Derbyshire Healthcare
NHS Foundation Trust

Meeting Council of Governors

Agenda

Date: Tuesday 22 September 2026, from 14:00-16:15 hours.

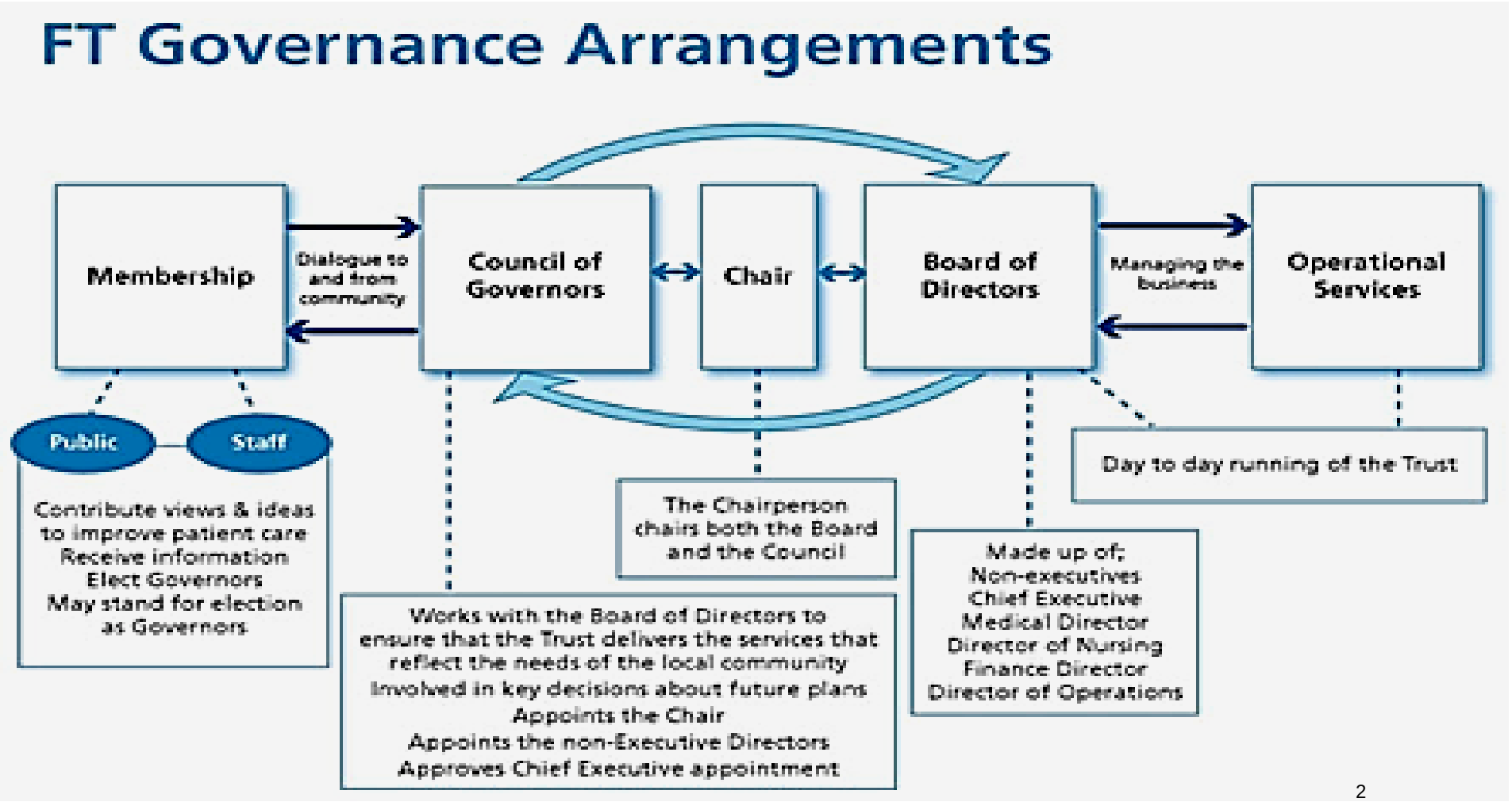
This is taking place online using MS Teams click here to join the meeting

Item	Topic	Lead	Time
1.	Welcome, introductions and Chair's opening remarks, apologies and declaration of interests	Ralph Knibbs	14:00
2.	Submitted questions from members of the public		
3.	Minutes of the previous meeting held on 19.5.26		
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 and report from the External Auditors	External Auditors, James Sabin, and Chioma Akpom	14:35
7.	Non-Executive Director's report	Chioma Akpom	14:55
8.	Escalation items to the Council of Governors	Ralph Knibbs	15:15
COMFORT BREAK			15:20
9.	Report from Governance Committee 25.8.26	Angela Kerry	15.30
10.	Review Governor Membership Engagement Action Plan	Denise Baxendale	15:40
11.	Update on the Annual Members Meeting (verbal)	Denise Baxendale	15:45
12.	Any other business	Ralph Knibbs	15:55
13.	Governor meeting timetable 2026/27 (for information)	Ralph Knibbs	16:00
14.	Review of meeting effectiveness		
15.	Close of meeting	Ralph Knibbs	16:15

Next meeting: 24.11.26	**Time:** 14:00-17:00 hours	**Location:** 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

Annual Members Meeting: 30.9.26	**Time:** 18:00 to 20:00 hours	**Location:** The Annual Members Meeting (AMM) is taking place online. Click here to join the AMM

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

Our vision

We make a positive difference in everything we do

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.

Caring

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

Inclusive

We respect and include everyone in all we do.

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.

Ambitious

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

WE MAKE A POSITIVE DIFFERENCE • IN EVERYTHING WE DO •

Belonging

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

People

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

Collaborative

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

Productive

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

Our values

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 19 MAY 2026 FROM 14.00 – 16:00 HOURS HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE

PRESENT	Deborah Good*	Non-Executive Director, stand in Chair
	Angela Kerry*	Public Governor, Amber Valley
	Jean Johnson	Public Governor, Bolsover and North East Derbyshire
	Sarah Tupling*	Public Governor, Derby City East
	Ruth Day	Public Governor, Derby City West
	Stephen Handsley*	Public Governor, Derby City West
	Christopher Williams*	Public Governor, Erewash
	Brian Edwards*	Public Governor, High Peak and Derbyshire Dales and Lead Governor
	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
	Nicole Ellis*	Staff Governor, Admin and Allied Support Staff
	Fiona Rushbrook*	Staff Governor, Allied Healthcare Professions
	Sifo Dlamini*	Staff Governor, Nursing
	Jo Foster	Staff Governor, Nursing
	David Robertshaw	Appointed Governor, University of Derby
	Pippa Hemingway	Appointed Governor, University of Nottingham
IN ATTENDANCE	Denise Baxendale*	Membership and Involvement Manager
	Justine Fitzjohn*	Director of Corporate Affairs and Trust Secretary
	Mark Powell*	Chief Executive
	Tumi Banda*	Director of Nursing, Allied Health Professionals, Quality and Patient Experience
	Rebecca Oakley*	Director of People, Organisational Development and Inclusion
	James Sabin*	Director of Finance
	Chioma Akpom*	Non-Executive Director
	Jo Hanley*	Non-Executive Director
	Andrew Harkness*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director (from 2.30pm)
	Ross Jenkinson*	Trust Member
	Jo Gallagher*	BSL interpreter
	Jill Henshaw*	BSL interpreter

