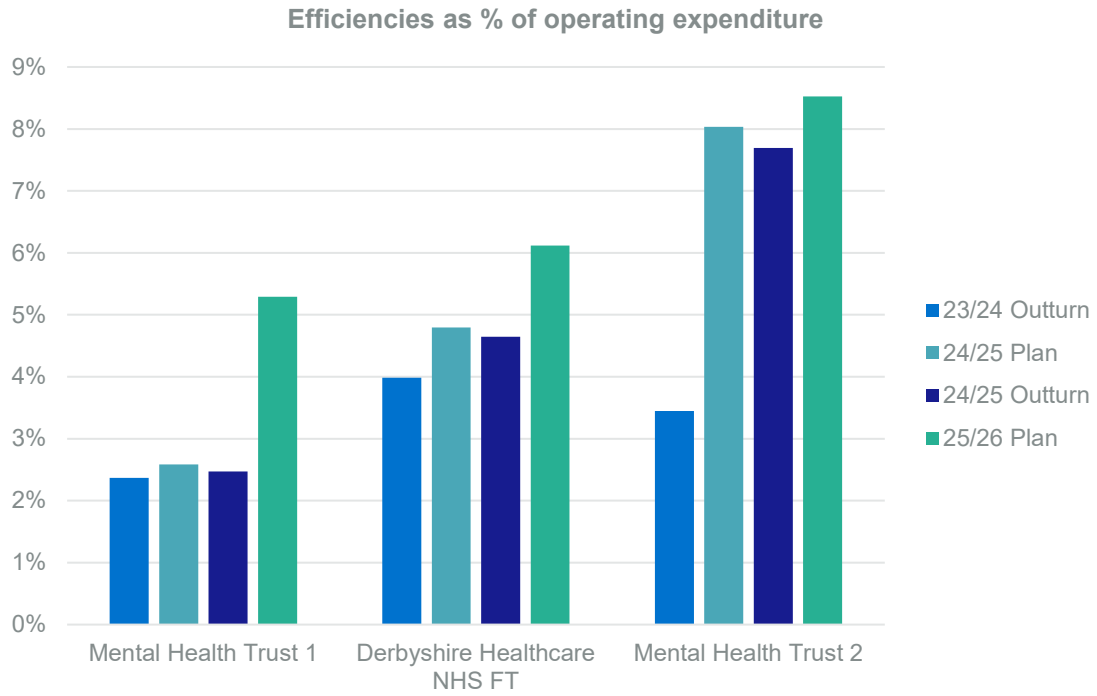


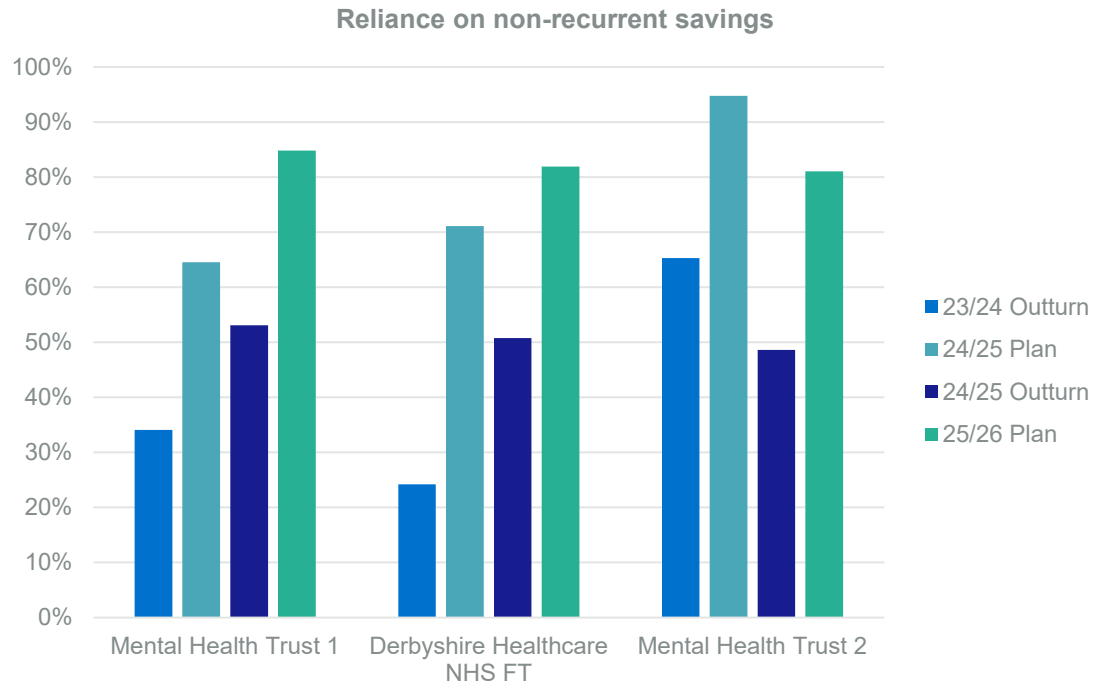


Arrangements to bridge funding gaps and identify achievable savings: efficiencies delivered 2024/25 and planned for 2025/26

We have also considered the Trust's efficiency saving programme by benchmarking against our other Mental Health audit clients

The Trust's increased CIP target as a percentage of operating expenditure is consistent with the benchmarked Mental Health trusts, which are also facing a comparatively steep increase in savings needs between 2024/25 and 2025/26.



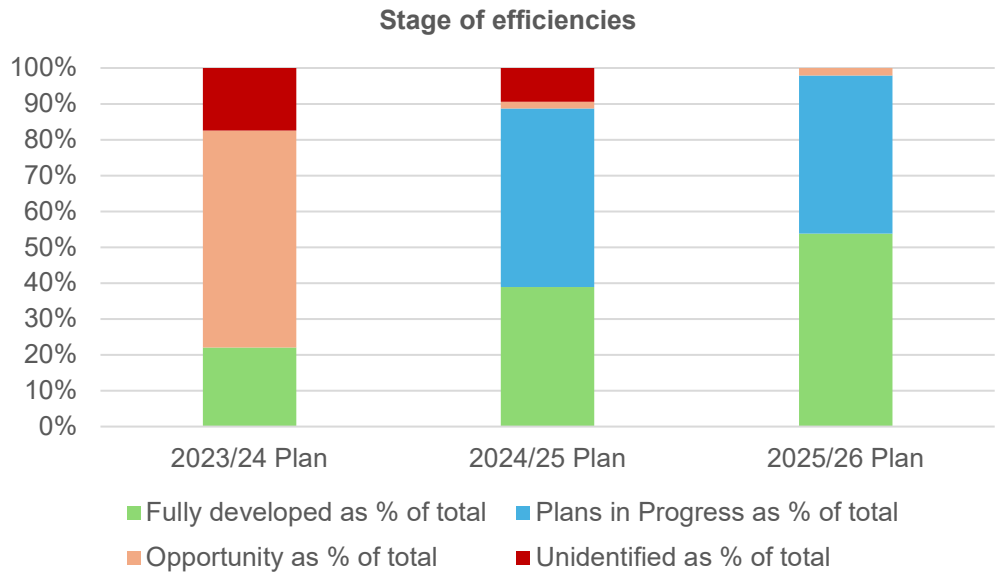


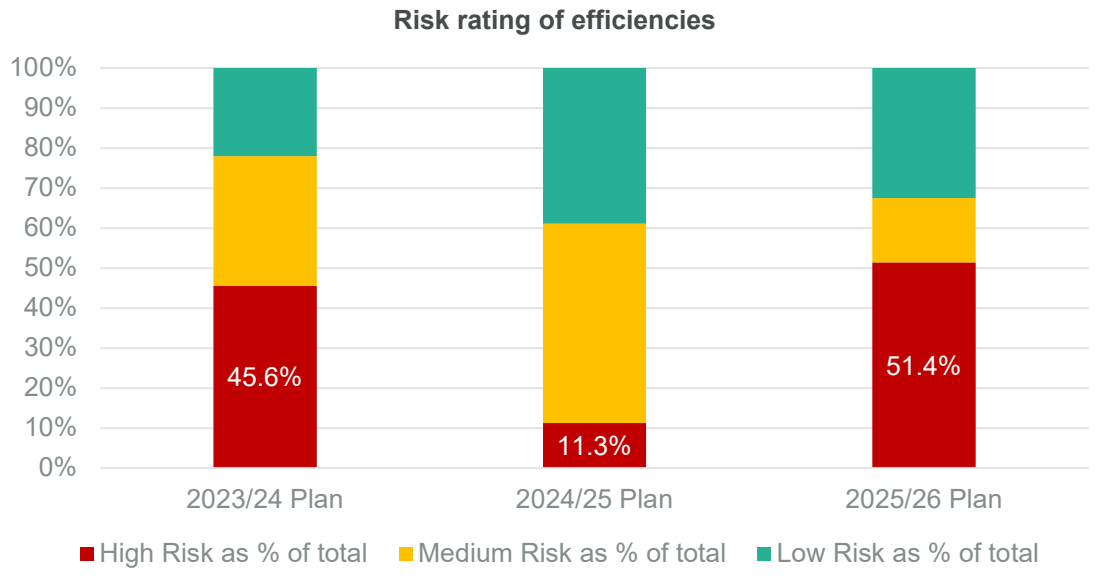
Arrangements to bridge funding gaps and identify achievable savings: efficiencies delivered 2024/25 and planned for 2025/26

As shown in the charts below, we reviewed the Trust's assessment of risk in CIPs, including:

- The proportion of the Trust's efficiency programme which remained unidentified, or opportunities in the submitted plan. This shows a significant reduction since 2023/24, with 98% of the Trust's planned efficiencies for 2025/26 being wither fully developed, or in progress.
- The proportion of efficiencies classified as high risk, which has increased significantly in the 2025/26 plan when compared to 2024/25.

Whilst our review has not highlighted a risk of significant weakness in arrangements for 2025-26, as shown in the context page, the extent of financial challenge across the NHS is significant, with £2.2bn of deficit funding required to create an overall plan of a £312m deficit. Whilst Derbyshire Healthcare is not in receipt of deficit funding in 2025/26, the Trust is facing an increased challenge to ensure that its financial strategies are robust and sustainable.





VFM arrangements

Governance

How the body ensures that it makes informed decisions and properly manages its risks

Significant weakness in 2023/24	Nil.
Significant weaknesses in 2024/25	Nil.

Overall commentary on Governance

Position brought forward from 2023/24

There are no indications of a significant weakness in the Trust's arrangements brought forward from 2023/24.

Overall arrangements for governance

The Trust has a full suite of governance arrangements in place, supported by the Trust's Constitution and Scheme of delegation . These are set out in the Trust's Annual Report and Annual Governance Statement. We reviewed these documents as part of our audit and confirmed they were consistent with our understanding of the Trust's arrangements in place.

Our review of the Trust's governance framework confirms arrangements are in place, with the Trust Board being overall responsible for the performance of the Trust and having a clear set of strategic and supervisory roles. The Trust has established Committees to support these roles, with the following Committees in place:

- Audit and Risk Committee;
- Finance and Performance Committee;
- Mental Health Act Committee;
- People and Culture Committee;
- Quality and Safeguarding Committee; and
- Remuneration and Appointments Committee

We consider the committee structure of the Trust is sufficient to provide assurance that decision making, risk and performance management is subject to appropriate levels of oversight and challenge.

Our review of Board and committee papers confirms that a template covering report is used for all Board reports, ensuring the purpose, strategic context, governance issues, and recommendations are clear. Minutes are published and reviewed by the Board to evidence the matters discussed, challenge and decisions made.

Monitoring and assessing risk

The Trust records strategic risks in the Board Assurance Framework and our review confirms it is sufficiently detailed to manage the Trust's key risks, identify controls, gaps in controls and obtain the assurance required to work towards a targeted risk score. Our review of reports as well as attendance at Audit and Risk Committee meetings confirms the Board Assurance Framework is regularly updated and in sufficient detail to allow for adequate review. Deep dives for BAF risks allow additional scrutiny and challenge.

The Audit and Risk Committee considers the Board Assurance Framework, Annual Report and Accounts, and Annual Governance Statement and monitors progress against internal and external audit plans. We have attended Committee meetings and reviewed supporting documents and are satisfied that the programme of work is appropriate for the Trust's requirements. Our attendance at Audit and Risk Committee has confirmed there continues to be an appropriate level of effective challenge.

Internal controls

To provide assurance over the effective operation of internal controls, including arrangements to protect and detect fraud, The Trust has appointed independent third parties as internal auditors. Work plans are agreed with management at the start of the financial year and reviewed by the Audit and Risk Committee prior to approval.

We have read Internal Audit's Annual Plan and Annual Report and confirmed the Head of Internal Audit Opinion is reflected in the Annual Governance Statement. From our attendance at Audit and Risk Committee and review of supporting reports and minutes, Internal Audit has not identified any significant weaknesses in the governance, risk and the control environment in the 2024/25 Head of Internal Audit annual opinion.

Our audit of the financial statements did not identify any significant weakness in internal controls.

Overall commentary on Governance continued

Well led review

The Care Quality Commission (CQC) defines an organisation that is "Well-Led" as one where the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.

During 2023/24, the Trust Board received regular updates to prepare for the CQC inspection. The review was carried out by the Office of Modern Governance and the final report which includes the recommendations was issued and discussed by Board in November 2023. The agreed recommendations have been built into an action plan that will be reported to and monitored by the Audit and Risk Committee. We reviewed the report and are satisfied it provides corroborative assurance over arrangements for governance and improving economy, efficiency and effectiveness, with no indication a significant weakness in arrangements, in particular noting the following statements:

- "There is a strong and embedded governance framework in place that facilitates Board oversight of good quality service provision and the execution of the Trust Strategy. It compares well with other mental health foundation trusts."
- "Board, operational and clinical assurance systems are comprehensive enabling performance issues to be escalated appropriately."

We have reviewed the well led action plan updates that have been reported to Audit and Risk Committee during 2024/25. The report to the January 2025 showed progress had been made and there were only two actions outstanding.

We say more on CQC and regulatory reporting under the criteria for Improving Economy, Efficiency and Effectiveness in the next section of our report.

Budgetary control and financial reporting

The Trust has well established arrangements for financial reporting, with no significant matters arising from our work on the financial statements or in our detailed Audit Completion Report, issued to the Audit and Risk Committee in June 2025. As set out under our commentary for financial sustainability, the Trust did better than the planned deficit position for 2024/25, delivering a breakeven adjusted financial performance.

2025/26 budget setting

Our review of the Trust's 2025/26 financial plan did not identify any evidence of deviation from national planning guidance. For 2025/26 budget setting is based on a set of agreed principles. Inflationary rates are applied in line with national tariff guidance and the Executive Leadership Team discuss any new cost pressures and risks and there is no evidence to suggest that financial planning is not aligned with other key internal plans (e.g. workforce, capital).

We reviewed reports from 2024/25 Board meetings of Derbyshire Integrated Care Board (ICB) and confirmed the Trust developed its 2025/26 operating and financial plan alongside system partners. In addition, we have discussed financial performance with management and reviewed the position at Month 1 as reported to the Executive Leadership Team in May 2025, which showed the Trust's financial performance was in line with plan and was playing an active role in the local health system (Joined up Care Derbyshire).

VFM arrangements

Improving Economy, Efficiency and Effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services

Significant weakness in 2023/24	Nil.
Significant weaknesses in 2024/25	Nil.

Overall commentary on Improving Economy, Efficiency and Effectiveness

Overall arrangements

We have reviewed key reports issued by the Board and confirmed the Trust reports its performance in several different ways:

- an Integrated Performance Report to each Board meeting
- the publication of the Quality Report, Annual Report and Accounts, and Annual Governance Statement, which are reviewed by the Audit and Risk Committee before adoption by the Board.

Our review of Trust Board and committee reports and minutes confirms that regular Integrated Performance Reports have been received. Performance is summarised in format which shows performance against target and over time. Board members are also able to triangulate information from this report with the assurance summaries from supporting committees, where committee chairs draw attention to assurances provided or matters escalated for the full Board's attention.

Our review confirms the reports provide sufficient detail to understand performance and published minutes demonstrate sufficient challenge from non-executive directors on the Trust's costs, performance and service delivery. In our view, the Trust's reports are adequately laid out and sufficiently detailed to monitor performance and take corrective action where required, which may include updating the Board Assurance Framework.