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

APOLOGIES	Lai Mei Li	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
	Mathew Joseph	Staff Governor, Medical
	Debra Dudley	Appointed Governor, Derbyshire Mental Health Forum
	Rachel Bounds	Derbyshire Voluntary Action
	Alison Martin	Appointed Governor, Derby City Council
	Sam Redfern	Appointed Governor, Derbyshire County Council
	Selina Ullah*	Trust Chair

DHCFT/ GOV/2026/019	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES AND DECLARATIONS OF INTERESTS** Deborah Good, stand in Chair for Selina Ullah who was unable to attend the meeting, welcomed all to the meeting. In particular, she welcomed the new governors and the Trust Member. Introductions were made and apologies were noted above. There were no declarations of interest.
DHCFT/ GOV/2026/020	**SUBMITTED QUESTIONS FROM MEMBERS OR THE PUBLIC** Deborah confirmed that no questions had been submitted from members of the public.
DHCFT/ GOV/2026/021	**MINUTES OF THE PREVIOUS MEETING, HELD ON 24 MARCH 2026** The minutes of the meeting held on 24 March 2026 were accepted as a correct record.
DHCFT/ GOV/2026/022	**MATTERS ARISING AND ACTIONS MATRIX** **Matters arising** There were no matters arising. **Actions Matrix** Denise Baxendale, Membership and Involvement Manager referred to the one action on the actions matrix in which governors had been asked to inform her of any additional topics for in-house governor training that they would like to be considered to help in their governor role. Denise confirmed that she had not received any responses and it was agreed to close this action as complete. Deborah encouraged governors contact Denise if they have any suggestions for in-house training in the future. **RESOLVED: The Council of Governors agreed to close the amber action as complete on the actions matrix.**
DHCFT/ GOV/2026/023	**CHIEF EXECUTIVE'S UPDATE** It was noted that the Chief Executive's report presented to Public Board in the morning was included in the papers for this meeting for information. Mark Powell, Chief Executive asked if governors had any questions.

	Stephen Handsley referred to the Board story this morning where Jenny, a staff member, described a breakdown in communication whilst her brother was in our care. He asked how the Trust will improve its communication to avoid this happening in the future. Tumi Banda, Director of Nursing, Allied Health Professionals, Quality and Patient Experience assured governors that the Trust is working with carers, service users and families to improve communication and together they are developing a Carers Strategy. Mark Powell explained that it had been difficult to hear about Jenny's experience and confirmed that feedback will be provided to those staff who are not showing the required level of kindness and compassion. They will also be reminded of the Trust's values. Angela Kerry, Public Governor raised the issue of patient confidentiality and asked if staff are concerned about informing carers for fear of breaching confidentiality. Mark assured governors that the Trust has a clear process and training on consent and whether service users wish their carers/families to be involved. He explained that when a person becomes unwell there can be a conflict with carers/family as some patients are adamant that they do want loved ones to be involved. Deborah Good, NED also assured governors that a piece of work is being developed to support staff on this. This includes guidance and training materials. Jo Foster, Staff Governor assured governors that on her ward, staff are encouraged to talk to carers about their needs. Staff are also kind and compassionate towards carers without breaching confidentiality. Brian Edwards, Public Governor, referred to the Nottinghamshire Healthcare NHS Foundation Trust inquiry (Valdo Calocane) 'The Nottingham Inquiry' which recommends more data sharing, which will not be easy due to confidentiality. He asked if it is recorded on patient notes that they do not want anyone other than professionals involved in their care. Tumi assured governors that this is recorded and emphasised that it is not a breach of confidentiality to listen to carers and their concerns or to pass on information. Tumi also assured governors that comments made by carers/family concerning the patient are also recorded, but that a response will not be shared with them if the patient has stipulated that they are not to be involved. **RESOLVED: The Council of Governors noted the update.**
DHCFT/ GOV/2026/024	**<u>REPORT FROM GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE HELD ON 5 MAY 2026</u>** *(Ralph Knibbs, joined the meeting.)* In the absence of Selina Ullah, Trust Chair, Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary presented an overview of the matters discussed at the last Governors' Nominations and Remuneration Committee on 5 May which covered the following business: • The appraisals for the Trust Chair and the Non-Executive Directors (NEDs) • Several year-end reports • Annual review of Terms of Reference Justine referred to the NED appraisals which are a summary of the reports presented to the Committee and asked if governors required the NEDs to leave the meeting during the discussion of this item, as this could be seen as a conflict

	of interest. Brian who is a member of the Committee explained that the full reports had been discussed in detail by the Committee, they were all positive and he saw no reason for NEDs to leave the meeting. This was accepted. It was noted that full year appraisals had been carried out for Lynn Andrews, Ralph Knibbs, Deborah Good and Andrew Harkness, with interim appraisals for Joanne Hanley and Chioma Akpom, who joined the Board later in 2025. **RESOLVED: The Council of Governors:** **1) Noted the update report from the Nominations and Remuneration Committee held on 5 May 2026** **2) Received assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors** **3) Approved the Chair's objectives as set out in the report** **4) Noted the year-end report 2025/26** **5) Approved the Committee's Terms of Reference.**
DHCFT/ GOV/20 26/025	**<u>COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY</u>** Denise 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 2026.**
DHCFT/ GOV/20 26/026	**<u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u>** It was noted that there were no items to escalate to the Council of Governors. Brian explained that governors discuss issues that are raised and agree which items need to be escalated.
DHCFT/ GOV/20 26/027	**<u>STAFF SURVEY RESULTS</u>** Rebecca Oakley, Director of People, Organisational Development and Inclusion presented the staff survey results which shows the current position of the Trust for the 2025 NHS staff survey. She reported that there are nine themes that NHS England (NHSE) use 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: • The Trust was benchmarked against 48 mental health and learning disability; and learning disability and community trusts • The Trust maintained a response rate of 64% in 2025 • The Trust is above or equal to the average score in all combined elements (but there are some questions within some of the themes that are not above average for example compassionate culture, recognition, development, engagement, addressing concerns, safety, morale) • The results will be used alongside other sources of staff experience data, including divisional feedback, team-level reporting, Staff Friends and Family Test results, Equality, Diversity and Inclusion data, Freedom to Speak Up and wider staff engagement. This will support a triangulated approach to identifying areas of good practice, areas requiring improvement and actions that will have the greatest impact for staff and patients • The key areas of focus emerging from the results include flexible working, wellbeing, tackling violence and aggression, information sharing and communication, responding to concerns, digital improvements, service transformation and learning from patient complaints. These areas have been incorporated into the proposed Trust action plan to build on and improve the results for next year's staff survey • This year's priorities will focus on the Trust being a great place to work and to receive care. Brian expressed concern at the red alert signals, and in particular to the burnout graph which shows a significant decrease to last year. He sought assurance that this was included in the action plan. Rebecca explained that this is being built into the wellbeing offer. She also explained that the wellbeing service provided by Derbyshire Community Healthcare Service NHS Foundation Trust (DCHS) was decommissioned in January and had been brought back in-house. The Trust is looking carefully at what needs to be changed and developed to ensure that the offer is suitable for colleagues. She also explained that there is an ongoing dialogue with staff. Brian asked how significant the staff survey is in relation to the performance of the Trust. Mark explained that the external regulator, Care Quality Commission (CQC) will scrutinise the data and seek reasons for any areas that have decreased. **RESOLVED: The Council of Governors noted the outcome of the NHS Staff Survey 2024.**