Procurement

There are established procurement Strategy procedures in place with a requirement to procure via open competition, framework agreements or to seek prior approval via a waiver. Waiver requests are reviewed before approval and are reported to Audit and Risk Committee. The Trust's Standing Financial Instructions set out the procedures, controls and the authorisation sign offs that are required for the commissioning or procurement of services. There is a professional procurement team in place, operated in collaboration with a neighbouring Trust. There are processes in place to ensure that the selected option and supplier gives best value for money. Legally compliant Framework Agreements are used where appropriate and there are instructions in place regarding the levels for delegated approval of expenditure. The Trust has policies in place regarding expected standards of business conduct, and gifts and hospitality, to mitigate the risk of conflicts of interests arising.

Partnerships

Our review of Board minutes and discussions with management confirms the Trust continues to work in close partnership with other health and social care organisations in the area. This is evidenced through the agreement of the 2024/25 outturn position and the 2025/26 plan with partners in the Integrated Care System.

Overall commentary on the Improving Economy, Efficiency and Effectiveness reporting criteria - continued

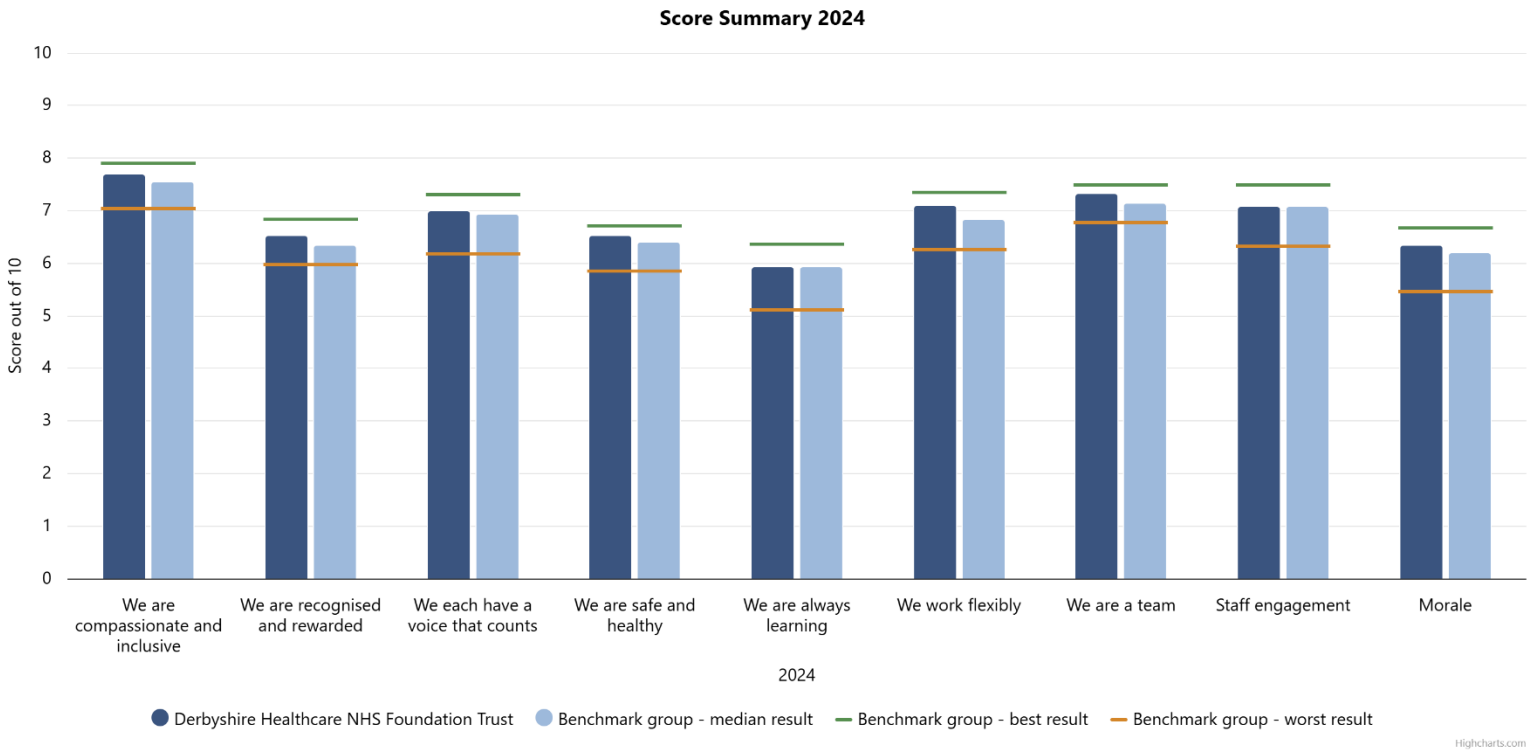
The National NHS Staff Survey 2024 was conducted between September and November 2024. We obtained the 2024 NHS Staff Survey published in March 2025 and confirmed the survey results have been received by the Board in March 2025. In our view, the survey offers insights into how staff perceive their working environment nine core themes.

Derbyshire Healthcare's engagement with the 2024 NHS Staff Survey was 64%, slightly above the median response rate of 54% for Mental Health Trusts. When benchmarked nationally, Derbyshire Healthcare's scores were generally slightly above the median. The Trust scored highest in "We are compassionate and inclusive" (7.69) and "We are a team" (7.32), while "We are always learning" (5.93) was the lowest scoring theme.

The survey highlighted some areas of improvement compared to previous years. Notably, there were positive trends in appraisals, and line management. The Trust maintained strong scores in compassionate leadership, diversity and equality, and inclusion, indicating a continued emphasis on supportive management and collaboration. The Trust was also above the median with regards to support for work-life balance, flexible working and burnout, demonstrating that the Trust has prioritised staff wellbeing.

However, the results also identified areas requiring continued focus. There was a slight decline in "compassionate culture", although the score remains above median. Within the theme of staff engagement, motivation; involvement; and advocacy have all seen decline, although the overall theme is in line with the median.

Whilst the Trust's overall scores in each theme had either remained the same are worsened since the prior year, when compared to the median scores the Trust results were better in eight out of the nine themes, with "We are always learning" being the same as the median. We found there are no individual promises where the Trust scored significantly below the median. We did not find any indication of a significant weakness in arrangements



[Local results for every organisation | NHS Staff Survey]

Overall commentary on Improving Economy, Efficiency and Effectiveness

Consideration of regulatory oversight

NHS England: Single oversight framework

NHS England applies a framework to allocate trusts into one of four segments depending on its view of the level and nature of support required, ranging from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

Effective from 1 April 2024, NHS England placed the Trust 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, 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.

The most recent update was published on 3rd June 2025, confirming the Trust remains in segment 3. The Trust are engaging in regular oversight meetings with the ICB and NHSE.

The exit criteria from Segment 3 has been agreed and from our review of board reports we are aware that the Trust has improvement plans against the areas flagged around quality, operational and financial performance. The CQC quality and safety concerns have been addressed through the CQC re-inspection findings (see below) where the service has now been rated as "good" and all restrictions have been lifted. With regards to financial performance, the Trust ultimately delivered an adjusted breakeven position and we have considered this further in the financial sustainability section of this report.

Care Quality Commission (CQC)

We have reviewed board reports and minutes during the year, including those to the Council of Governors, Trust Board and held meetings with management. We examined the CQC's website, where the Trust's overall rating is "good", with "requires improvement" over the safe domain.

During September 2023, CQC had carried out an unannounced inspection of ward 35 at the Radbourne Unit, to see if the Trust had met the requirements of the previous inspection which rated the service as requires improvement. A number of concerns were raised, and CQC used their powers under Section 31 of the Health and Social Care Act to request assurances from the Trust to ensure the ward was safe, patients received the right care and treatment and appropriate measures were in place to monitor these changes. The Trust responded immediately and put appropriate measures in place with a detailed action plan.

In April 2024, the CQC commenced a further unannounced inspection of the Trust's acute mental health services, and the Trust was required to take urgent action. CQC imposed conditions on the Trust's registration at the Radbourne unit.

Subsequently, in December 2024, a further inspection showed improvements and CQC rated all domains as good, with a good overall rating. The CQC noted the service had made significant improvements and is no longer in breach of regulations.

04

Other reporting responsibilities and our fees

Wider reporting responsibilities

Public interest reports

Auditors have the power to make a report if they consider a matter is sufficiently important to be brought to the audited body or the public as a matter of urgency, including matters which may already be known to the public, but where it is in the public interest for the auditor to publish their independent view.

We did not make a report in the public interest during 2024/25.

Schedule 10 referrals

Under Schedule 10 of the National Health Service Act 2006, auditors of a Foundation Trust have a duty to consider whether there are any issues arising during their work that indicate possible or actual unlawful expenditure or action leading to a possible or actual loss or deficiency that should be reported to the relevant NHS regulatory body.

We have not reported any such matters because no unlawful expenditure or actions were identified.

Reporting to the group auditor

Whole of Government Accounts (WGA)

The Trust is consolidated into Consolidated NHS Provider Account which is then consolidated into the Department of Health and Social Care (DHSC) group. The National Audit Office (NAO), as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. The NAO did not at this stage include the Trust in its sample of component bodies for the purpose of its audit of the DHSC group. However, a national issue has arisen regarding the National Audit Office's approach to providing instructions to NHS auditors in relation to the Whole of Government Accounts. The implications is that, whilst we expect to be able to issue our audit report and VFM commentary, we do not expect to be able to issue the audit certificate confirming that we have completed all work necessary under the Code of Audit Practice. An amendment to the Foundation Trust Annual Reporting Manual and the NHS Group Accounting Manual is expected that will allow Trust's to publish their Annual Report and Accounts without the audit certificate.

Fees for our work as the Trust's auditor

We reported our proposed fees for the delivery of our work under the Code of Audit Practice in our Audit Strategy Memorandum presented to the Audit and Risk Committee in April 2025. Having completed our work for the 2024/25 financial year, we can confirm that our fees are as follows:

Area of work	2024/25 fees	2023/24 fees
Planned fee in respect of our work under the Code of Audit Practice	£84,460	£82,000
Total fees	**£84,460**	**£82,000**

Fees for other work

We confirm that we have not undertaken any non-audit services for the Trust in the year.

Appendices

A - Further information on our audit of the financial statements

Significant risks and audit findings

Our audit approach is risk-based and primarily driven by the issues that we consider lead to a higher risk of material misstatement of the accounts. Once we have completed our risk assessment, we develop our audit strategy and design audit procedures in response to this assessment. We report the audit strategy and overall findings to the Audit Committee, and a summary of the work performed against the risks relevant to the audit of financial statements and conclusions reached are set out below

Audit area	Level of audit risk	How we addressed the risk	Audit conclusions
Management override of controls This is a mandatory significant risk on all audits due to the unpredictable way in which such override could occur.	**Significant risk**	We addressed the risk through performing work over accounting estimates, journal entries and considering whether there were any significant transactions outside the normal course of business or otherwise unusual. In addition, we made enquiries of management and used our data analytics and interrogation software to extract accounting journals for detailed testing on specific risk characteristics.	No issues to report.
Valuation of land, buildings and dwellings The valuation of these properties is complex and is subject to a number of management assumptions, judgements and a high degree of estimation uncertainty.	**Significant risk**	Our procedures to address this risk included, but was not limited to: • liaising with management to update our understanding of the approach taken by the Trust in its valuation of land, buildings and dwellings. This included understanding how capital additions and backlog maintenance is considered; • reviewing the work of management's valuation expert and how these have been incorporated into the financial statements; • testing a sample of valuations, reviewing the valuation methodology used and the underlying data and assumptions.	Our work in this area is ongoing. No issues have been identified from the work performed to date.

Significant risks and audit findings

Audit area	Level of audit risk	How we addressed the risk	Audit conclusions
Risk of fraud in revenue recognition The risk of fraud in revenue recognition is presumed to be a significant risk on all audits due to the potential to inappropriately shift the timing and basis of revenue recognition as well as the potential to record fictitious revenues or fail to record actual revenues. In 2024/25, we saw the basis of risk being in the overstatement of revenue through: • Revenue cut-off (i.e. recording revenue in 2024/25 that should be in 2025/26) • Existence of receivables (overstatement of year end receivables)	**Significant risk**	We evaluated the design and implementation of any controls the Trust has in place which mitigate the risk of income being recognised in the wrong year. In addition we undertook a range of substantive procedures including: • testing of year end income to ensure it relates to 2024/25; • testing receipts in the pre and post year end period to ensure they have been recognised in the right year; • testing year end receivables to confirm they exist; and • reviewing intra-NHS reconciliations and data matches provided by the Department of Health.	No issues to report.
Expenditure recognition Given the financial pressures facing the NHS, we determined that there was a risk of understatement of non-pay expenditure in 2024/25, which would arise through: • Non-pay expenditure cut off (i.e. recording expenditure in 2025/26 that should be in 2024/25).	**Enhanced risk**	We evaluated the design and implementation of any controls the Trust has in place which mitigate the risk of expenditure being recognised in the wrong year. In addition we undertook a range of substantive procedures including: • testing of non-pay expenditure in the immediate pre-year end period to ensure it relates to 2024/25; • testing of non-pay expenditure in the immediate post-yearend period to ensure it relates to 2025/26; • Searching for unrecorded liabilities through cash/bank payments made in the immediate post-yearend period to ensure the associated transaction has been recognised in the right year.	No issues to report.

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Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 23 September 2025

Non-Executive Director (NED) Report – Geoff Lewins

Purpose of Report
This paper provides both a description of my activities during the year and information covering the Annual Report of the Audit and Risk Committee. The paper primarily covers the year from April 2024 to March 2025 but will also include activities since March where relevant.

Executive Summary
As Chair of the Audit and Risk Committee this paper is principally concerned with my activities in that role and the assurances gained through that Committee. This broadly falls into two parts:

1) The Audit and Risk Committee's work to oversee the production of the Annual Report and Accounts. Since this Council will already have had a presentation from the External Auditors supported by the Director of Finance giving an overview of finances in 2024/25, I have focused on the process undertaken and the assurances gained rather than the financial results themselves. In summary the process of preparing and auditing the report and accounts was effectively managed; all involved in the process performed admirably and the Audit and Risk Committee gained significant assurance in the end result.
2) The Audit and Risk Committee also carried out a significant amount of other work during the year reviewing the Trust's system of risk management. This included regular reviews of the Board Assurance Framework (BAF), specific areas within its own remit and annual reports on the activities of other board committees. Our Internal Auditors, 360 Assurance, attended all meetings and provided assurance on Internal Audit and Counter Fraud.

Additionally as a NED I attend Board meetings, Board Development meetings and am a member of the Remuneration Committee, the Finance and Performance Committee and the Mental Health Act Committee. During the year I have continued to support both the Trust and the System, particularly in digital related matters.

Note: in view of the number of new governors I have included a short personal profile at the end of the document.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	X
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive and are valued.	X
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	X

4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long term sustainability.	X

Assurances

- The Trust's system of Risk Management is adequate in identifying risks and allowing the Board to understand the appropriate management of those risks
- The Audit and Risk Committee has reviewed and used the Board Assurance Framework and believes that it is fit for purpose
- There are no outstanding areas of significant duplication or omission in the Trust's system of governance that have come to our attention.

Consultation

- This report was prepared specifically for the Council of Governors and has not been to other groups or committees.

Governance or Legal Issues

- Every NHS organisation is required to have an Audit Committee.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must 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.

Below is a summary of the equality-related impacts of the report:

The EDI objectives of the Audit and Risk Committee are included within its terms of reference. The Committee reviewed how well these objectives had been met and confirmed that papers considered by the Committee had, in large part, made relevant reference to equality, diversity and inclusion matters where appropraite.

Recommendations

The Council of Governors is requested to consider the content of this report and to ask for any clarification or further information.

Report prepared and presented by: Geoff Lewins, Non-Executive Director

Council of Governors – 23 September 2025
NED Report – Geoff Lewins

Purpose of Report

This paper provides both a description of my activities during the year and information covering the Annual Report of the Audit and Risk Committee. The paper primarily covers the year from April 2024 to March 2025 but will also include activities since March where relevant.

Audit and Risk Committee

As Chair of the Audit and Risk Committee this paper is principally concerned with my activities in that role and the Assurances gained through that Committee. This broadly falls into two parts.

1) The Audit and Risk Committee work to oversee the production of the Annual Report (includes the Annual Governance Statement) and Accounts. Since the Council of Governors will already have had a presentation from the External Auditors, supported by the Director of Finance I have focused on the process undertaken and the assurances gained rather than the financial results themselves. Governors receive regular finance performance updates within the Integrated Performance Report (IPR).
2) The Audit and Risk Committee also carried out a significant amount of other work during the year on seeking assurance on the general effectiveness of the Trust's internal controls and system of risk management.

Audit and Risk Committee work to oversee the production of the Annual Report and Accounts

From December onwards the Director of Corporate Affairs and Trust Secretary and the Director of Finance maintained a plan of activities necessary for production of the Annual Report and Accounts which was regularly reviewed by the Audit and Risk Committee. This plan was informed by a review of the prior year process to identify opportunities for improvement and a review of accounting policies and new technical requirements prepared by the Finance team. The External Auditors and the Finance team continued to liaise effectively during the year and during the audit process to ensure 'no surprises'.

Forvis Mazars (formerly Mazars) have now been our External Auditors for five years and have a good understanding of the Trust and its finances. On recommendation of the Committee, in May 2025, the Council of Governors re-appointed Forvis Mazars under a three year plus two year option contract.

During the year 2024/25 Mazars attended all meetings of the Audit and Risk Committee with the exception of confidential Audit and Risk Committee meetings. Forvis Mazars have kept the Committee appraised of their audit plans and provided assurance that they were liaising with the Trust's Finance Team to ensure a smooth process.

The Committee continued to meet virtually throughout the year. At the meeting held to sign off the accounts Forvis Mazars confirmed that they were able to sign off the accounts with an unqualified opinion. In addition to their work on the finances Forvis Mazars must also express a 'value for money' opinion which covers a wide range of operational and governance issues. Forvis Mazars were also able to satisfy themselves sufficiently to sign off the value for money opinion which enabled timely

submission of documents to NHS England and laying of the accounts before Parliament.

Once again, I would like to express my thanks for the exceptional work carried out by the Finance team during this process.

Internal Audit

Our Internal Auditors, 360 Assurance, attend all Audit and Risk Committee meetings and, in addition to the Head of Internal Audit opinion in the Annual Report and Accounts, provide regular reports on the Internal Control Framework and on their Counter Fraud activity. The Audit and Risk Committee approves an Internal Audit plan and during the year a number of Internal Audit reports are produced in accordance with the plan. The Audit and Risk Committee reviews the reports and also monitors the action plan of agreed management actions arising from the Internal Audit reports. The Head of Internal Audit Opinion for 2024/25 was one of 'significant assurance' and the NHS Counter Fraud Authority Functional Return confirmed that Trust's counter fraud, bribery and corruption arrangements are embedded.

Board Assurance Framework (BAF)

The Audit and Risk Committee reviews the quarterly iterations of the BAF prior to its formal approval by the Board. Each of the items on the BAF is the responsibility of one of the Board Committees which will carry out a deep dive to confirm risk assessment and assess adequacy of mitigating actions. In addition, risks rated as extreme are subject to a deep dive at the Audit and Risk Committee.

In addition to the 'top down' strategic risks in the BAF the Trust maintains a detailed operational risk register on the Datix system. The BAF papers include extreme risks from this 'bottom up' risk register to allow effective triangulation with the BAF. The Audit and Risk Committee receives a quarterly report to provide assurance that the operational risks are being effectively managed.

Year-End Effectiveness Reports from Board Committees

Board Committees represent key parts of the overall internal control and risk management framework of the Trust. At the end of the year each Committee prepares a report on its activities and how it has met its objectives. The Audit and Risk Committee reviews these reports as part of its overview of the risk management framework.

Other areas of Audit and Risk Committee responsibility

The Committee has responsibility for a number of important areas of activity within the Trust. Reports on these areas are scrutinised during the year.

Data Security and Protection – this is an area of strength for the Trust where the team has performed well when benchmarked against other Trusts and when reviewed by Internal Audit. We cannot be complacent however as the risk of Cyber attacks remains high across the NHS, as seen in recent incidents.

Standing Financial Instructions (SFIs) – an important part of the Trust control framework is a set of SFIs which govern how the Trust enters into financial commitments. Occasionally it is not possible to follow these in which case there is a formal process of management review to waive them culminating in an Audit and Risk Committee review of the appropriateness of those waivers.

Freedom to Speak Up (FTSU) – enabling colleagues to speak up without fear if they feel the need is very important and responsibility for ensuring this process is working

satisfactory is shared between the Audit and Risk Committee, which oversees the process in place, and the People and Culture Committee which focuses on the issues surfacing through the FTSU process. The Committee oversaw the compliance against the national FTSU Reflection and Planning Tool and approved the FTSU Strategy.

Clinical Audit – similarly to FTSU, responsibility is shared between the Quality and Safeguarding Committee which reviews the findings of Clinical Audit work and the Audit and Risk Committee which looks at the process including resourcing and effectiveness.

Data Quality – it is important that the Trust retains a high level of data quality to ensure that its decision making and reporting to regulatory authorities remains sound. This is a challenge facing all organisations and the Audit and Risk Committee receives reports from Management and Internal Audit in this area.

Conflict of Interest – the Audit and Risk Committee receives reports on gifts and hospitality and secondary employment which could potentially lead to conflicts of interest. In addition there are exercises focused on Board members and Decision Making staff to ensure comprehensive coverage.

Well Led Action Plan – the Committee monitored the implementation of the action plan following the external assessment of the Well Led Framework, undertaken in 2023 by the Office of Modern Governance. All actions are now implemented.

Other Activities Outside of the Audit and Risk Committee

In addition to attendance at Board meetings, Council of Governors and Board Development days I am a member of the Finance and Performance Committee and the Mental Health Act Committee.

I have a role as Freedom To Speak Up NED which involves regular meetings with the FTSU Guardian to ensure that she continues to feel supported by the management of the Trust and to provide an escalation route if necessary.

The Trust has set up a Clinical Digital Board to oversee digital activity within the Trust and I sit on this in an advisory role given my previous experience in IT projects. On a similar theme I have been involved with the Derbyshire System in the implementation of the ‘Derbyshire shared care record’ (DSCR). This will enable sharing (subject to appropriate information security) of citizen records across NHS and social services which should provide further benefits in care across the county. This system was implemented in February 2022 for the majority of NHS organisations in the County with Social Care to follow. Migration of the Trust from Paris to SystmOne was a prerequisite for our inclusion in the DSCR and this work is now complete.

Personal Profile – Geoff Lewins (NED since December 2017)

Originally from the North East of England I trained as a chartered accountant and after some time in practice I joined Rolls-Royce in Derby where I spent 26 years in a range of Finance, IT and Business Improvement roles. During this time I was Head of the Company’s Internal Audit function and spent several years as Director of Finance Strategy where I was responsible for global Finance transformation activity running teams in USA, Germany, Singapore, Norway and Brazil in addition to the UK. Since leaving Rolls-Royce I had my own consultancy for a while and continue to be active as a Trustee of the Arkwright Society which manages the historic Cromford Mills complex, part of the Derwent Valley Mills UNESCO world heritage site. My interests include history, sport (watching rather than playing) and my four grandchildren.

I have now been a NED at the Trust for almost eight years and will be leaving at the end of November. I would like to thank the Governors, Board and Staff of the Trust for making this an enjoyable experience and to wish you all the very best for the future.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 23 September 2025

Integrated Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of July 2025. The focus of the report is on key finance, performance and workforce measures. The purpose of the report is to provide information to governors – a verbal summary of the Boards performance presented by the Non-Executive Directors. This provides governors with details of how the Non-Executive Directors seek assurance from the Board on strategy issues including holding Executive Directors to account through Board Committees.

Executive Summary

Operational

Top three things to note from this report

1. **NHS oversight framework challenges:** these are new metrics in the report used by NHS England to league table NHS providers. **Crisis response:** the requirement is for patients referred as "urgent" to be seen face to face within 24 hours. The Trust is around 6% below the provider median for this metric. There are a number of process and system challenges to overcome in order to improve the reported position: 30% of referrals are early discharge patients who are referred to crisis but then remain on the ward for around two weeks before being discharged. Another 30% have known data quality issues, with staff incorrectly recording as an 'admin event' or recording the contact method as 'administration'. A performance improvement plan is in place. **Proportion of people waiting over 52 weeks for community services:** 65% of children waiting have been waiting over 52 weeks, which is a significant outlier: The majority of these long waits are for Community Paediatrics. This is a known area of significant challenge and has been widely reported to Board and commissioners over several years. A performance improvement plan is in place to slow the growth of the waiting list through optimising existing resources, and also to address the other service with long waits which are for children's physiotherapy. **Acute inpatients with discharged with a length of stay of 60 plus days:** length of stay is around 6% higher than the provider median. Delays to discharge of patients who are clinically ready for discharge is having some impact on lengths of stay of 60 days plus (1.5%). An acute flow performance improvement plan is in place. **Children and young people accessing mental health services:** This is a measure of the annual change in the number of children and young people accessing mental health services. The Trust's position reduced by 1.1% compared with the previous year, which placed in the lowest 25% of providers. The national median was an increase of 5.4%. The reason the Trust appears to be performing badly this year compared with 12 months ago is the time limited waiting list initiative, which increased the volume of people seen and effectively reduced the waiting list and waiting times. With the introduction of this new metric the service has now become a victim of its own success, with current performance being measured against waiting list initiative performance. This financial year in order to cut waiting times the ICB has invested in CAMHS. This is recurrent investment and is the first year of a three-year service improvement programme. The investment will enable recruitment of more children and young people's mental health practitioners, with the aim of reducing waiting times to four weeks over the course of the programme and will positively impact on the access metric.
2. **High performing areas:** the areas where a consistently high level performance can be seen include access to perinatal mental health services, individual work placement support access, children and young people eating disorder referral to treatment waiting times, inpatient discharges followed up within 72 hours, dementia diagnosis, and adult ASD assessments completed per month.

3. **Challenging areas:** the other areas where standards are not currently being achieved include inappropriate out of area placements (July 25), early intervention referral to treatment, the adult ASD assessment waiting list (although the Trust continues to significantly exceed the commissioned activity level), and the mental health helpline performance against speed of answering calls, and proportion of calls abandoned. Performance improvement plans have been formulated for the most challenging areas and are summarised in the main body of the report. There are also some problems with the quality/functioning of clinical space as part of the Making Room for Dignity build which have led to temporary bedroom closures.

Financial

At the end of July there is an overall deficit of £1.9m, which has been adjusted for the Private Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change, bringing the adjusted financial position to a deficit of £1.7m, which is on plan.

The forecast outturn remains in line with the breakeven plan, however there are several risks in delivering the financial plan:

- Delivery of efficiencies in full
- Adult acute out of area placements
- Usage of bank and agency above planned levels
- Unfunded posts and other emerging cost pressures.

People

High performing areas: the areas where targets are consistently achieved include annual appraisals, completion of compulsory training, and the annual turnover rate.

Challenging areas: the areas where performance is most challenging include sickness absence, and completion of clinical and management supervision.

Quality

High performing areas: the areas where targets are consistently achieved include the number of compliments being received, and the rate of restrictive interventions per 1,000 bed days.

Challenging areas: the areas where performance is most challenging include inpatients who are clinically ready for discharge, annual care plan reviews of patients on the Care Programme Approach, incidents of moderate to catastrophic harm, the use of restrictive interventions and falls on inpatient wards.

Strategic Considerations	
Patient Focus: 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.	X
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.	X
Productive: We will improve our productivity and design and deliver services that are financially sustainable.	X
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.	X

Risks and Assurances

This report should be considered in relation to the relevant risks in the Board Assurance Framework (BAF). The content provides assurance across several BAF risks related to workforce, operational performance and regulatory compliance. The use of run charts provides a more detailed view of performance over time as it enables the differentiation between common cause

and special cause variation.

Consultation

Versions of this report have been presented to the Trust Delivery Group and the Finance and Performance Committee.

Governance or Legal Issues

None.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must 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.

Below is a summary of the equality-related impacts of the report:

- This report reflects performance related to the Trust's service portfolio. Therefore, any decisions that are taken as a result of the information provided in this report are likely to affect members of those populations with protected characteristics in the REGARDS groups
- Any specific action will need to be relevant to each service and considered accordingly. For example, as parts of the report relate specifically to access to Trust services, it will need to be ensured that any changes or agreed improvements take account of the evidence that shows variable access to services from different population groups.

Recommendations

The Council of Governors is requested to:

1. Consider the content of the paper as presented from the perspective of the Non-Executive Directors on how they have held the Executive Directors to account through their role.

Report presented by:

Vikki Ashton Taylor
Deputy Chief Executive and Chief Delivery Officer

James Sabin
Director of Finance

Rebecca Oakley
Director of People, Organisational Development and Inclusion

Tumi Banda
Director of Nursing, Allied Health Professionals, Quality and Patient Experience

Report prepared by:

Peter Henson
Head of Performance and Delivery

Rachel Leyland
Deputy Director of Finance

Katie Jordan
Workforce Transformation Officer

Joseph Thompson
Assistant Director of Clinical Professional Practice

Derbyshire Healthcare
NHS Foundation Trust

Integrated Performance Report

OPERATIONAL PERFORMANCE

Deputy Chief Executive/ Chief Delivery Officer:
Vikki Ashton Taylor

Responsible Committee: **Finance & Performance Committee**

Executive Summary

Inflow

- **Percentage of patients in crisis to receive face-to-face contact within 24 hours:** NHS England have introduced this metric this financial year which is a measure of the proportion of urgent referrals made to crisis teams and mental health single points of access who were seen face to face within 24 hours. In the latest data the Trust achieved 57%, against the provider median of 58%. For adult single points of access this is a major practice change, as the operational policy has always stipulated a response time of 48 hours for urgent referrals, owing to the service being classed as planned care and not an urgent or crisis provision. A recovery action plan is in place with compliance expected from November 2025.
- **Mental health Helpline:** From official statistics in development that have been published by NHS England[1], the Trust's mental health helpline is reported as performing less favourably when compared with other providers: Proportion of calls answered within 60 seconds: DHcFT 57%, National 70%. Average speed to answer calls: DHcFT 78 seconds, National 206 seconds (standard = 20 seconds). Proportion of answered calls abandoned after call steering IVR[2]: DHcFT 50%, National 25%. Demand on the helpline has been increasing through various extensions of the service offer over the last 3 years to include Street Triage, Mental Health Response Vehicle, shift to include mental health related activity from 111 (helpline now being the NHS 111 Mental Health Option 2) and Right Care Right Place (RCRP) as well as still providing the original service from when the line was established which includes urgent care and mental health wellbeing support. Despite the significant evolution of changes and demand on the helpline all of this has come without any additional funding. A recovery action plan is in development.

Outflow

- **Inappropriate out of area adult acute placements:** although there has been a significant reduction from a high of 28 back in January, to the current position of 8, the requirement for placements remains higher than desired. However, the new male PICU for Derbyshire is now open (July 25) and all the new wards are in operation, which should further positively impact. Inappropriate out of area placements to reduce to 3 or less by September 2025
- **Proportion of inpatients discharged with 60 days plus length of stay:** For length of stay, in the latest data published by NHSE, 29% of adult and older adult acute inpatients discharged from trust beds had a length stay of 60 days or more. The national median was 25% and the threshold for the lowest 25% of providers was 21%. It is important to note that the average length of stay of the current adult acute inpatients is 60 days, with 50 patients (30%) having a length of stay over 60 days at the time of writing. This means that when these long stayers get discharged over future months the reported position is likely to get worse before it can start to get better. The new build adult acute inpatient units are now open in Chesterfield and Derby, as well as the male PICU in Derby. The units will play a major part in the provision of trauma-informed and sensory-informed care to patients, in a therapeutic environment, supporting reduced length of stay.
- **Three day follow-up:** the national standard for follow-up continues to be exceeded.
- **Average length of stay for adult acute, older adult and PICU mental health beds:** length of stay continues to be inflated by delayed discharges. The average length of stay to discharge ready was below target at 49.7 days. A comprehensive recovery action plan is in place with a recovery is expected by end September 2025.