DHCFT/ GOV/20 26/028	**NON-EXECUTIVE DIRECTORS' REPORT** Andrew Harkness presented his report updating governors since his last report in June 2025 on his activities as a Non-Executive Director (NED). He specifically referred to his responsibilities in relation to: • Audit and Risk Committee • Finance and Performance Committee • Mental Health Act Committee • Remuneration Committee • Strategic Portfolio Oversight Group – this is an operational meeting at which he is the NED representative. He explained that he is the NED lead for engagement with our Deaf Community. Meetings have been taking place since August last year to explore and agree priorities and actions to improve access, experience and reduce health inequalities. He also referred to the work the Trust is undertaking with the Deaf Community and acknowledged the importance of having Sarah Tupling on the Council of Governors from the Deaf Community. Brian asked to what extent the Mental Health Act (MHA) Committee gets involved in the discharge of patients. Andrew explained that the NEDs role as members of the MHA Committee is to seek assurance that the Trust is complying with the Mental Health legislation, and they will seek further assurance if needed. Brian again referred to the Nottingham Inquiry which has concluded that the patient was not fit to be released, which resulted in disastrous consequences. Brian sought assurance that our Trust has mechanisms in place to avoid a similar situation happening here, especially in regard to borderline cases. He also asked if the Board receive reports on patients who are discharged. Deborah Good, Chair of the MHA Committee explained that the Committee seeks assurance from hospital managers carrying out the legal and compliant routes. Deep dives take place regarding borderline cases which are scrutinised by the Committee. Tumi also assured governors that panels are given all the information required when discussing discharging patients and emphasised that staff are not being forced to discharge patients. He also assured governors that all those on the panels are trained, and if further information is required, the tribunal is adjourned. Mark explained that the Trust is waiting for the recommendations to come out from the Nottingham Inquiry to check if we have these already in place or if they will need to be implemented. He also explained that it is not the Boards responsibility to ensure that the right governance systems are in place if a patient is ready to be discharged, this is the responsibility of the tribunals who are responsible for the process. Sarah Tupling, Public Governor referred to engagement with the Deaf Community and asked how this is progressing. It was noted that Jayne Waterfall, Communications and Engagement Manager has been engaging with the Deaf Community. Several meetings have taken place since August 2025 and a forum has been established to get feedback from the wider community. Ralph Knibbs presented his report, updating governors since his last report in June 2025 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 including: • Reviewing the 2025 staff survey results and engagement plans for this year • Recruitment challenges and retention • Asking questions and listening to the workforce • Freedom To Speak Up • Equality, Diversity and Inclusion (EDI) – looking at Workforce Race Quality Standard and Workforce Disability Equality Standard and the EDI Framework • Health inequalities within the Black communities. Ralph also gave a summary of his other responsibilities and activities as a NED. Angela referred to governors' involvement in NED appraisals and asked if, going forwards, NEDs could include examples of their work i.e. if they have changed/developed any systems included in their reports. She explained that this would really help governors in the appraisal process. Ralph explained that the NEDs role is to seek assurance and be a critical friend, rather than being involved in developing systems which is the responsibility of staff who work in the Trust. He also explained that NEDs ask challenging questions at a strategic level on which to hold the Board to account. Andrew agreed with Ralph's response and in addition he explained that the breadth of knowledge and experience that NEDs have is used to support the Board. He confirmed that the NEDs, as a collective, have a willingness to challenge. **RESOLVED: The Council of Governors noted the Non-Executive Directors' updates and gained assurance from them.**
DHCFT/ GOV/20 26/029	**<u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u>** 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 the end of March 2026 for internal measures, and to the end of February 2026 where the data source is NHS England. The report focuses on key finance, performance, and workforce measures. Andrew Harkness, in Lynn Andrew's absence (who is Chair of the Quality and Safeguarding Committee), gave the quality update and referred to: • The positive impact the new facilities under the Making Room for Dignity Programme has had on patients (e.g. reduction in falls, absconsions, seclusion episodes, physical restraint) and assaults on staff by patients. • The Trust is 100% Duty of Candor compliant • The Trust has an ambition to reduce restraint to zero percent by September 2026 • The ambition to reduce incidents of violence and aggression between patients is on target to meet a 10% reduction over the next 12 months • The Trust is keen to increase patient flow – one of the reasons for the delay is that patients cannot be discharged when they are ready for several reasons including not having suitable housing

	• An increase in people being referred to our inpatient facilities with high acuity (meaning their needs are severe or complex, requiring specialised/ intensive treatment). Brian asked if the Trust is having problems coping with female inpatients who have a severe mental illness. Mark explained that on average three females are placed out of area and due to these low numbers the Trust cannot put a business case together for a female psychiatric intensive care unit (PICU) in Derbyshire. However, the increase could represent a trend in upward demand so a strategic approach may need to be considered for a female PICU in Derbyshire. Tumi explained that currently there is a high demand for inpatient admissions. including an increase in demand for beds in the male psychiatric intensive care unit (PICU) and some patients are having to go on out of area placements until a bed becomes available. It was noted that the Trust is in dialogue with the Integrated Care Board (ICB) to commission additional beds to deal with the increase in demand. Jo Hanley, Chair of the Trust's Finance and Performance Committee gave an update on operations which focused on: • The percentage of patients in crisis to receive face to face contact within 24 hours has increased and the team continues to perform strongly • Adult Autistic Spectrum Disorder (ASD) assessment continues to exceed the commissioned targets for assessments, with waiting times remaining high. Some people are waiting 54 weeks for an assessment which continues to be monitored. The Trust is in dialogue with the ICB regarding these challenges • Community waits are over 52 weeks, the majority of these are for Community Paediatric ASD assessment or attention-deficit/hyperactivity disorder (ADHD) assessment. These continue to be monitored with actions put in place to reduce the wait times. It was noted that there has been no additional funding to match the increased demand • As mentioned by Andrew, there are plans to improve patient flow for those who are ready to be discharged. She also gave the update on finances, which focused on: • Achieving financial balance at the end of the year. This included £15m efficiencies from recurrent and non-recurrent schemes, but we will need more recurrent schemes going forwards into the new financial year. Angela asked if the Living Well Programme will continue as this may help to support people being discharged. It was confirmed that the ICB will continue to fund Living Well Derbyshire. Ralph Knibbs as Chair of People and Culture Committee gave an update on people which included: • The completion of annual appraisals continues to remain high at 92%, having surpassed the Trust target of 90% • The completion of compulsory training continues to remain high at 94.8%, surpassing the Trust target of 85% • Supervision has improved and clinical supervision has increased

	• Agency usage has decreased significantly compared to last year and continues to remain low • There is some work to do on increasing management supervision which remains slightly below target • Sickness absence at 6.13% remains an area of concern and will be monitored on a regular basis by the People and Culture Committee. It was noted that it has decreased slightly compared to last year. Brian asked how the Trust's annual sickness absence rate compares to other organisations. Ralph is aware that Rolls Royce (who he was employed by) had a strong compliance process and a number of interventions including supporting flexible working to help people get back to work. He explained that the new wellbeing offer recently launched in the Trust should help to reduce the number of staff on sickness absence. Mark confirmed that there is a difference between long and short term absence in that long term absence can be challenging. However, absence monitoring and policy compliance are in place to reduce sickness absence levels. *(Ross Jenkins left the meeting and was thanked by the Chair for attending.)* **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/20 26/030	**<u>REPORT FROM GOVERNANCE COMMITTEE 21 APRIL 2026</u>** Angela , as Co-Chair of the Governance Committee, presented an overview of the matters discussed at the last Governance Committee meeting. She was pleased to note that 81% of the Council of Governors attended the meeting. The meeting included: • Approval of the governor and membership section of the Annual Report and Accounts for 2025/26 • A review of governors' declarations of interest • Feedback from governor engagement activities • Draft Governor Statement for the Quality Account, which the Committee recommends is approved by the Council of Governors Angela conveyed her appreciation to Brian for his involvement in preparing the governor statement for the Quality Account. **RESOLVED: The Council of Governors noted:** **1) The information provided in the Governance Committee report** **2) Approved the governor statement for the Quality Account.**
DHCFT/ GOV/20 26/031	**<u>REVIEW GOVERNOR MEMBERSHIP ENGAGEMENT ACTION PLAN</u>** Denise 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.