[1] Access to crisis care via NHS 111 - Mental Health, June 2025 - NHS England Digital

[2] IVR = interactive voice response

Elective/access

- **Women accessing specialist perinatal mental health service**: increasing numbers of women are being supported by the service, which now ranks 2nd highest in the region against the national access standard.
- **Adult autistic spectrum disorder assessment (ASD):** activity levels exceed the commissioned target, however waiting times remain high at around 56 weeks, with demand far exceeding capacity. Negotiations continue with the Integrated Care Board around a new model of service delivery.
- **Community waits over 52 weeks:** waiting times continue to grow month on month owing to ongoing pathway issues and high levels of demand exceeding capacity by 38% in paediatrics. A recovery action plan is being developed in conjunction with the ICB to reduce the speed of growth of the waiting list. This metric relates to people waiting for children's community health services (not mental health). The services provided by the Trust are community paediatrics, physiotherapy, occupational therapy, looked after children team, and nursing & therapy support for long term conditions. In the latest data published by NHSE (June 25), 65% of people have been waiting over 52 weeks for Trust services. This is significantly higher than any other organisation. The vast majority of the long waits are neurodevelopmental referrals to community paediatrics. Community Paediatricians at DHCFT are specialist medical professionals responsible for assessing and managing the developmental, behavioural, and physical health needs of children and young people (CYP), particularly those with complex or long-term conditions. Community Paediatricians are central to the assessment of children with suspected Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and other neurodevelopmental conditions. They participate in multidisciplinary triage and diagnostic pathways, particularly for children under 5 with complex developmental presentations. As has been regularly reported to Trust Board, demand has exceeded commissioned capacity in this service for many years, resulting in lengthening waits to be seen. The expected demand for neurodevelopmental services based on population is 115 assessments per month, and this is the basis upon which the service is commissioned. An average of 116 assessments per month are being completed, and so the service is slightly exceeding contractual expectations, however demand far exceeds this level, with an average of 357 referrals per month being received. There is ICB reluctance to increase commissioned capacity, as the driver for demand is not health, but is education. Traditionally schools were required to follow a graduated response, with school educational psychologists undertaking triage and assessment in the first instance, and schools providing pastoral support. However, for schools that have become academies this is not a requirement. As a result the number of educational psychologist roles has reduced significantly, and academies refer directly to health without any triage. In addition, for children with educational healthcare plans (EHP) schools are given money for additional support. This has resulted in a 40% increase in EHP referrals. To support recovery the Trust has introduced neurodevelopmental hubs, working with the community to triage cases much earlier on upstream. This is having a positive impact and has reduced the average number of new referrals received to around 250 per month in recent months.
- **Early intervention in psychosis:** the early intervention services assess people who are suspected of experiencing a first episode pf psychosis. The national standard is to undertake an assessment within two weeks of people being referred into the service (target 60%). Historically the target has consistently been exceeded, but since April 2025 the target has not been achieved. From February to May 2025 the volume of referrals received increased by 36% compared with the same period in 2024, which directly correlates with the service moving from a compliant to non-compliant position with the assessment standard. It is not clear at present what is driving the increase in referrals into the service. A recovery action plan is in place with anticipated recovery by December 2025.
- **Adult Autism Spectrum Disorder (ASD) assessment**: At the end of July there were 1356 adults waiting for ASD assessment, with an average waiting time of 56 weeks and a longest wait of 127 weeks. The service is commissioned to undertake 26 assessments per month but receives around 95 referrals a month, which explains why the waiting list is so significant. However, the new model of assessment that was devised and implemented resulted in a significant increase in the number of assessments that could be completed within commissioned resources, and for the last 19 months the waiting list has been reducing month on month. The National Institute for Health and Care Excellence (NICE) recommend a maximum wait of three months (13 weeks)

from referral to assessment[3]. To get to that position with no increase in commissioned capacity the waiting list would need to reduce to around 219 people. Extrapolating the waiting list data into the future indicates that if the same level of reduction continues, this position will be reached in 23 months' time.

- **Children and young people mental health access:** This financial year NHS England have introduced a new metric which is a measure of the annual change in the number of children and young people accessing mental health services. In the latest published data the Trust's position had reduced by 1.1% compared with the previous year, which placed in the lowest 25% of providers. The national median was an increase of 5.4%. The reason the Trust appears to be performing badly this year compared with 12 months ago is that the service implemented a time limited waiting list initiative which increased the volume of people seen and effectively reduced the waiting list and waiting times. With the introduction of this new metric the service has now become a victim of its own success, with current performance being measured against waiting list initiative performance.

Month	Apr-23	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
C&YP mh 1 plus contact	3045	3495	3535	3485	3475	3415	3415	3430	3425	3420	3455	3470	3485	3455	3465
Change v 12 months ago		14.78%	16.28%	10.11%	7.25%	4.27%	2.86%	2.39%	1.63%	0.29%	0.00%	0.00%	0.29%	-1.14%	-1.98%

From the data above, it can be seen that the level of contacts reduced between August 2024 and December 2024, therefore it is expected that the year on year comparison position will significantly improve from August 2025.performance has remained significantly high since December 2023, however when benchmarked against peers the annual increase in activity is lower than others, placing the Trust in segment 3. A recovery action plan is to be developed.

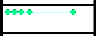
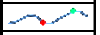
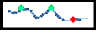
Collaboratives

Transforming care programme: all but one of the 10 targets for improving care for people with learning disabilities, autism or autistic spectrum conditions have been achieved, and the remaining target is close to being achieved.

[3] Quality statement 1: Diagnostic assessment by an autism team | Autism | Quality standards | NICE

NHS
Derbyshire Healthcare
NHS Foundation Trust

OPERATIONAL KEY PERFORMANCE INDICATORS

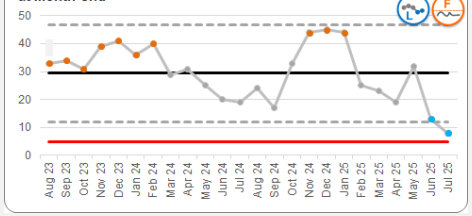
Measure	Target	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	
Long term plan 2025/26														
Inappropriate adult acute mental health out of area placements at month end**	5	24	17	33	44	45	44	25	23	19	32	13	8	
Women accessing specialist perinatal mental health services (rolling 12 months)*	1242	1195	1220	1250	1290	1310	1300	1300	1305	1305	1310	1390		
Perinatal access rate (ICB)*	10%	11.2%	11.4%	11.7%	12.0%	12.3%	12.1%	12.1%	12.2%	12.3%	12.2%	12.5%		
Individual work placement support access (rolling 12 months)*	690	705	695	700	675	665	660	700	715	715	715	745		
Average length of stay for adult acute, older adult & PICU mental health beds	55	55	50	52	58	62	65	67	66	63	59	64	61	
NHS oversight framework 2025/26														
Proportion of people waiting over 52-weeks for community services*	0%	46%	43%	48%	50%	56%	58%	61%	63%	62%	64%	65%		
Children and young people accessing NHS-funded MH services - annual change*	5.7%	4.3%	2.9%	2.4%	1.6%	0.3%	0.0%	0.0%	0.3%	-1.1%	-2.0%	0.6%		
Proportion of acute inpatients discharged with 60 days plus length of stay	20%	15%	18%	18%	25%	25%	24%	27%	23%	21%	18%	31%	33%	
Percentage of patients in crisis to receive face-to-face contact within 24 hours*	70%	44%	39%	32%	42%	44%	44%	47%	53%	57%	50%	49%		
Key operational measures														
Children & young people eating disorder routine referrals seen within 4 weeks*	95%	100%	100%	100%	100%	100%	94%	95%	95%	100%	100%	100%		
Children & young people eating disorder urgent referrals seen within 1 week*	95%	100%	100%	100%	100%	#N/A	#N/A	#N/A	#N/A	#N/A	100%	#N/A		
Inpatient discharges followed up within 72 hours	80%	84%	94%	91%	90%	80%	92%	87%	88%	90%	89%	90%	87%	
Dementia diagnosis rate (ICB)*	68%	68.5%	68.6%	68.8%	69.0%	68.9%	68.4%	68.5%	68.8%	69.0%	69.3%	69.2%	68.9%	
Early intervention in psychosis 2 week waits from referral to treatment - complete	60%	100%	84%	68%	92%	71%	54%	76%	65%	56%	47%	43%	37%	
Early intervention in psychosis 2 week waits from referral to treatment - incomplete	60%	94%	83%	100%	77%	53%	81%	80%	56%	48%	46%	46%	50%	
Adult ASD assessment – number of people waiting at month end	219	1858	1889	1821	1685	1596	1709	1602	1495	1472	1399	1382	1356	
Adult ASD assessment – average wait (weeks)	18	57	55	56	58	60	54	54	57	55	56	54	56	
Adult ASD assessment – number of assessments completed per month	26	88	77	93	85	61	75	93	67	59	55	61	64	

*Data source = NHS England

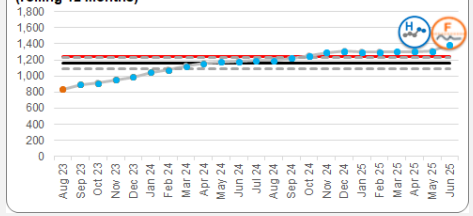
** measure includes adult acute and PICU placements

OPERATIONAL KEY PERFORMANCE INDICATORS – STATISTICAL PROCESS CONTROL CHARTS

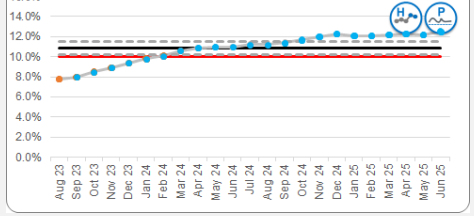
Inappropriate adult acute mental health out of area placements at month end



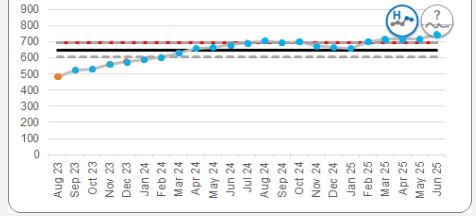
Women accessing specialist perinatal mental health services (rolling 12 months)



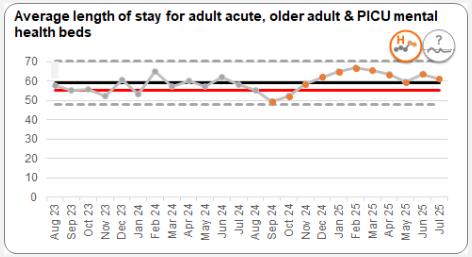
Perinatal access rate (ICB)



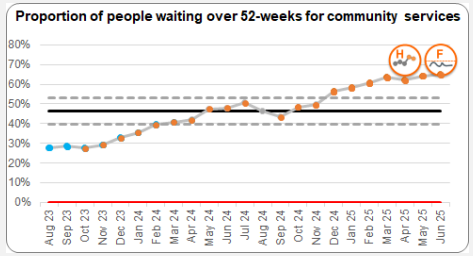
Individual work placement support access (rolling 12 months)



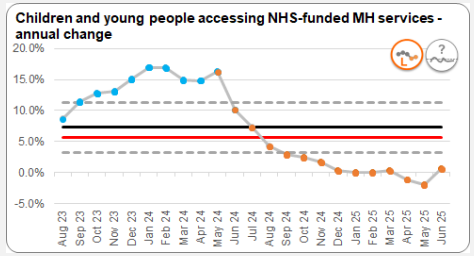
Average length of stay for adult acute, older adult & PICU mental health beds



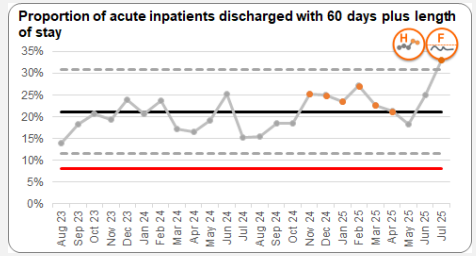
Proportion of people waiting over 52-weeks for community services



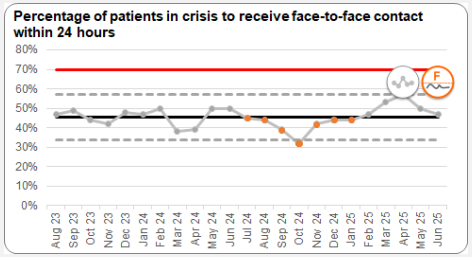
Children and young people accessing NHS-funded MH services - annual change



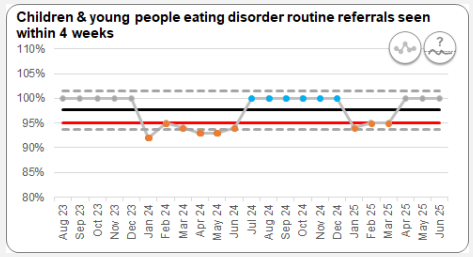
Proportion of acute inpatients discharged with 60 days plus length of stay



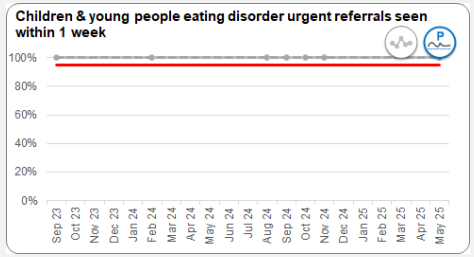
Percentage of patients in crisis to receive face-to-face contact within 24 hours



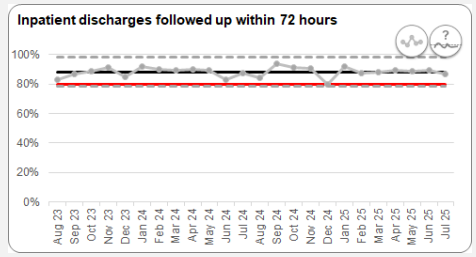
Children & young people eating disorder routine referrals seen within 4 weeks



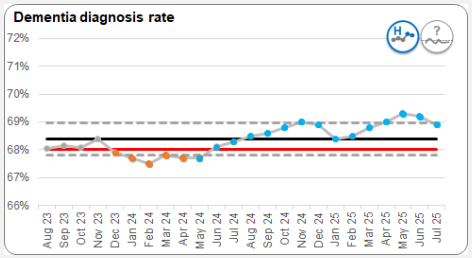
Children & young people eating disorder urgent referrals seen within 1 week



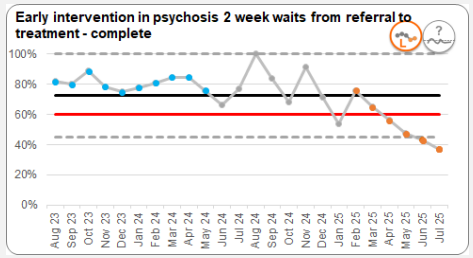
Inpatient discharges followed up within 72 hours



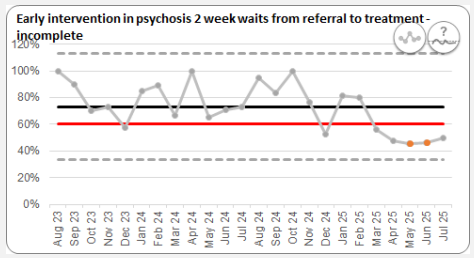
Dementia diagnosis rate



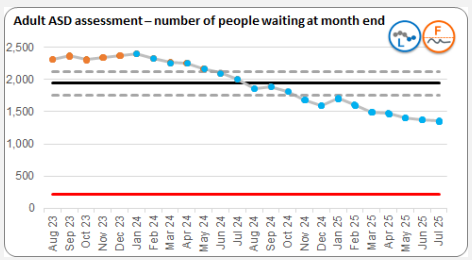
Early intervention in psychosis 2 week waits from referral to treatment - complete



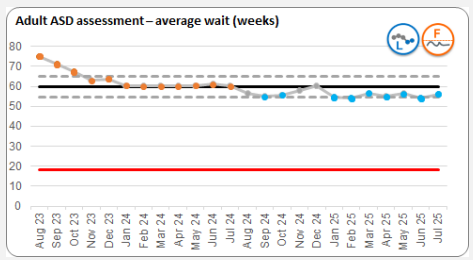
Early intervention in psychosis 2 week waits from referral to treatment - incomplete



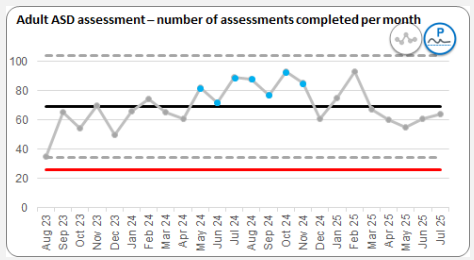
Adult ASD assessment – number of people waiting at month end



Adult ASD assessment – average wait (weeks)



Adult ASD assessment – number of assessments completed per month



TRANSFORMATION AND IMPROVEMENT

The Transformation and Improvement Portfolio is supporting achievement of improved performance across a number of measures across the IPR with key updates below.

FLOW PATHWAY

National Planning Priority 2025-25: Reduction of adult acute mental health inappropriate out of area placements

DHcFT Operational Planning Assumption 2025/26: Phased reduction of adult acute inappropriate out of area placements aligned to agreed trajectory for 2025/26

Interventions:

A rapid improvement plan is in delivery for the Flow Pathway applying 30/60/90 day improvement methodology to assess, implement, and scale improvements in a measurable and sustainable way with interventions across the 'end to end' pathway:

Pathway	Work stream
Inflow	1. Admission review form and process
	2. Safety Huddles and MaST (Digital tool) application
Inflow and Flow	3. Operational management and controls
Flow	4. Purposeful admission and 72hr review
	5. Rapid review (Red2Green) evaluation
	6. Inpatient leave protocol
Outflow	7. Clinically ready for discharge
Enabling	8. Data
Strategic	9. 'End to end' pathway

Opportunities for further intervention to support improvement are being considered through the JUCD Men-SAT review supported by the NHSE Mental Health Improvement Support Team, with their formal report recently received. We are also fully engaged with the new Midlands Learning and Improvement Network, through which there is a focus on shared learning to deliver improved length of stay.

The final work stream above is supporting the development of a strategic programme to improve our 'end to end' care pathways and processes across Inflow, Flow and Outflow ensuring every person who needs acute mental health care receives timely access in, or close to, home.

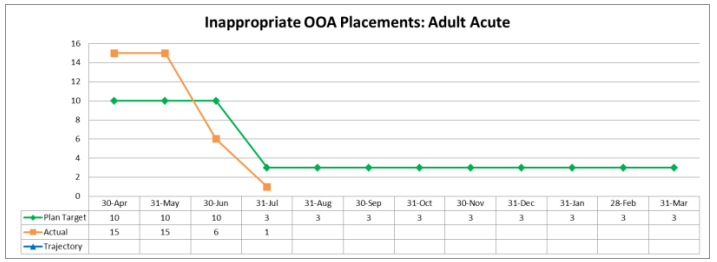
Action is currently focused on design of a strategic approach for integration and localisation of services in alignment with the 10 Year Health Plan ambition to transform mental health services into 24/7 neighbourhood care models, the Men-SAT report, and new Operating Model to be implemented in September.

A workshop approach is to be implemented, applying intelligence and insights in development of the model, pathway and strategic Inflow implementation plan for delivery from Q4 and into 2026-27.

Impact:

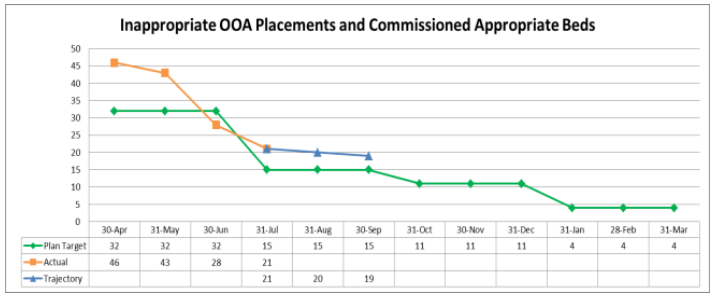
Delivery of the improvement trajectory over April and May was impacted by delays against the anticipated opening dates of both acute units and associated transitional challenges requiring operation within a more limited bed base.

Accelerated focus through the rapid improvement plan has supported recovery, with the OOA position on 31 July at 3, below the month end trajectory of 1. This position has since further improved to zero at 13 August 2025.



Focus for the next plan period is on further reducing long length inpatient stays aligned to the opportunity identified through the Model Hospital benchmarking system and supporting sustainability of the inappropriate OoA position at zero.

The Operational Plan ambition that follows achievement of zero OOA placements in phased withdrawal from the privately commissioned beds. A revised trajectory was agreed for this, reflecting delays against the anticipated opening dates across the new units. The revised trajectory was achieved at end July 2025 with ongoing action to further reduce beds over Q2.



TRANSFORMATION AND IMPROVEMENT

The Transformation and Improvement Portfolio is supporting achievement of improved performance across a number of measures across the IPR with key updates below.

COMMUNITY AND CRISIS

National Planning Priority 2025/26: Various as set out below

DHcFT Operational Planning Assumption 2025/26: Defined for individual metrics as below

Interventions:	**Impact:**
Metric: Access standards for Mental Health Helpline An improvement plan is in place comprising operational, improvement, and transformational solutions over 11 work streams that include: One access point though 111 mental health option and closure of the 0800 number; Addressing technical telephony system issues; Demand and capacity modelling; Developing the professional line; Enhanced data reporting through SystmOne; Resolution of NHSE data reporting; Resourcing of helpline and Mental health response vehicle; Triage process; High intensity users: and design of the strategic service model.	**Metric: Access standards for Mental Health Helpline** Phased recovery: • Phase 1 – Operational and technical issues by 1st Nov-25 • Phase 2 – Service model (to incl. demand and capacity modelling) and staffing by 1 April 2026 • Trajectory chart in development for next version IPR.
Metric: People in mental health crisis seen face to face within 24 hours For crisis services an improvement plan is in place comprising operational, improvement and transformational solutions over eight work streams that include: Accurate triage and logging; Consistent overnight staffing; Review of triage functions; Modelling of demand and capacity; Streamlining administrative tasks; Weekly cross check meetings; Development of data reporting for emergency duty; Digital pilot for use of ambient voice technology. For community services a plan is in design to include revision of the standard operating procedure for response to urgent referrals; and development processes for review and correction of referral urgency level to drive accurate data capture.	**Metric: People in mental health crisis seen face to face within 24 hours** • Recovery anticipated by November 2025. • Trajectory chart in development for next version IPR.
Metric: Early intervention in psychosis two week referral to treatment An improvement plan is in place comprising operational, improvement and transformational solutions over eight work streams that include: Enhanced operational controls and breach analysis to inform learning and improvement action; Demand and capacity modelling; Workforce review; Pathway development in partnership with crisis service with potential prescribing before assessment and diagnoses; Review of assessment and allocation processes; and Review of flow along the pathways with the aim of ensuring effective deployment of all available capacity within the service.	**Metric: Early intervention in psychosis two2 week referral to treatment** • Recovery anticipated by December 2025. • Trajectory chart in development for next version IPR.

TRANSFORMATION AND IMPROVEMENT

The Transformation and Improvement Portfolio is supporting achievement of improved performance across a number of measures across the IPR with key updates below.

ELECTIVE ACCESS

National Planning Priority 2025/26: Various as set out below

DHcFT Operational Planning Assumption 2025/26: Defined for individual metrics as below

Interventions:	**Impact:**
Metric: Waits over 52 weeks for community services Neurodevelopmental hubs have been established working with community services for earlier upstream triage. This is delivering positive impact, reducing the average number of new referrals received to around 250 in recent months. An improvement and transformation plan is in design to further address the imbalance to include: 1. Addressing the referral pathway and reviewing processes with all partners. 2. Enhancing internal efficiency and productivity through optimisation of assessment processes and workflows. 3. Exploring options to increase capacity through recruitment, partnership and alternative workforce/ service models.	**Metric: Waits over 52 weeks for community services** The quantifiable impact of each action in the recovery action plan below is currently being developed up and will inform the trajectory and timescale for improvement. This will be included within and tracked via future versions of the IPR.
Metric: Children and young people accessing community mental health services Performance against the new oversight framework metric measuring contacts vs 12 months prior has been impacted a time limited waiting list initiative in 2024/24 which successfully reduced the backlog through additional capacity that was not subject to recurrent funding. Current performance is being measured against waiting list initiative performance and this will correct from August 2025. Following submission of a business case to expand capacity in routine CAMHS services through reducing wait times, enhancing timely access, improving service flow, and increasing participation, the ICB has recently committed £0.986k in recurrent system development funding to DHcFT in order to expand capacity within routine CAMHS services.	**Metric: People in mental health crisis seen face to face within 24 hours** Annual issue with comparative capacity will correct from August 2025. Agreed investment will support achievement of a four to six week waiting period for comprehensive assessment and an additional four to six weeks to access care coordination or treatment by February 2027. Trajectory chart in development for next version IPR.
Metric: Adult autistic spectrum disorder assessment service The service is commissioned to deliver 26 assessments per month but receives around 95 referrals with demand outstripping capacity. A new model has been implemented to increase productivity and volume of assessments that can be completed within commissioned resources, and for the last 19 months the waiting list has been reducing month on month. Digital solutions to further improve productivity and the volume of assessments that can be delivered within current capacity are currently being explored.	**Metric: Adult autistic spectrum disorder assessment service** Trajectory is on track to achieve national standard for referral to assessment within 3 months (13 weeks) in 23 months' time. Trajectory chart in development for next version IPR.

TRANSFORMATION AND IMPROVEMENT

The Transformation and Improvement Portfolio is supporting achievement of improved performance across IPR measures through collaboration with key updates below.

JOINED UP PATHWAYS AND SERVICES: EAST MIDLANDS ALLIANCE

National Planning Priority 2025/26: Various as set out below

Interventions:	Impact:
East Midlands IMPACT Collaborative St Andrews has been issued with a CQC Notice of Proposal for civil enforcement action. All 'placing' commissioners have been notified in line with the request from NHSE. In 2024/25 a small surplus was achieved. Financial stability for providers and reconfiguration of services to balance demand and capacity is an ongoing priority for 2025/26. Women's Enhanced Medium Secure Service decommissioning is extended by 6 months until September 2025. Proposals with respect to male medium secure capacity remain under discussion by the Chief Executive Group.	**East Midlands IMPACT Collaborative** There is a reducing IMPACT inpatient population and despite increases in the general population of the region, fewer people per capita are being hosted in secure care now since the PC started in 2020. In 2024/25 there were 3,750 less occupied bed days than the prior year. A new male low secure 10 bedded ward opened on 1 June at St Andrews to support shift of activity from Part 1 providers to Part 2.
East Midlands CAMHS Collaborative The Patient Safety Incident Investigation following an unexpected patient death at St Andrews on 27 October 2024 is ongoing. Safeguarding reviews are delayed whilst the incident is out with Police. Reduced capacity within GAU units to admit patients requiring NG feeding is resulting in this cohort waiting longer to be admitted with placement outside natural clinical flow being considered. A task and finish group is developing a day service specification with the aim of piloting a service in the East Midlands in line with the draft commissioner guidance.	**East Midlands CAMHS Collaborative** The Enhanced Care Referral Team is now offering face to face access assessments across the East Midlands and a six month review has been completed with next steps agreed to consolidate progress. A business case for the expansion of the Family Ambassador Programme into the CAMHS Enhanced Community offer was approved by the Collaborative on 7 May.
East Midlands AED Collaborative Due to increased inpatient activity and extra package of care costs a new risk has been raised relating to the potential in year deficit position and availability of funding for Waterlily and other transformation into 26-27. The LPT procurement timeline for new AED services has been delayed with an associated risk of reputational damage as this will delay proposed service opening dates. The patient admitted as a result of the bespoke procurement remains admitted at Cygnet Ealing but the commissioning of the placement has now been handed over to Derby and Derbyshire ICB. They remain in long term segregation with minimal progress on exit plans. The report from the learning event to review this patient's pathway has been submitted and recommendations are being progressed through the Clinical Reference Group.	**East Midlands AED Collaborative** The new Cygnet Elowen Hospital in Shipley, Derbyshire is due to open in Q2, increasing the number of AED beds within the EM. Following increased incidents in NG feeding, Welford senior nursing staff received NG training from University Hospital of Leicestershire to facilitate a train the trainer programme. All nursing staff have now been trained/retrained and are going through a new sign off process.
East Midlands Perinatal Provider Collaborative There are no performance or quality concerns for escalation. Interim mitigations are in place with regards to high room temperatures at The Beeches whilst awaiting installation of air conditioning. Both units have seen a decrease in admissions and occupancy levels in Q4. Variation between units noted within the baseline bed assessment continues to be the focus of clinically led discussions with consideration via the upcoming learning event.	**East Midlands Perinatal Provider Collaborative** Focus remains on continuous improvement of services and action agreed following the successful clinical learning event in January has been progressed with a further event focused on improving referral processes across the two units scheduled for July 2025.
East Midlands Gambling Harm Service DHcFT is still awaiting confirmation of additional service funding in line with recent changes associated with the gambling levy-based revenue. Whilst there are active considerations for expanding the service in line with NHSE proposals, clarity is required on the available funding envelope to inform plan development The improvement action plan implemented to support the increase in referrals and overall service activity has now concluded with the service making progress across all domains including increasing referral numbers, improving referral retention, enhancing service accessibility, and strengthening recovery support.	**East Midlands Gambling Harm Service** A dedicated Communications Officer has been secured in post until March 2026. The role will continue to focus on the broad promotion and coordination of all event and media engagement activities, improving awareness of the service to increase reach and ultimately new referrals.
Operation Courage Midlands The service currently has a waiting list for assessment that is increasing due to demand outstripping capacity month on month. The OpCourage services across England are under review by NHSE due to demand and capacity issues across the service in all areas. As a result the previously submitted business case for further investment has been put on hold.	**Operation Courage Midlands** The partnership continues to receive positive feedback from NHSE in relation to the development of pathways and the transparent and collaborative approach to addressing challenges.

FINANCIAL PERFORMANCE

Director of Finance:
James Sabin

Responsible Committee: **Finance and Performance Committee**

Executive Summary

Overall

At the end of July there is an overall deficit of £1.9m, which has been adjusted for the Private Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change, bringing the adjusted financial position to a deficit of £1.7m, which is on plan.

The forecast outturn remains in line with the breakeven plan, however there are several risks in delivering the financial plan:

- Delivery of efficiencies in full
- Adult Acute out of area placements
- Usage of bank and agency above planned levels
- Unfunded posts and other emerging cost pressures

Efficiencies

The plan includes an efficiency requirement of £14.8m with the plan assuming 82% is delivered recurrently. At the end of July efficiencies delivered to the plan of £4.09m. The forecast assumes the full efficiency plan is met in full.

Agency

Agency expenditure at the end of July is £0.9m, which equates to 1.5% of the total pay expenditure, and is below plan by £0.2m. Forecast agency expenditure is £3.0m which is below plan by £0.5m. The two highest areas of agency usage continue to relate to consultants and nursing staff.

Adult Acute Out of Area Placements

The plan for out of area expenditure is based on a reducing trajectory from thirty two to four beds by the end of the financial year. At the end of July expenditure was above plan by £1.4m. The forecast assumes an improving trajectory, with expenditure forecast to be above plan by £4.7m.

Capital Expenditure

At the end of July capital expenditure was below plan against both the system capital allocation by £0.9m. Capital expenditure is forecast to spend in full by the end of the financial year.

Cash

Cash at the end of July is at £25.8m which is higher than plan by £6.1m due to the timing of receipts but is forecast to be on plan at £25.4m by the end of the financial year. There are no concerns in relation to debt recovery.

Better Payment Practice Code

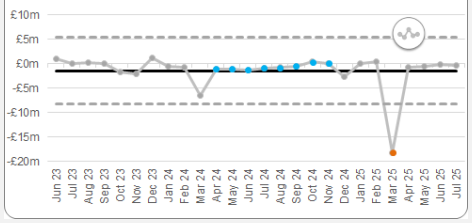
The Better Payment Practice Code (BPPC) sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices. At the end of July, both the value and volume of invoices exceeded the target at 99.0% and 97.6% respectively.