	The Action Plan was presented to the Governance Committee on 21 April and since then has been reviewed and updated by Denise. Denise encouraged all governors to familiarise themselves with the Action Plan and to notify her of any updates. She also conveyed her appreciation to governors for their commitment to the role. Christopher Williams, Public Governor asked what the percentage of did not attends (DNA) is compared to last year. Denise offered to find out and provide Christopher with a response. **RESOLVED: The Council of Governors noted the contents of the Action Plan.** **ACTIONS:** • **Governors to notify Denise of any updates that need to be included in the Action plan** • **Denise will find out what the percentage for DNA's is compared to last year and email the response to Christopher.**
DHCFT/ GOV/20 26/032	**GOVERNOR TRAINING AND DEVELOPMENT** Denise confirmed that this year governors have received development and awareness sessions on Risk Management, Finance and Medium Term Planning, and Freedom To Speak Up (FTSU). Denise also referred to free of charge mental health awareness training sessions provided by Derbyshire County Council. Most of these courses are available to those who reside in Derbyshire and Derby city. Governors were encouraged to let Denise know if they have any suggestions to consider for providing in-house training for the remainder of the year that will help them in their governor role. **RESOLVED: The Council of Governors noted the training and awareness sessions already undertaken.**
DHCFT/ GOV/20 26/033	**ANY OTHER BUSINESS** ***Annual Members Meeting – 30 September 2026 from 6-8pm*** All governors were encouraged to attend the online Annual Members Meeting (AMM). For the benefit of new governors Denise explained the AMM is held in public and is where the Trust's Annual Report and Accounts for 2025/26 will be presented.
DHCFT/ GOV/20 26/034	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The meeting was chaired effectively, and governors had the opportunity to ask questions.
DHCFT/ GOV/20 26/035	**GOVERNOR MEETING TIMETABLE 2026/27** The governor meeting schedule for 2026/27 was shared for information. It was noted that electronic invites have been sent to all governors.

DHCFT/ GOV/20 26/036	**<u>CLOSE OF MEETING</u>** The meeting closed at 16:00 hours. The next Council of Governors meeting will be held on **Tuesday 22 September 2026** from 14:00-17:00 hours. It will be held as a hybrid meeting. *(Post meeting note: due to the closure of the overflow car park for works on the Kingsway Hospital site during September, governors supported that this meeting will be held this online only. Also to note is the Public Board meeting has been moved from the morning of 22 September to 30 September.)*

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 9.9.26							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
19.5.26	DHCFT/GOV/2026/031	Review governor membership engagement action plan	Governors	Governors to notify Denise Baxendale of any updates that need to be included in the Action plan	6.6.26	No updates received. COMPLETE	green
19.5.26	DHCFT/GOV/2026/031	Review governor membership engagement action plan	Denise Baxendale	To find out what the DNA figures are for May 2025 and May 2026	6.6.26	Circulated to all governors via Governor Connect on 4.6.26. COMPLETE	green

Key	**Agenda item for future meeting**		**YELLOW**	0	0%
	Action Ongoing/Update Required		**AMBER**	0	0%
	Resolved		**GREEN**	2	200%
	Action Overdue		**RED**	0	0%
				1	100%

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 22 September 2026

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 19 June 2026, we gave an unqualified opinion on the financial statements for the year ended 31 March 2026:

"In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 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 2025/26; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006."

Strategic Considerations		BAF Risk (eg 1A)	Strategic Delivery Plan Reference
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.			
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.			

Risks and Assurances

- The Auditor's Annual Report for 2025/26 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 2026 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.

Net Zero Duty Implications

In compliance with the NHS move towards net zero carbon emissions, the Trust must consider statutory emissions and environmental targets in their decisions. Reports should identify related impacts on workforce and system leadership; sustainable models of care; digital transformation; travel and transport estates and facilities (including capital projects, asset management and utilities, green space and biodiversity); medicines; supply chain and procurement; food and nutrition and adaptation.

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

- We have not identified any significant implications in these areas.

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:

- We have not identified any significant implications in these areas.

Recommendations

The Council of Governors is requested to:

1. Note the information in the Auditor's Annual Report for 2025/26 and the associated presentation.

Report prepared and presented by: **Mark Surridge/Garima Garg**
Role: External Audit, Forvis Mazars

Auditor's Annual Report

Derbyshire Healthcare NHS Foundation Trust

Year ending 31 March 2026

June 2026

forvis mazars

Contents

01

Introduction

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 2026. 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 19th June 2026. Our opinion on the financial statements was unqualified.

Reporting to the group auditor

In line with group audit instructions issued by the NAO, on 19th June 2026 we reported that the Trust's consolidation schedules were consistent with the audited financial statements.

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.

02

Audit of the financial statements

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 2026 and of its financial performance for the year then ended.

Our detailed findings were reported and discussed with the Audit and Risk Committee in June 2026 prior to finalising our conclusions.

Our audit report, issued on 19 June 2026, gave an unqualified opinion on the financial statements for the year ended 31 March 2026.

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.

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 2025/26. 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 been properly prepared in accordance with the National Health Service Act 2006.

03

Our work on Value for Money arrangements

VFM arrangements

Overall Summary

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.

VFM arrangements – Overall summary

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.

VFM arrangements – Overall summary

Overall summary by reporting criteria

Reporting criteria	Commentary page reference	Identified risks of significant weakness?	Actual significant weaknesses identified?	Other recommendations made?
Financial sustainability	12	No	No	Yes
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

VFM arrangements – Financial Sustainability

Overall commentary on Financial Sustainability

Context to NHS spending

The NHS is still in a recovery from the Covid-19 pandemic with a large elective care backlog (over 7m patients) which has led to strong pressure to increase funding and improve performance. This has been reflected in the 2024 budget and the 2025 spending review, where the Government provided a cash increase to the NHS over 2 years to 2025/26 of £22.6b. The spending review also commits to a 3% real term annual growth in NHS funding with NHS England's budget reaching c£200b for 2025/26. Despite this increase in funding for the NHS there is still expected to be constrained finances as cost pressures are expected to absorb a significant amount of the funding, for example through inflation and pay rises, backlog recovery costs and acknowledgement of the demands caused by a growing and ageing population.

The Government has also implemented a number of different strategies to try and act as a financial reset and aid in the budgeting process including:

- Strict financial controls – including a target to deliver large efficiency programmes of £11bn nationally;
- Expectations that all systems are setting a balanced budget; and
- The provision of deficit support funding, without which system plans would show a £2.2bn deficit.