FINANCIAL KEY PERFORMANCE INDICATORS

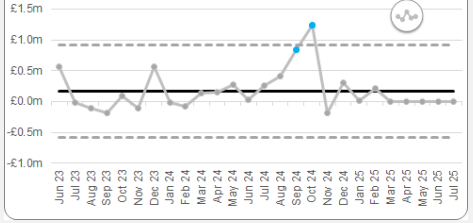
Measure	Target	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	
Financial Performance														
In month surplus/deficit position - unadjusted (£)	-	-£ 733,285	-£ 474,924	£ 352,759	£ 105,217	-£ 2,657,992	-£ 27,320	£ 505,698	-£ 18,160,011	-£ 759,497	-£ 618,647	-£ 181,431	-£ 356,503	
Efficiencies - variance to plan (£)	-	£ 419,265	£ 845,205	£ 1,244,087	-£ 192,100	£ 307,496	£ 11,618	£ 209,050	£ -	£ -	£ -	£ -	£ -	
Agency spend as a percentage of pay expenditure	3.7%	4.6%	2.8%	1.9%	1.9%	1.5%	1.8%	1.8%	2.1%	1.8%	1.2%	1.3%	1.9%	
Bank spend as a percentage of pay expenditure	4.9%	5.4%	5.6%	4.5%	5.4%	4.8%	4.5%	4.4%	2.6%	4.5%	4.3%	4.0%	4.6%	
Adult acute out of area expenditure (£000)	-	£ 675	£ 488	£ 666	£ 1,095	£ 1,012	£ 1,062	£ 889	£ 654	£ 799	£ 1,110	£ 977	£ 839	
Capital expenditure variance to plan (£)	-	-£ 356,000	£ 654,000	£ 2,260,000	£ 1,304,000	-£ 1,047,000	-£ 1,969,000	-£ 3,798,000	-£ 6,307,000	-£ 953,000	-£ 1,907,000	-£ 107,000	-£ 333,000	
Better Payment Practice Code (BPPC) by volume	95%	97.1%	97.3%	97.4%	96.9%	97.0%	96.9%	97.0%	97.6%	97.6%	97.2%	97.5%	97.6%	
Better Payment Practice Code (BPPC) by value	95%	97.3%	97.6%	97.9%	97.3%	97.4%	97.7%	97.7%	99.8%	98.2%	98.4%	98.7%	99.0%	
Cash (£000)	-	£ 21,063	£ 19,286	£ 26,380	£ 34,412	£ 31,559	£ 26,415	£ 24,296	£ 19,071	£ 20,204	£ 17,589	£ 17,175	£ 25,805	
Liquidity (days)	-	-18	-16	-17	-13	-19	-23	-25	-12	-13	-14	-19	-16	
NHS oversight framework 2025/26														
Planned surplus/deficit year to date - adjusted (£)	£ -	-£ 3,764,046	-£ 4,213,227	-£ 4,773,453	-£ 5,228,326	-£ 5,540,510	-£ 5,813,263	-£ 6,154,302	-£ 6,383,704	-£ 643,118	-£ 1,289,243	-£ 1,442,742	-£ 1,714,677	
Variance year to date to financial plan - adjusted (£)	tbc	-£ 43,203	£ 149,187	£ 1,289,294	£ 2,066,357	-£ 52,346	£ 420,664	£ 1,466,422	£ 6,384,643	£ 26,588	£ 43,183	£ 76,791	£ 63,671	
Relative difference in costs	<100%								93.76%					

FINANCIAL KEY PERFORMANCE INDICATORS – STATISTICAL PROCESS CONTROL CHARTS

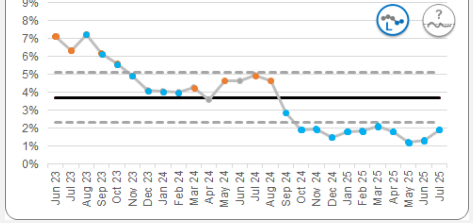
In month surplus/deficit position - unadjusted (£)



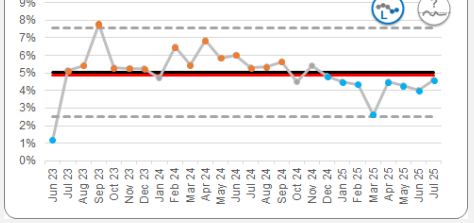
Efficiencies - variance to plan (£)



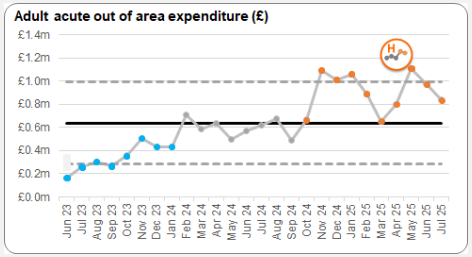
Agency spend as a percentage of pay expenditure



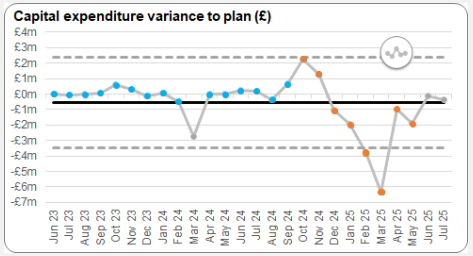
Bank spend as a percentage of pay expenditure



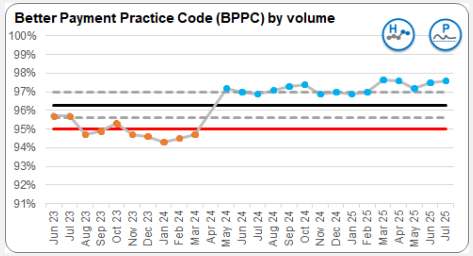
Adult acute out of area expenditure (£)



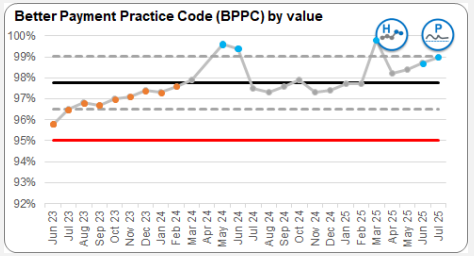
Capital expenditure variance to plan (£)



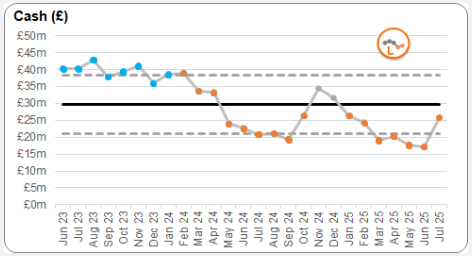
Better Payment Practice Code (BPPC) by volume



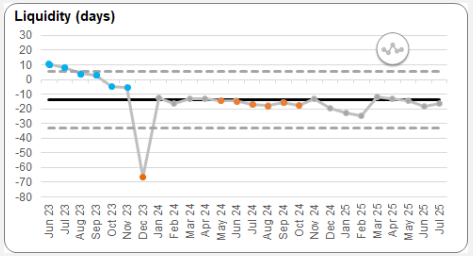
Better Payment Practice Code (BPPC) by value



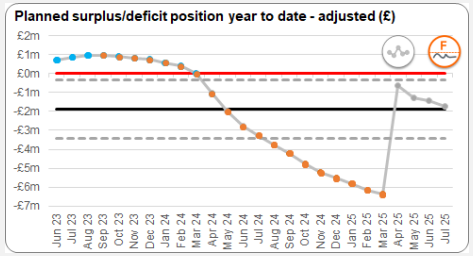
Cash (£)



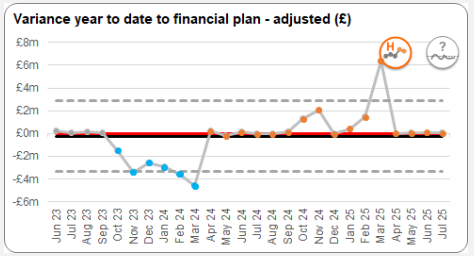
Liquidity (days)



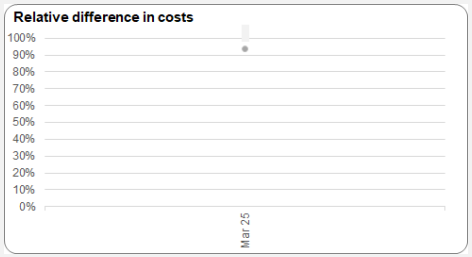
Planned surplus/deficit position year to date - adjusted (£)



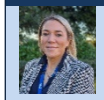
Variance year to date to financial plan - adjusted (£)



Relative difference in costs



PEOPLE PERFORMANCE



Director of People, Organisational Development and Inclusion: **Rebecca Oakley**

Responsible Committee: **People and Culture Committee**

Executive Summary

Update

Annual appraisals: compliance continues to remain high at 91% and has surpassed the 90% Trust target. Compliance within Corporate services has improved during the last two months and is above the 90% target. Efforts continue to address both appraisals that are out of date and those coming up for renewal.

Annual turnover: this continues to remain in line with national and regional comparators and has remained below the Trust's 12% upper tolerance for the last year.

Compulsory training: overall, the 85% target has been achieved for the last two years. Compliance remains high at 94% which has been achieved for the last three consecutive months.

Annual sickness absence rate: this is running at 5.66%, a reduction of 0.09% compared to the previous reporting period. Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by Surgery and other musculoskeletal problems. The absence oversight group has been formed. The group will focus on reviewing absence and other relevant data to inform the development of its delivery plan. A high-level overview has been produced with a focus on monitoring, policy, specific hot spot areas of focus, support for managers and support for our people. A Quality Improvement approach will be taken to focus on reducing sickness absence.

Filled posts: at the end of July, 90% of funded posts overall were filled with contracted staff. At the start of the financial year, new investment is released which creates brand new vacancies, initially reducing the percentage of funded posts filled. This year will see a staged adjustment to vacancies throughout the year as service developments and cost improvement programmes are delivered.

Agency usage: this has reduced significantly over recent months and continues to remain low following a temporary increase in agency usage due to a requirement for increased clinical observations. The Authorisation Panel to oversee agency requests across the Trust continues to remain in place.

Supervision: compliance continues to remain a challenge in both clinical supervision at 82% and management supervision at 86%. Efforts continue to work with Teams with low compliance and rates are expected to increase over the coming months.

NHS
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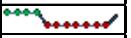
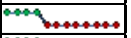
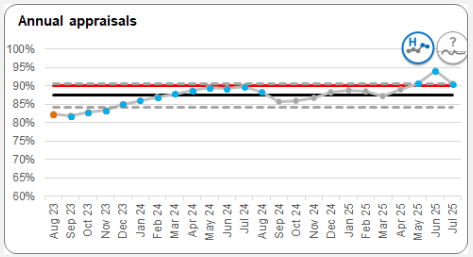
PEOPLE KEY PERFORMANCE INDICATORS

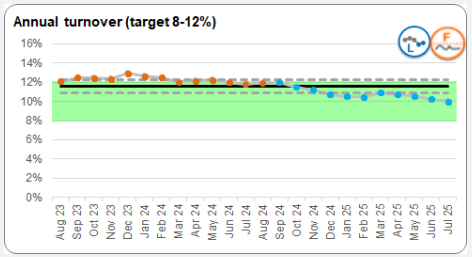
Measure	Target	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	
People Performance														
Annual appraisals	90%	88%	86%	86%	87%	88%	89%	89%	87%	89%	91%	94%	91%	
Annual turnover (target 8-12%)	12%	12%	12%	11%	11%	11%	11%	10%	11%	11%	11%	10%	10%	
Compulsory training	85%	91%	91%	91%	92%	91%	92%	92%	92%	93%	94%	94%	94%	
Filled posts	100%	88%	86%	85%	85%	86%	87%	88%	88%	88%	89%	89%	90%	
Bank staff use	5%	5.7%	5.3%	5.4%	5.2%	5.4%	4.3%	4.5%	4.4%	4.5%	4.0%	4.1%	3.9%	
Agency staff use	1.9%	1.1%	1.1%	1.0%	0.7%	0.6%	0.6%	0.7%	0.7%	0.3%	0.4%	0.3%	0.4%	
Management supervision	100%	84%	85%	85%	85%	87%	87%	86%	86%	84%	85%	86%	85.9%	
Clinical supervision	100%	81%	84%	84%	85%	85%	85%	84%	83%	81%	83%	82%	81.5%	
NHS oversight framework 2025/26														
Sickness absence rate	5%	6.3%	6.9%	7.9%	7.4%	8.0%	8.1%	7.3%	6.1%	6.4%	5.9%	5.3%	6.0%	
NHS Staff Survey - raising concerns sub-score	7.0	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	6.8	
NHS staff survey engagement theme score	7	7.23	7.23	7.23	7.23	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.07	
National Education and Training Survey overall satisfaction score (C.)	76.2%	79.5%	79.5%	79.5%	79.5%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	

PEOPLE KEY PERFORMANCE INDICATORS – STATISTICAL PROCESS CONTROL CHARTS

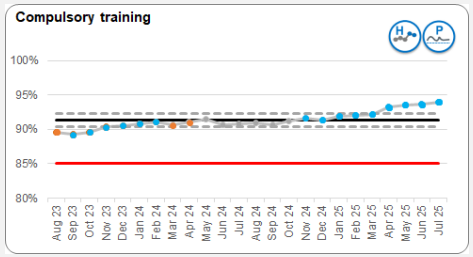
Annual appraisals



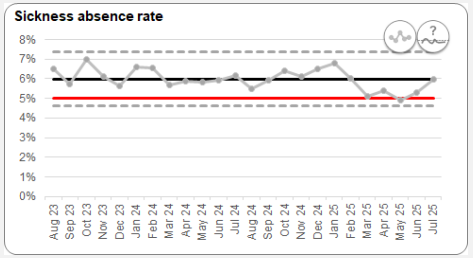
Annual turnover (target 8-12%)



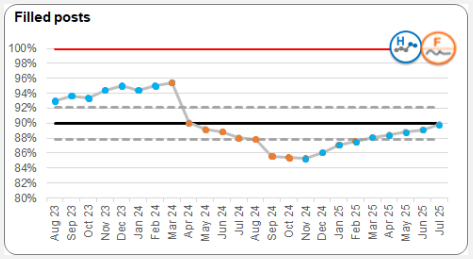
Compulsory training



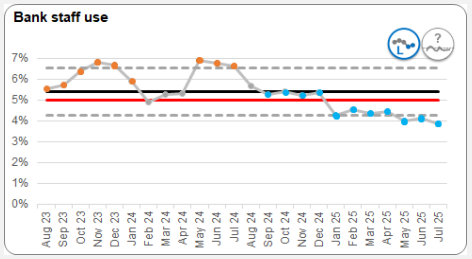
Sickness absence rate



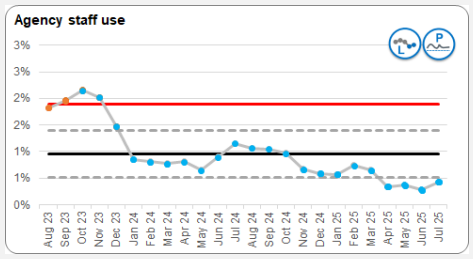
Filled posts



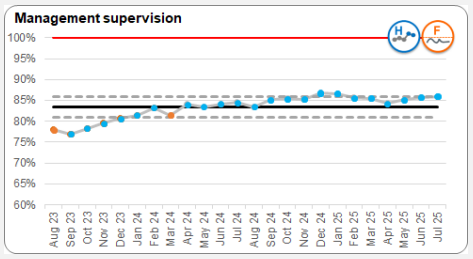
Bank staff use



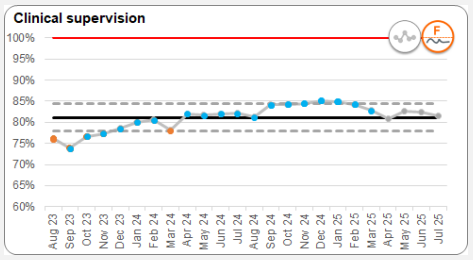
Agency staff use



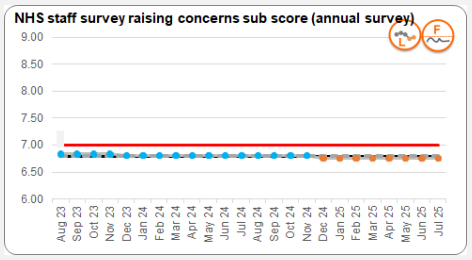
Management supervision



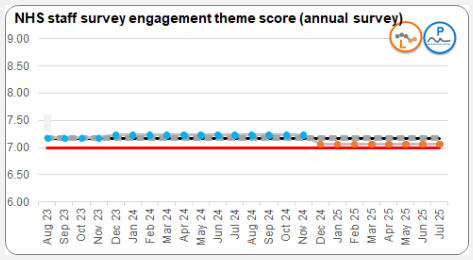
Clinical supervision



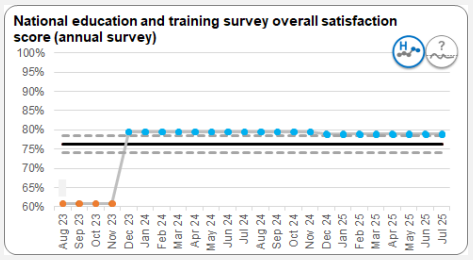
NHS staff survey raising concerns sub score (annual survey)



NHS staff survey engagement theme score (annual survey)



National education and training survey overall satisfaction score (annual survey)



QUALITY PERFORMANCE

Director of Nursing, Allied Health Professionals, Quality and Patient Experience:
Tumi Banda

Responsible Committee: **Quality and Safety Committee**

Executive Summary

Update

Quick resolution (QR) complaints: remain within acceptable limits, though an increase has been seen due to a resolution of a backlog of complaints.

Closer look (formal investigations): are below mean and stable. Themes continue to be monitored and escalated through governance committees.

Clinically ready for discharge (CRfD): common cause variation pattern observed. Discharge delays are primarily due to housing, funding, and care placement barriers. Twice-weekly MADE meetings and a new 72-hour admission review (from July 2025) aim to reduce discharge delays through early intervention and escalation.

Care programme approach (CPA): current compliance is steady at 79% against a 95% target. However, with the exclusion of inpatient services where CPA is not routinely updated, the figure is 88%. Due to a combination of vacancy and long term and short term sickness within services, improvements have not been made as quickly as expected however, targeted improvement plans and weekly “cross check” meetings are underway and Digital support is being provided to support the accuracy of recording and the improvements made since January 2025 have been sustained.