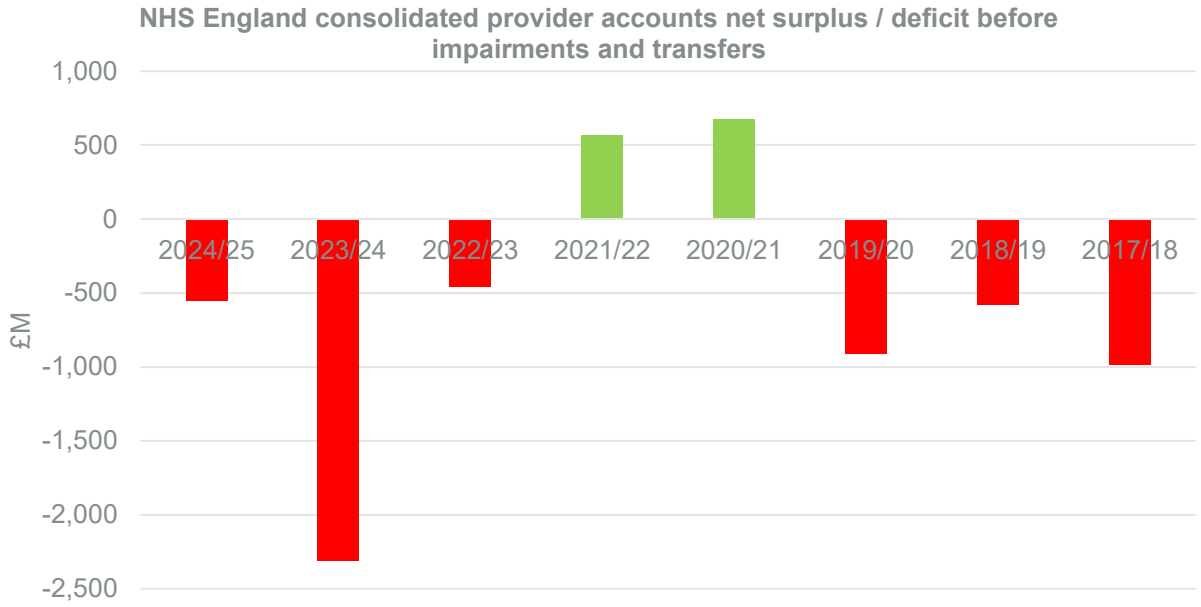
Deficit support funding

The Kings fund published data on NHS deficits in March 2026 which detailed that most of the 42 integrated care systems (ICSs) in England receive some level of deficit support in 2025/26, with only 11 ICBs not receiving deficit support funding.

This overall deficit conceals significant variation between trusts. Mental health trusts—which account for around 15% of total trust spending reported a lower proportion of deficits at 34% (16 Trusts) indicating comparatively lower financial pressure. In contract to 69% acute Trusts (82 Trusts) and 44%community Trusts (8 Trusts) reported deficits. Similar patterns of variation by trust type were observed in 2023/24.

While deficit support funding provides short-term financial stability, it does not address the underlying structural challenges facing the health system.

We reviewed the NHS England consolidated provider accounts for 2024/25. For the year ended 31 March 2025, the provider sector reported a net deficit of £553 million before impairments and gains or losses on transfers by absorption, compared with a £2,312 million net deficit in 2023/24. Of the improvement in outturn between the two years, 47% is attributable to an increase in operating surplus, while 50% is driven by a reduction in net finance costs. See the data below, drawn from the NHS England consolidated provider accounts, which shows net deficits (before impairments and gains or losses on transfers by absorption) over recent years.



VFM arrangements – Financial Sustainability

Overall commentary on 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 2025/26. 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 2026 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 2025/26 financial planning deadlines.

These findings provide assurance that the Trust continues to operate adequate financial monitoring and reporting mechanisms in line with expected 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

Overall commentary on the Financial Sustainability reporting criteria – continued

2025/26 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 2025/26 financial statements and underlying TAC returns for the Whole of Government Accounts, which shows:

- An Operating deficit from continuing operations of **£0.34m deficit** (Prior Year = £18.6m deficit);
- An Overall deficit for the year of **£6.5m deficit** (Prior Year = £25.3m deficit), against gross expenditure of £270m (Prior Year = £279m);
- As shown in the Cashflow statement, the Trust generated £16m positive cash inflow from operating activities (Prior Year = £13m) and ended the year with cash and cash equivalents of £27m (Prior Year = £19m); and
- As shown in the Balance Sheet, the Trust's Income & Expenditure Reserve is a deficit of £38m (Prior Year = £32m deficit).

Whilst the Trust has a deficit position, it is in line with the plan and a break-even control total was achieved. Our work on the financial statements has not identified any significant errors and we are satisfied the financial performance for 2025/26 is not indicative of a risk of significant weakness in financial sustainability arrangements.

Capital expenditure

As set out in Note 13 of the financial statements, the Trust spent £16.6m on capital additions in 2025/26. Our testing of capital expenditure and capital additions and payables in the 2025/26 financial statements did not identify any significant errors.

Pay costs

Employee costs for 2025/26 are set out in note 8 of the financial statements, showing £144.6m spent on salaries and wages and £2.5m 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 7 of the draft financial statements. It shows that temporary staff costs has reduced by over 1.57% 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	2024/25	2025/26
Temporary staff	5,089	2,537
Salaries, wages, social security and pension costs	175,274	191,984
Temporary staff costs as a % of employee benefits expenses	2.9 %	1.32%

VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria – continued

Arrangements to bridge funding gaps and identify achievable savings: efficiencies delivered 2025/26 and planned for 2026/27

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 2024/25, 2025/26 and 2026/27 as well as the outturn position. From our discussions with management and review of documents, we noted:

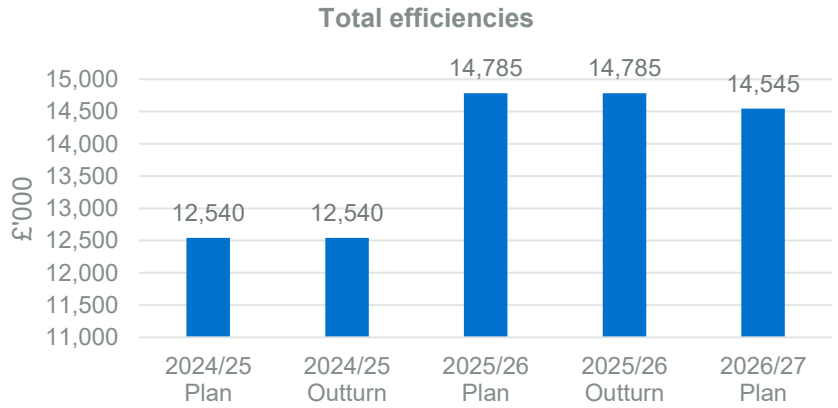
- Derbyshire Healthcare achieved the financial plan for 2025/26, delivering an adjusted surplus of £11k compared to a planned nil surplus/deficit which was achieved without any non-recurrent deficit funding.
- The Trust delivered their planned £14.7m efficiency savings, however only 65.9% of these were recurrent, compared to the planned 81.9%

We have also considered the Trust's efficiency saving programme both historically and as planned for 2026/27.

The Trust has successfully delivered their planned efficiencies for both 2024/25 and 2025/26. The Trust has set a CIP target of £14.5m for 2026/27, which is 6.2% of planned operating expenditure, up from 5.9% in 2025/26.

	2024/25 Outturn (£'000)	2025/26 Plan (£'000)	2025/26 Outturn (£'000)	2026/27 Plan (£'000)
Operating surplus / (deficit)	(18,599)	2,330	(340)	7,260
Adjusted financial performance surplus / (deficit)	1	0	11	0
Recurrent efficiency savings	6,366	12,111	9,742	10,404
Non-recurrent efficiency savings	6,174	2,674	5,043	4,141

The Trust has also made a significant move to reduce reliance on non-recurrent savings, with a plan to deliver 71.5% of savings recurrently in 2026/27. This could present a challenge for the Trust, having under delivered on their recurrent savings targets in both 2024/25 and 2025/26. 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 2025/26.



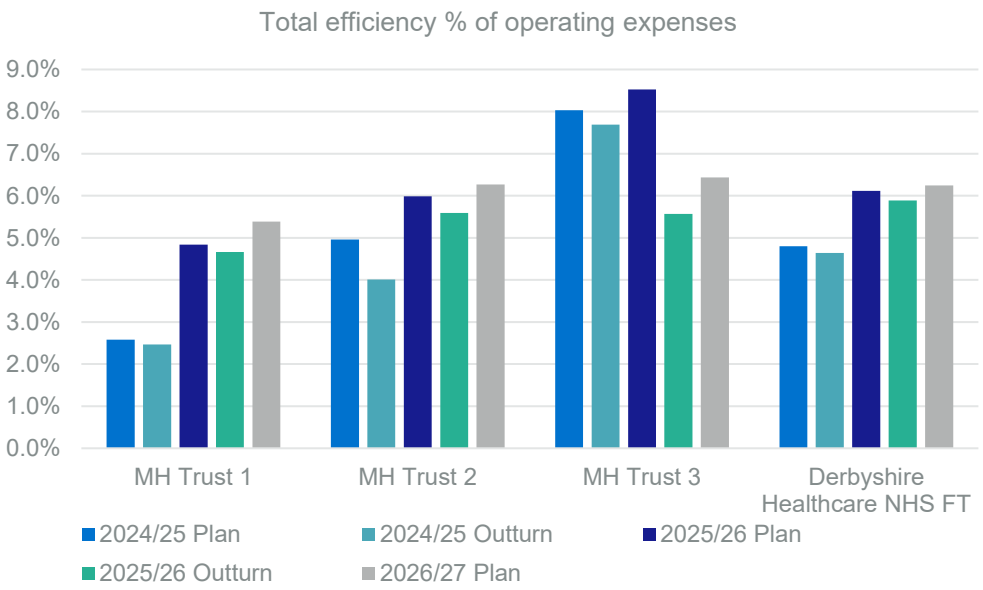
VFM arrangements – Financial Sustainability

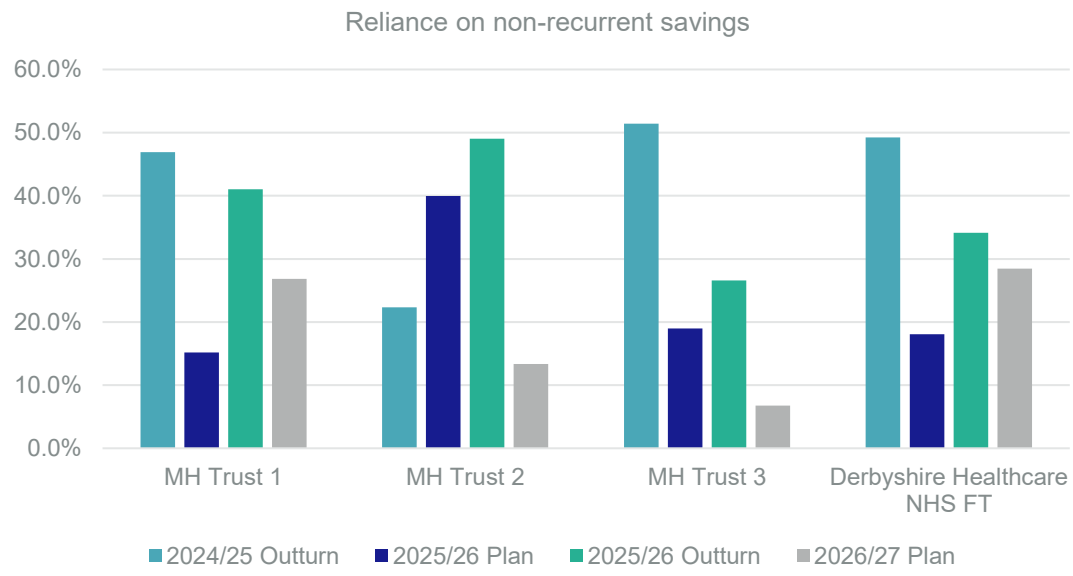
Overall commentary on the Financial Sustainability reporting criteria – continued

Arrangements to bridge funding gaps and identify achievable savings: efficiencies delivered 2025/26 and planned for 2026/27

We have also considered the Trust's efficiency saving programme by benchmarking against some of 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 2025/26 and 2026/27.





VFM arrangements – Financial Sustainability

Overall commentary on the Financial Sustainability reporting criteria – continued

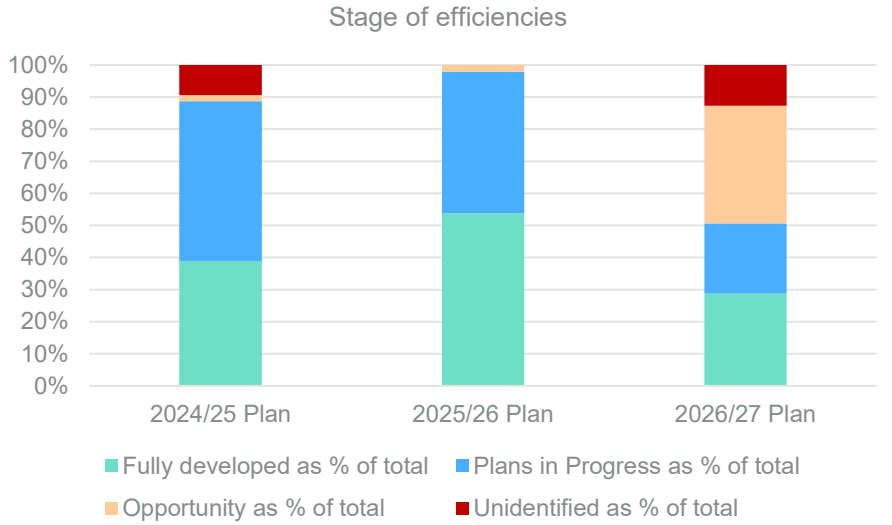
Arrangements to bridge funding gaps and identify achievable savings: efficiencies delivered 2025/26 and planned for 2026/27

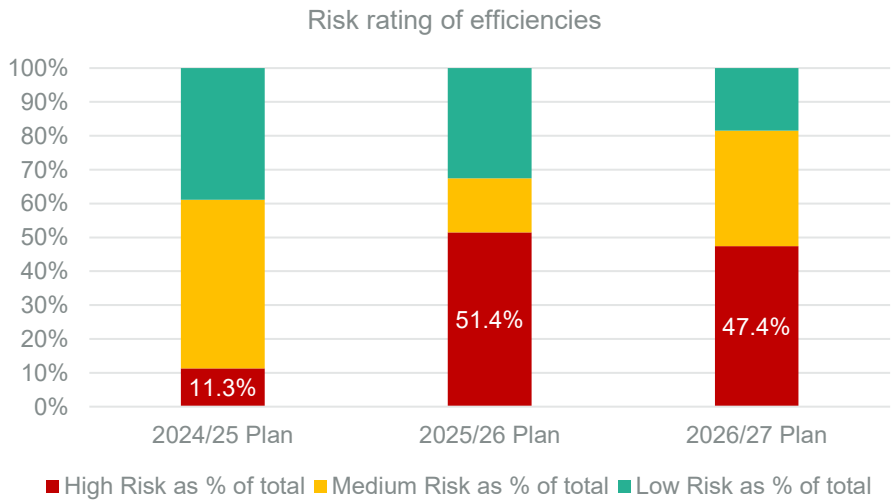
As shown in the charts below, we reviewed the Trust's assessment of risk in CIPs, including:

- The proportion of the Trust's efficiency programme which remained unidentified, or opportunities in the submitted plan. This shows a significant increase since 2024/25, with 50.6% of the Trust's planned efficiencies for 2026/27 being either fully developed, or in progress.
- The proportion of efficiencies classified as high risk, which has decreased in the 2026/27 plan when compared to 2025/26.