Medication safety incidents: following a pattern of common cause variation. Low harm incidents dominate, particularly in temperature monitoring. Ongoing task and finish group, monthly incident reviews, competency assessments, and governance reporting continue to support safe practice.

Moderate/catastrophic harm incidents: increased trajectory over past three months due to sustained reporting linked to self-harm in Adult and Older People’s services. The increase in incidents has also been influenced by the opening of the Enhanced Care Unit (ECU) and Psychiatric Intensive Care Unit (PICU) in July 2025 and a number of incidents relating to high temperatures in the Perinatal ward. As temperatures fall the incident reports related to high temperatures are expected to reduce.

Restrictive practices

- **Prone restraint:** above Trust margin (12 incidents); related to opening of ECU and PICU in July 2025
- **Physical restraint:** above margin (45 incidents); continued to follow a pattern of common cause variation and margin to be reviewed in relation to opening of ECU and PICU in July 2025
- **Seclusion episodes:** remain above threshold (14), influenced by new seclusion facility at Derwent Unit and opening of ECU and PICU in July 2025. Margin to be reviewed in light of this.

Falls Incidents: still above margin but decreasing. Mostly minor/no harm. Linked to frailty, ward occupancy and multiple incidents linked to 1 unwell individual and the numbers are expected to fall following identification of specialist placement. Individual risk management plans, use of bed sensors, and biweekly reviews with shared learning in place to support reduction of numbers.

Care hours per patient day: below national averages: 9.34 hours vs. national 11.5. This includes lower figures for both registered nurses (3.86 vs. 3.9) and support workers (5.22 vs. 7.5), indicating staffing challenges.

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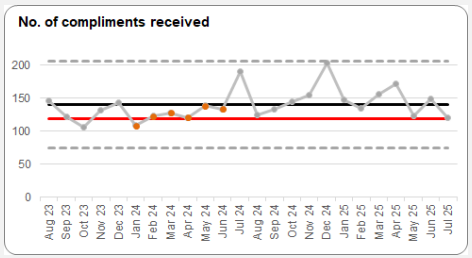
QUALITY PERFORMANCE INDICATORS

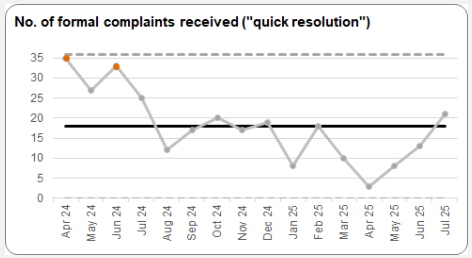
Measure	Target	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	
Quality performance														
No. of compliments received	119	125	134	145	155	203	148	135	157	172	124	149	120	
No. of formal complaints received ("quick resolution")		12	17	20	17	19	8	18	10	3	8	13	21	
No. of formal complaints received ("closer look")		25	15	17	14	18	15	11	18	17	9	14	11	
Proportion of patients clinically ready for discharge	4%	8%	9%	11%	11%	10%	10%	10%	9%	11%	10%	11%	10%	
Proportion of patients on CPA >12 months who have had their care plan reviewed	95%	70%	72%	74%	75%	74%	72%	77%	76%	80%	80%	78%	79%	
Patients who have their employment status recorded as "in employment"		12%	11%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	
Patients who have their accommodation status recorded as "settled"		48%	48%	49%	49%	49%	48%	47%	47%	48%	49%	49%	50%	
Number of medication incidents		86	49	55	45	71	62	55	92	69	63	71	95	
No. of incidents of moderate to catastrophic actual harm	48	47	45	68	67	57	59	63	51	66	56	76	91	
No. of incidents requiring Duty of Candour	1	1	1	0	1	0	0	0	1	0	1	1	1	
No. of incidents involving prone restraint	12	10	5	19	8	8	5	8	14	7	5	10	14	
No. of incidents involving physical restraint	46	80	64	103	92	52	67	114	103	65	73	81	114	
No. of new episodes of patients held in seclusion	14	16	17	14	10	14	9	9	25	14	20	8	18	
No. of falls on inpatient wards	30	39	39	37	39	40	22	36	40	45	37	58	38	
NHS oversight framework 2025/26														
Rate of restrictive interventions use per 1000 bed days (data source: NHSE)	19	12	8	11	12	7	6	12	8	4	5	2		
Community mental health survey satisfaction rate (out of 10)	6.7	6.50	6.50	6.50	6.50	6.50								
CQC safe inspection score (if awarded within the preceding 2 years)		not applicable - last rated in 2019												

QUALITY KEY PERFORMANCE INDICATORS – STATISTICAL PROCESS CONTROL CHARTS

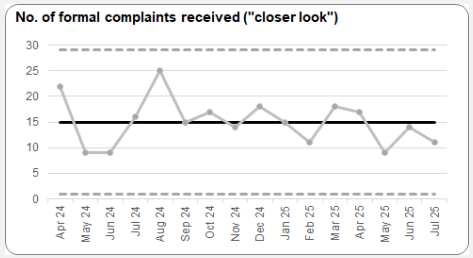
No. of compliments received



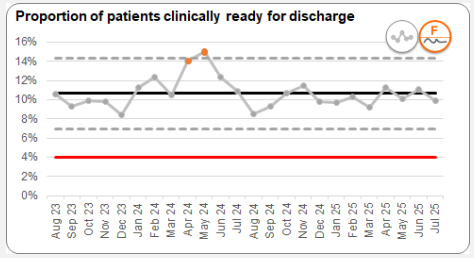
No. of formal complaints received ("quick resolution")



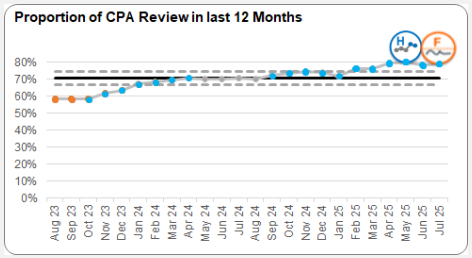
No. of formal complaints received ("closer look")



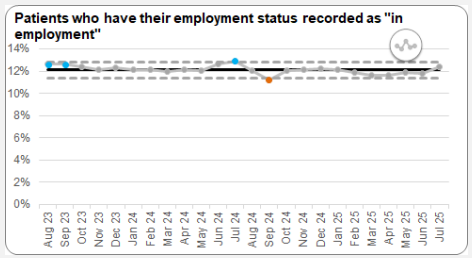
Proportion of patients clinically ready for discharge



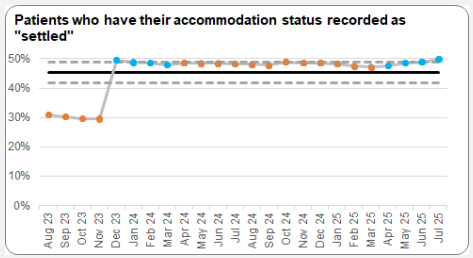
Proportion of CPA Review in last 12 Months



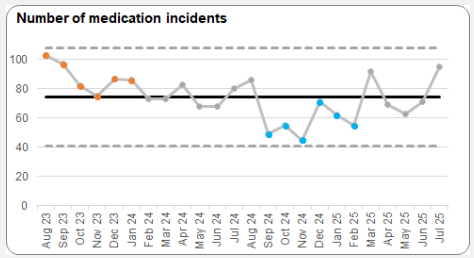
Patients who have their employment status recorded as "in employment"



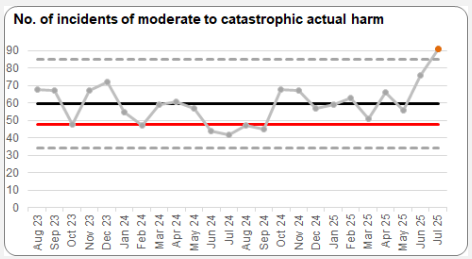
Patients who have their accommodation status recorded as "settled"



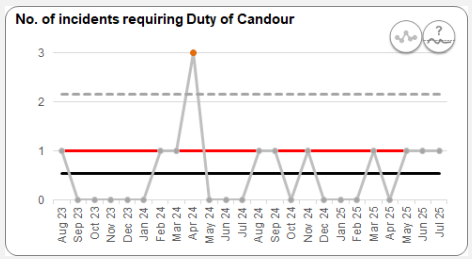
Number of medication incidents



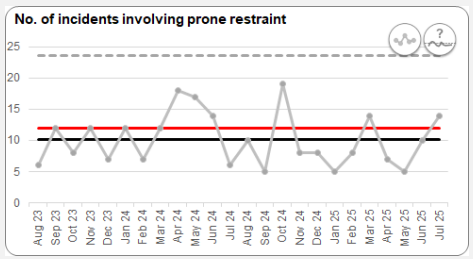
No. of incidents of moderate to catastrophic actual harm



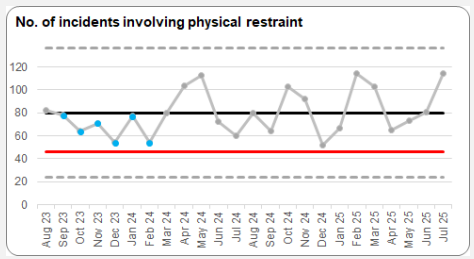
No. of incidents requiring Duty of Candour



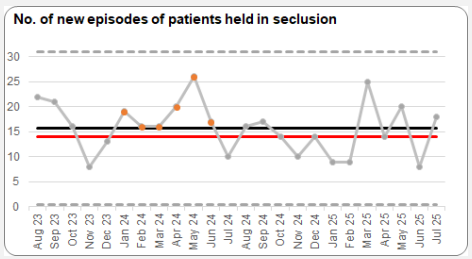
No. of incidents involving prone restraint



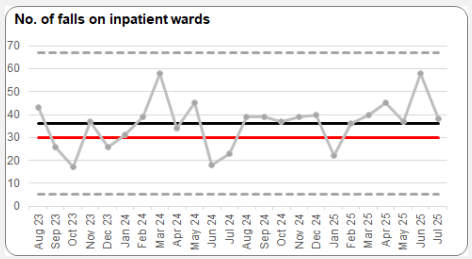
No. of incidents involving physical restraint



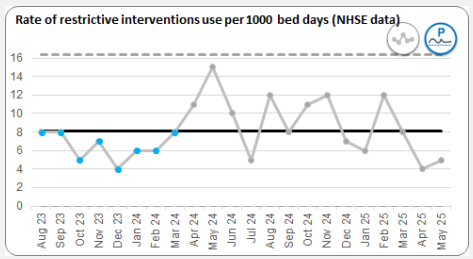
No. of new episodes of patients held in seclusion



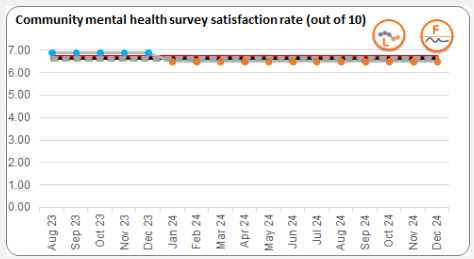
No. of falls on inpatient wards



Rate of restrictive interventions use per 1000 bed days (NHSE data)



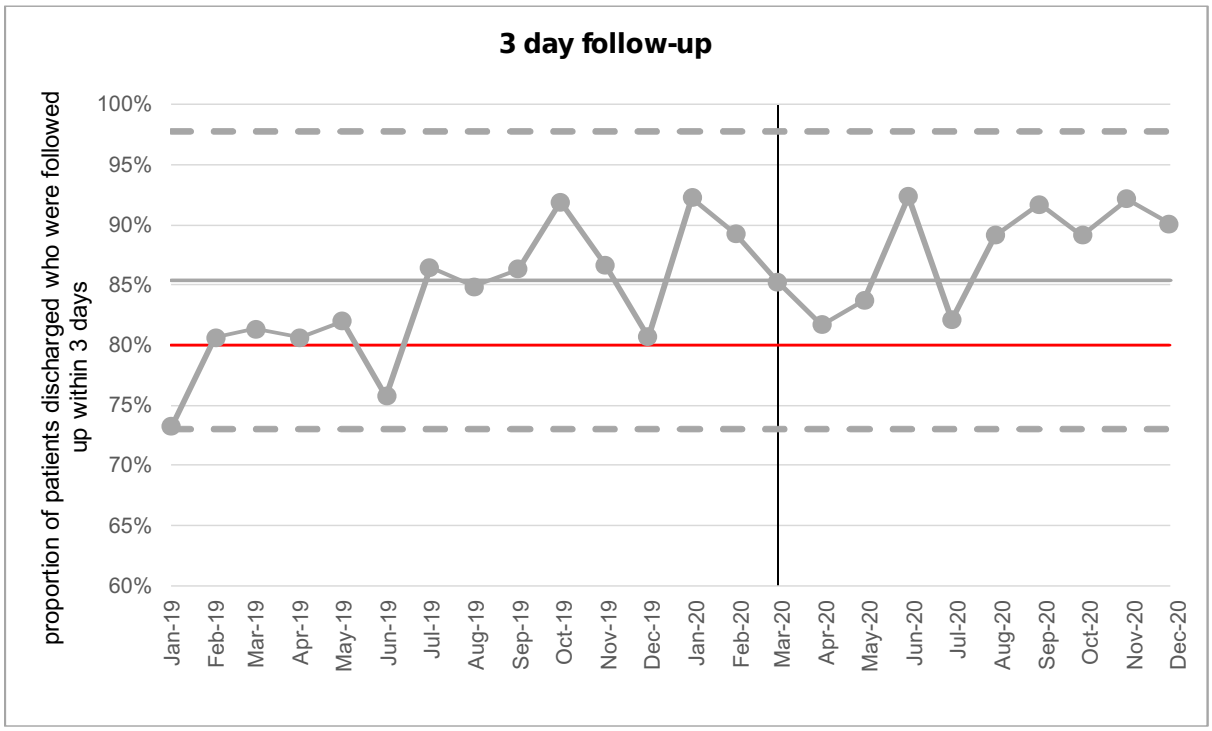
Community mental health survey satisfaction rate (out of 10)



Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



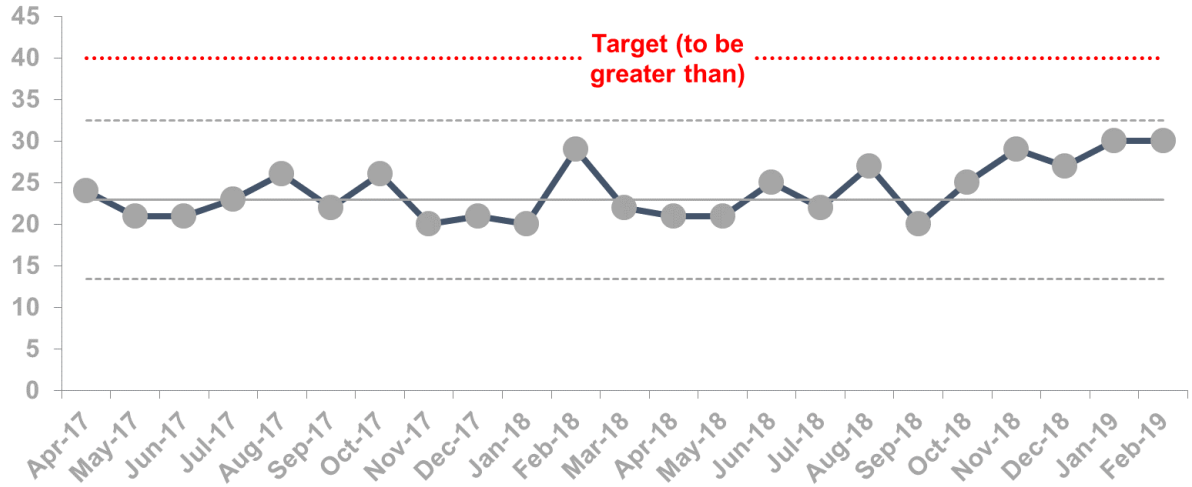
- The red line is the target
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example
- The solid grey line is the average (mean) of all the grey dots
- The grey dotted lines are called process limits, or control limits.

Very simply, any grey dots sitting between the upper and lower grey dotted lines is normal performance for the process and is known as “common cause variation”.

The closer the two grey dotted lines are together, the less variation there is and therefore the more tightly controlled is the process.