Whilst our review has not highlighted a risk of significant weakness in arrangements for 2025-26, there is inherent risk in the CIP plan that means a strong focus on delivery is required.

Other recommendation
As evidenced by the 2026/27 planning position, the Trust faces increasing efficiency requirements, alongside an increased risk profile and a proportion of schemes that remain unidentified or under development. An increased risk profile and the level of delivery uncertainty indicate that further strengthening of CIP arrangements is required. It is therefore important that the Trust maintains a strong focus on CIP governance, ensuring schemes are identified, risk-assessed, supported by robust validation and delivery oversight to secure sustainable and credible efficiencies.





VFM arrangements

Governance

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

VFM arrangements – Governance

Overall commentary on Governance

Position brought forward from 2024/25

There are no indications of a significant weakness in the Trust's arrangements brought forward from 2024/25.

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.

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 2025/26 Head of Internal Audit annual opinion. The Head of Internal Audit (HOIA) opinion reported to the June Audit and Risk Committee states "I am providing an opinion of Significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently."
Our audit of the financial statements did not identify any significant weakness in internal controls.

VFM arrangements – Governance

Overall commentary on the Governance reporting criteria – continued

Arrangements for budget setting, budget 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 2026. As set out under our commentary for financial sustainability, the Trust overachieved against their plan for 2025/26, delivering an adjusted surplus of £11k compared to a planned nil surplus/deficit which was achieved without any non-recurrent deficit funding.

Our review of the Trust's 2026/27 financial plan presented in extraordinary meeting of the Board of Directors in February 2026 did not identify any evidence of deviation from national planning guidance. For 2026/27, 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). While the capital plan for 2026–2028 is not fully compliant, the Board has agreed to achieve full compliance in year one and has appropriately highlighted compliance risks in year two.

Once the financial plan is set, it is monitored regularly, including reporting to FPC and the Board via the Finance and Performance Report. Our review of minutes from the Finance and Performance Committee and Board meetings indicate regular oversight of financial planning and performance. As set out under the financial sustainability section of this report, the Trust met its control total target for 2025/26 hence no issues noted with budget control.

From our review, we have not identified a risk of a significant weakness in arrangements.

Arrangements for meeting relevant standards of behaviour: conduct

We have reviewed key policies and procedures in place to maintain compliance with legislative/regulatory requirements and standards in behaviour, including conflicts of interest. These policies and procedures are subject to regular review by the Trust.

We reviewed the related parties disclosure note in the financial statements as part of our audit and did not identify any significant concerns.

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

VFM arrangements – Improving Economy, Efficiency and Effectiveness

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 2025/26 outturn position and the 2026/27 plan with partners in the Integrated Care System.

VFM arrangements – Improving Economy, Efficiency and Effectiveness

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

NHS Staff survey

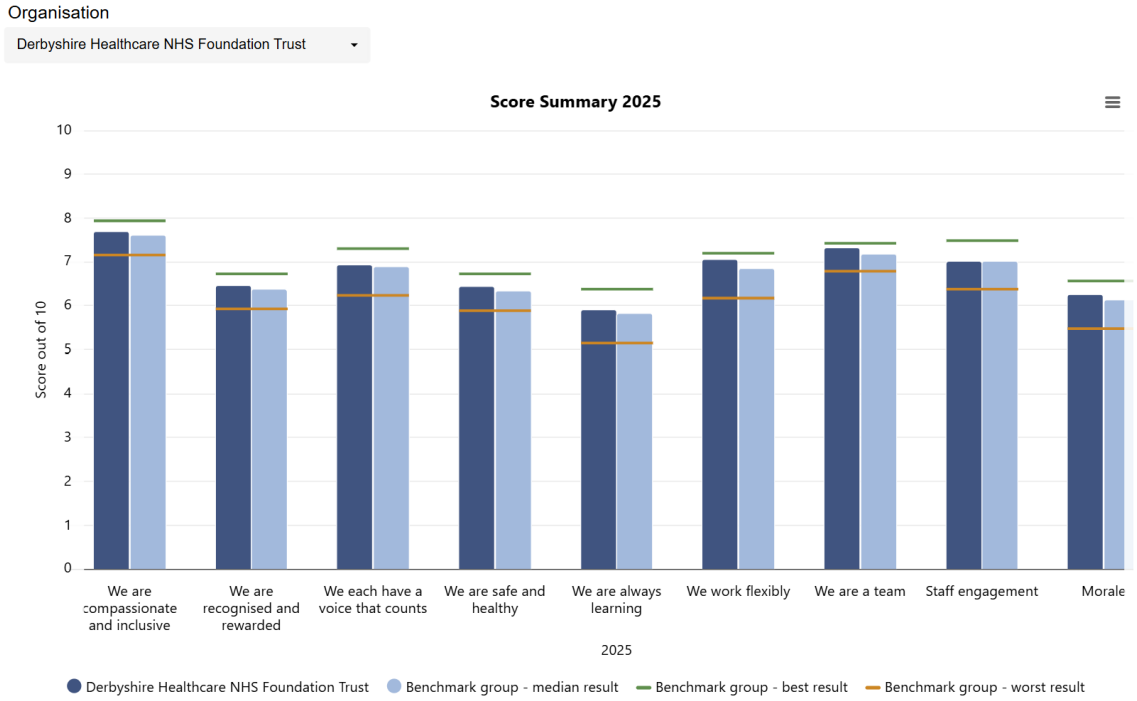
The National NHS Staff Survey 2025 was conducted between September and November 2025. We obtained the 2025 NHS Staff Survey published in March 2026 and confirmed the survey results have been received by the Board in March 2026. In our view, the survey offers insights into how staff perceive their working environment nine core themes.

Derbyshire Healthcare's engagement with the 2025 NHS Staff Survey was 64%, slightly above the median response rate of 52% 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" (7.68) and "We are a team" (7.33), while "We are always learning" (5.90) 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, whilst motivation has seen a decline; involvement; and advocacy have all seen a positive trend with overall theme 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 "Staf engagement" 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

VFM arrangements – Improving Economy, Efficiency and Effectiveness

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

Consideration of regulatory oversight

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).

The most recent update was published on 1 April 2026, placing the Trust in segment 3. The Trust are engaging in regular oversight meetings with the ICB and NHSE. A detailed rationale for the segment 3 rating is outlined below:

- Access to services – 4. This is based on the 52 weeks target to ensure no patient waits more than 52 weeks for treatment, there has been no action from NHSE. We have reviewed the January 2026 board position and confirmed that the position has improved slightly to 62% which is a significant reduction from 66%.
- Finance & productivity – 1 (High performing)
- Effectiveness – 4 This is based on percentage of acute inpatients discharged with more than 60 days of length of stay. We have reviewed the January 2026 board position confirming that the issue still persists indicating ongoing delays in discharge.
- Patient safety – 2 (above average);
- People – 3 which is based on the NHS 2024 staff survey (we have reviewed the 2025 results, the Trust position consistent but above average)

The exit criteria from Segment 3 has been agreed and from our review of March 2026 Trust board reports we are aware that the Trust has improvement plans against the areas flagged around quality, operational and financial performance. 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. On 11 June 2026, the oversight framework was updated, with no change in segment. We do not deem that this oversight rating is evidence of a risk of significant weakness.