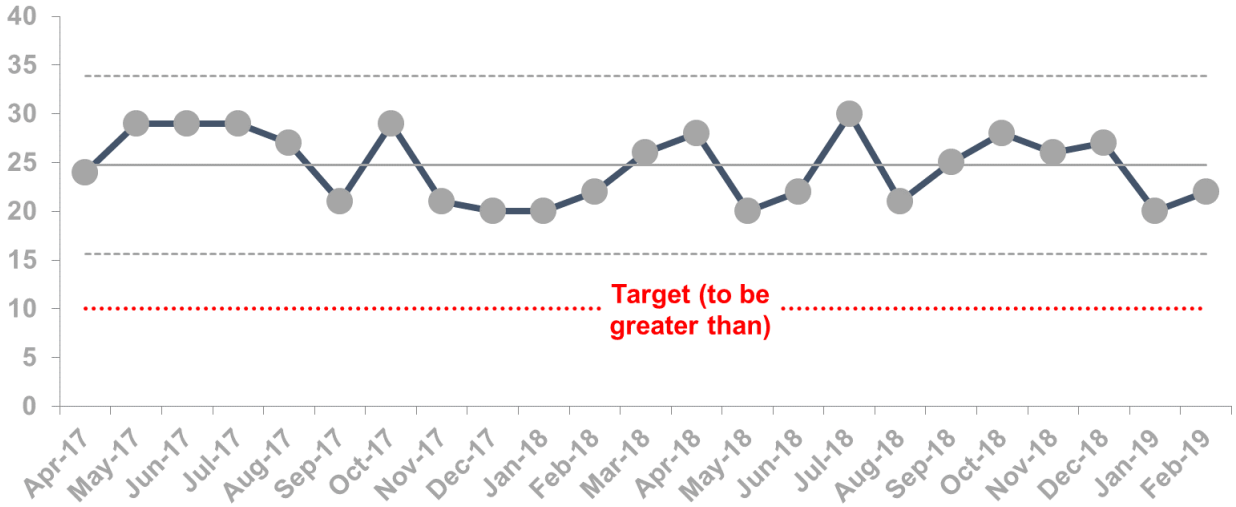
Things to look out for:

1. A process that is not working:



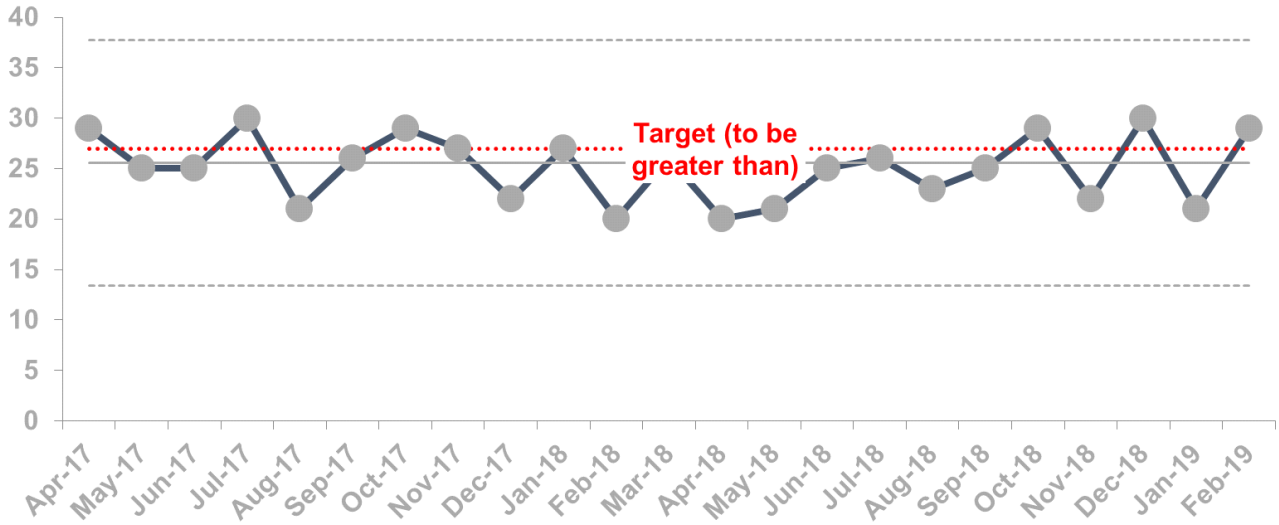
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process:



The lower grey dotted line is above the target line. This gives assurance that the target will consistently be achieved, and that the system is effective.

3. An unreliable system:

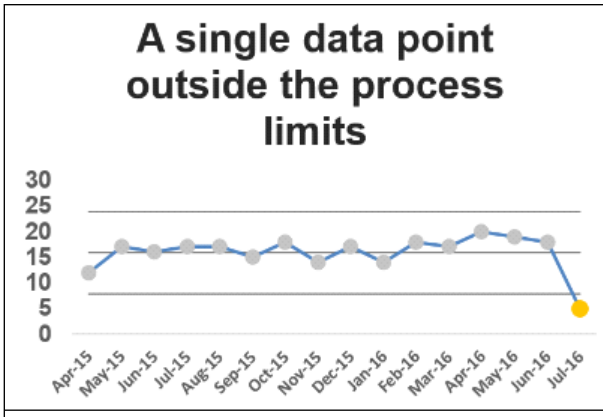
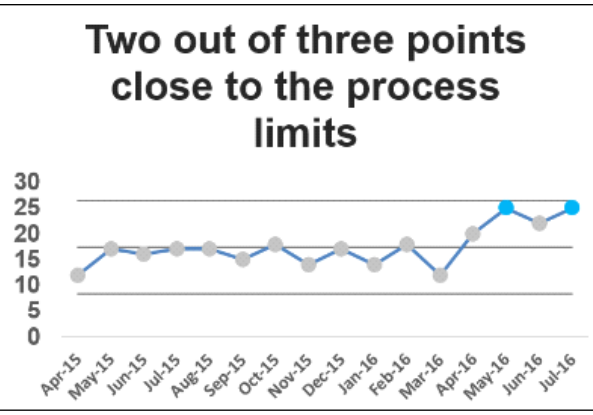


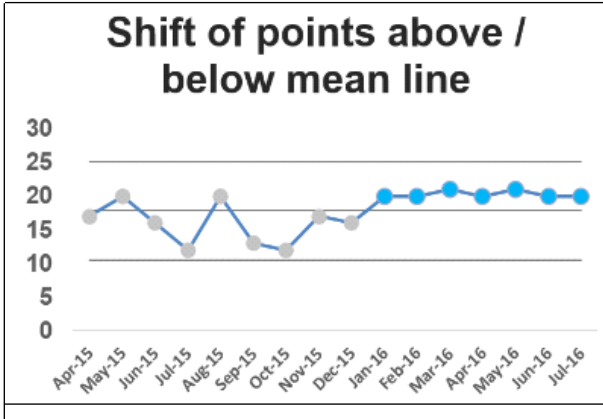
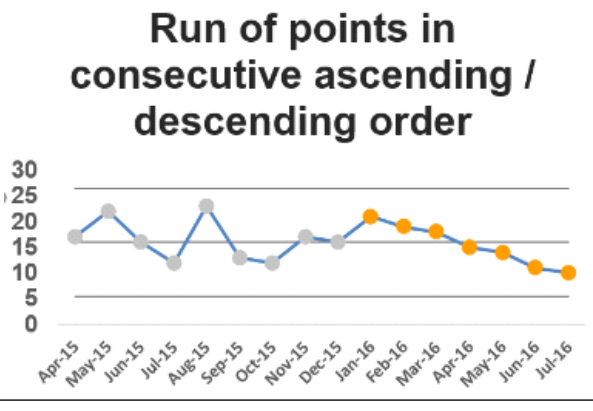
In this example, the target line sits between the two grey dotted lines. As it is normal for the grey dots to fall anywhere between the two dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned if the target is to be consistently achieved.

4. Unusual patterns in the data

If there is anything unusual in the data, the grey dots will change colour. Orange means it is unusually worse than expected and blue means it is unusually better than expected. These unusual patterns should be looked into to establish why it is happening.

There are four scenarios where this can happen:

	
In this example the July 2016 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.	Two out of three points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.

	
A run of seven points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 2016 that has proven to be effective.	A run of seven points in consecutive ascending or descending order is significant. In this example things are getting worse over time.

Frequently seen in the NHS:

"**Spuddling**" - to make a lot of fuss about trivial things, as if they were important. Spuddling leads to tampering and tampering nearly always increases variation.

Sometimes the first and most important thing we need to react to is the degree of variation in a process.

(Adapted from guidance kindly provided by Karen Hayllar, NHS England)

Appendix 2

Assurance Ratings

- **Full Assurance** can be provided that the system of internal control has been effectively designed to meet the system's objectives, and controls are consistently applied in all areas reviewed
- **Significant Assurance** can be provided that there is a generally sound system of control designed to meet the system's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk
- **Limited Assurance** can be provided as weaknesses in the design or inconsistent application of controls put the achievement of the system's objectives at risk in the areas reviewed
- **No Assurance** can be provided as weaknesses in control, or consistent non-compliance with key controls, could result [have resulted] in failure to achieve the system's objectives in.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 23 September 2025

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met one since its last report to the Council of Governors on 3 June 2025. This report provides a summary of the meeting on 19 August 2025 including actions and recommendations made.

Executive Summary

Key matters discussed at the meetings had been:

- Reviewing the Committee's Terms of Reference
- Feedback from governors' engagement activities
- Membership Data
- Process for Governors Annual Effectiveness Survey
- Governor engagement opportunities including Board visits.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care.	
2) We will ensure that the Trust is a **great place to work** by creating a compassionate, skilled, and empowered leadership, creating a vibrant culture where colleagues feel they belong, thrive, and are valued.	x
3) The Trust is a **great partner** and actively embraces collaboration as our way of working.	x
4) We will make the **best use of resources** by making financially wise decisions and avoiding wasting resources to ensure financial recovery and long-term sustainability.	x

Risks and Assurances

- The Council of Governors can receive assurance that the Committee is well established and discussing key areas of governor business
- Items for decision or approval will be brought to the full Council of Governors as appropriate
- An update of discussions at each meeting is regularly reported to the Council of Governors
- Effectiveness of the meeting is discussed regularly
- The work plan is reviewed at each meeting and changes made as and when required
- The Governance Committee escalates items to the Council of Governors as and when required.

Consultation

No formal consultation is required for this update, although the Governance Committee has been established with a consultative approach and this continues to be reflected through the items discussed.

Governance or Legal Issues

The Governance Committee, as part of its work, will review key governance documents including the governors' Code of Conduct and will oversee Trust Constitution amendments prior to presenting to the Council of Governors.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must 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.

Below is a summary of the equality-related impacts of the report:

Although there are no specific issues raised in the report which impact on individuals with protected characteristics, the Governance Committee is committed to ensure that governors who may require additional support and/or adjustments are provided with this to ensure that they can carry out their role. This includes provision of support workers where required and working with individual governors to ensure they have access to information in a preferred format (for example, in hard copy rather than email). Governors are also supported to attend meetings where they have disability and/or access issues.

Recommendations

The Council of Governors is requested to:

1) Note the report made of the Governance Committee meeting held on the 19 August 2025
2) Ratify the Committee's Terms of Reference for a further year.

Report presented by: **Marie Hickman, Co-Chair of the Committee Staff Governor, Admin and Allied Support**

Report prepared by: **Denise Baxendale, Membership and Involvement Manager**

Council of Governors – 23 September 2025

Report from the Governance Committee meeting held on 19 August 2025

15 (60%) governors attended the meeting.

Terms of Reference annual review

Governors agreed that the Terms of Reference were fit for purpose for another year and recommend that they are ratified by the Council of Governors. The Terms of Reference are attached as appendix i.

Brief overview of trauma informed practice

Governors were appreciative of the overview given.

Feedback From Governors' Engagement Activities

The Committee reviewed the activity log relating to the membership engagement by governors.

Governor Engagement Opportunities Including Board Visits

Governors were encouraged to take part in the Board visits the details of which are circulated to all governors by the Membership and Involvement Manager.

Membership Data

The membership data is reviewed by the Committee on a regular basis.

Annual Members Meeting update

Governors were encouraged to promote the event and to invite people to attend.

Process for governors' annual effectiveness survey

Governors agreed as in previous years that the survey should be launched in September. All governors are encouraged to complete the survey.

The results of the survey will be presented to the Governance Committee in October and to the Council of Governors in November.

Derbyshire Healthcare
NHS Foundation Trust

Terms of Reference of the Governance Committee

Authority

The Council of Governors Governance Committee is constituted as a Committee of the Council of Governors. The Governance Committee will review key governance documents including the governors' Code of Conduct and will oversee Trust Constitution amendments prior to presenting to the Council of Governors.

1. Role

The Council of Governors Governance Committee shall be responsible for advice and support on:

1.1 Code of Conduct

1.1.1 Maintaining an overview of governor attendance and contribution in line with the Governors' Code of Conduct and best practice, ensuring effective processes are in place to deal with any non-compliance, behaviour or conduct issues.
1.1.2 Annual review of the Governors' Code of Conduct.

1.2 Membership & Engagement

1.2.1 Ensure governors have an agreed approach to member engagement and recruitment and that the Council of Governors' responsibilities are met in this respect.
1.2.2 To assist in creating opportunities to engage with governors constituents and to create new members and engage with existing members.
1.2.3 To assist in the recruitment of governors and in preparing them to fulfil their responsibilities.
1.2.4 Regularly review the Trust's membership data.
1.2.5 Maintain an oversight of governor involvement in Trust activities, ensure that those activities are coordinated and reported back to the Council of Governors.
1.2.6 Advise on arrangements for the Annual Members Meeting.

1.3 Quality

1.3.1 To consider the Trust's Quality Account and support the coordination of the governors' statement.

1.4 Holding to Account

1.4.1 Oversee engagement activities with Non-Executive Directors.
1.4.2 Make proposals for the Council's forward work programme, including items related to holding the board to account.

1.5 Training & Development

1.5.1 To consider the learning and development needs of the Council of Governors required to enable governors to undertake their role and responsibilities efficiently and effectively.
1.5.2 To reflect upon the training and development undertaken and review feedback received from governor development sessions.

1.6 Governance
1.6.1 Give due consideration to laws and regulations and the provisions of the NHS Foundation Trust Code of Governance.
1.6.2 Ensure the Council of Governors' annual effectiveness review is undertaken and outcomes presented to the Council of Governors with any required recommendations to discharge its role.
1.6.3 Review of any proposed changes to the Trust's constitution, making recommendations as required.

2. The Council of Governors shall not delegate any of its powers to the Governance Committee and the Governance Committee shall not exercise any of the powers of the Council of Governors.

3. Membership of the Committee
3.1 The Governance Committee shall comprise of elected Public Governors, Staff Governors and Appointed Governors.
3.2 The following are also invited to attend:

- Trust Chair (Chair of Council of Governors)
- Deputy Trust Chair in the absence of the Trust Chair
- Director of Corporate Affairs and Trust Secretary
- Membership and Involvement Manager.

4. Quorum
A Quorum shall comprise:
a) Six governors
b) One member of Trust staff, aside from Staff Governors.

5. Frequency of Meetings
5.1 The Committee shall meet bi-monthly and report regularly to the Council of Governors.

6. Planning & Administration of Meetings
6.1 Yearly the Committee shall elect from its membership, a governor to serve as Chair of the Committee who will be eligible for re-election after the term has expired
6.2 The Committee shall elect from its membership, a governor to serve as a Deputy Chair
6.3 The Membership and Involvement Manager will support the planning and administration of the Committee
6.4 A suitably qualified member of staff should attend each meeting.

7. Review
7.1 The terms of reference of the Committee shall be reviewed by the Governance Committee annually and changes submitted to the Council of Governors for approval.

(Approved by Council of Governors on 3.9.24)

Governor Meeting Timetable August 2025 – March 2026

DATE	TIME	EVENT	LOCATION/COMMENTS
23.9.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
23.9.25	2pm-5pm	Council of Governors	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
2.10.25	4pm-6pm	Annual Members Meeting	Virtual
21.10.25*	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
22.10.25	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
4.11.25	10-11am	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
25.11.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
25.11.25	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
17.12.25	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
27.1.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
27.1.26	2pm-5pm	Council of Governors and Trust Board development session Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

4.2.26	10.30am-12pm	Informal catch up with Selina Ullah, Trust Chair	meeting room 1, first floor, Bayheath House, Rose Hill West, Chesterfield S40 1JF
17.2.26	10am-12.30pm	Governance Committee (NB this includes ½ hour for NED appraisals)	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.3.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
24.3.26	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

*this replaces the original meeting scheduled for 4 November 2025 – please update your diaries (the calendar invite has been updated)

Please note:

- Link to map of Kingsway Hospital is on the Trust website: Kingsway Site Map
- Links for hybrid/virtual meetings are included in the calendar invites (and also with the papers when they are circulated a week prior to meeting)
- Now include Selina Ullah's informal sessions.