During 2025/26, the Trust has been subject to CQC assessments, including Wards for older people with mental health problems (April 2025) and Forensic inpatient or secure ward(August 2025), Long stay or rehabilitation mental health wards for working age adults and Mental health crisis services and health-based places of safety (January 2026) all rated ‘Good’, indicating continued strong quality governance.

VFM arrangements

Identified significant weaknesses in arrangements and our recommendations

04

Other reporting responsibilities

Other reporting responsibilities FTs

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 2025/26.

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. In addition, the NAO may also review our audit files in detail. For the 2025/26 year, The NAO did not include the Trust in its sample of component bodies for review for the purpose of its audit of the DHSC group.

We reported to the NAO that consolidation data was consistent with the audited financial statements. We also reported to the NAO in line with its group audit instructions.

Materiality for the Trust under WGA is distinct from the materiality thresholds set by us for reporting to Audit and Risk Committee. Component materiality is determined by the NAO and is used by us for the purposes of reporting to the group auditor. For 2025/26, the component reporting threshold was £1m for financial statements and £300k threshold for parliamentary accountability disclosures and regularity requirements. These are also used as the maximum thresholds we can apply for our reporting to Audit and Risk Committee.

Appendices

A - Further information on our audit of the financial statements

Appendix A: Further information on our audit of the financial statements

Significant risks and audit findings

As part of our audit, we identified significant risks to our audit opinion during our risk assessment. The table below summarises these risks, how we responded and our findings.

Risk	Our audit response and findings
Management override of controls There is a presumed risk in every audit that because management are in a unique position, they could override internal controls to achieve a certain financial position.	We addressed this risk through performing audit work over: • Accounting estimates impacting amounts included in the financial statements; • Consideration of identified significant transactions outside the normal course of business; and • Journal entries recorded in the general ledger and other adjustments made in preparation of the financial statements. From the work performed, there were no significant matters arising and our work obtained the assurances we sought.
Risk of fraud in revenue recognition There is a presumed risk in every audit, that revenue could be materially misstated to achieve a specific financial position.	We evaluated the design and implementation of any controls the Trust has in place which mitigate the risk of revenue being recognised in the wrong year. In addition, we undertook a range of substantive procedures including: • testing of year end receivables; • testing income in the pre year end period to ensure it has been recognised in the right year; and • reviewing intra-NHS reconciliations and data matches provided by the Department of Health and Social Care (DHSC). Based on the work we have performed, there were no significant issues arising and no evidence of material error or fraud in revenue recognition.
Valuation of land, buildings, and dwellings These are large values on the Trust's balance sheet that involve complex judgements and the use of an external valuation expert.	Our approach included: • liaising with management to update our understanding of the approach taken by the Trust in obtaining valuations; • assessing the scope and terms of engagement of management's valuation expert and the competence, skills and objectivity thereof; • reviewing the work of management's valuation expert and how these have been incorporated into the financial statements; • obtaining an updated understanding of the basis of valuation applied by the valuer in the year. This included understanding and challenging the methodology applied to estimate the gross replacement cost of the Trust's operational land and buildings on a modern equivalent asset basis; • sample testing the completeness and accuracy of underlying data provided by the Trust and used by the valuer as part of their valuations; From the work performed, there were no significant matters arising and our work obtained the assurances we sought.

Contact

Forvis Mazars

Mark Surridge
Partner
Mark.Surridge@mazars.co.uk

Presentation to the Council of Governors

Derbyshire Healthcare NHS Foundation Trust - year ended 31 March 2026

September 2026

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

Garima Garg

Audit Manager

Garima is the key contact for the finance team. She manages the audit using her experience of auditing NHS mental health foundation trusts. Garima 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 2025/26
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 2025/26
Scope

Opinion on the financial statements

✓

COMPLETE

Issued on 19 June 2026, we gave an unqualified opinion on the financial statements for the year ended 31 March 2026:

“In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 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 2025/26; 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
Mark.surridge@mazars.co.uk

Garima Garg
Audit Manager
Garima.garg@mazars.co.uk

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 22 September 2026

Non-Executive Directors Report – Chioma Akpom

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 2025 to March 2026 but will also include activities since March where relevant.

Executive Summary

As Chair of the Audit and Risk Committee, this report focuses primarily on my responsibilities in that role and the assurances obtained through the Committee's work. This can broadly be divided into two key areas:

1. **Oversight of the Annual Report and Accounts**
   A significant element of the Audit and Risk Committee's work was overseeing the preparation and audit of the Annual Report and Accounts. As the Council will receive a presentation from the External Auditors, supported by the Director of Finance, providing an overview of the Trust's financial position for 2025/26, this report concentrates on the process undertaken and the assurance gained rather than the financial outcomes themselves. Overall, the preparation and audit process was managed effectively, with all parties involved performing exceptionally well. As a result, the Audit and Risk Committee was able to gain a high level of assurance regarding the final accounts and annual report.
2. **Oversight of Risk Management and Governance**
   Throughout the year, the Audit and Risk Committee also undertook a substantial programme of work reviewing the Trust's risk management and governance arrangements. This included regular reviews of the Board Assurance Framework (BAF), scrutiny of key areas within the Committee's remit, and consideration of annual reports from other Board committees. Our Internal Auditors, 360 Assurance, attended all Committee meetings and provided independent assurance in relation to Internal Audit and Counter Fraud activities.

In addition to my role as Chair of the Audit and Risk Committee, I attend Board and Board Development meetings, serve as a member of the Remuneration Committee, the Finance and Performance Committee, and the Mental Health Act Committee. Throughout the year, I have continued to support both the Trust and the wider system, particularly in relation to digital and technology matters.

Note: A brief personal profile is included at the end of this document.

Strategic Considerations		**BAF Risk (eg 1A)**	**Strategic Delivery Plan Reference**
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	All	All
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

- 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.

Net Zero Duty Implications

In compliance with the NHS move towards net zero carbon emissions, the Trust must consider statutory emissions and environmental targets in their decisions. Reports should identify related impacts on workforce and system leadership; sustainable models of care; digital transformation; travel and transport estates and facilities (including capital projects, asset management and utilities, green space and biodiversity); medicines; supply chain and procurement; food and nutrition and adaptation.

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

- None identified.

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 appropriate.

Recommendations

The Council of Governors is requested to:

1) Consider the content of this report and to ask for any clarification or further information.

Report prepared and presented by: Chioma Akpom, Non-Executive Director

Council of Governors – 22 September 2026
Non-Executive Directors Report – Chioma Akpom

Purpose of Report

This paper provides an overview of my activities during the year and incorporates the Annual Report of the Audit and Risk Committee.

The report primarily covers the period from April 2025 to March 2026 and, where relevant, includes activities undertaken since year-end. I joined the Trust in October 2025 and, following a brief handover period with the previous Chair, Geoff Lewins, formally assumed the role of Chair of the Audit and Risk Committee. Consequently, this report reflects both the work undertaken by the Committee throughout the year and my own experience and observations since joining the Trust.

Audit and Risk Committee

As Chair of the Audit and Risk Committee, this report is principally concerned with my activities in that role and the assurance obtained through the Committee's work. Broadly, this falls into two areas:

1) The Committee's oversight of the production of the Annual Report, including the Annual Governance Statement, and the Annual Accounts. As the Council of Governors will already have received a presentation from the External Auditors, supported by the Director of Finance, this report focuses on the governance, oversight and assurance processes rather than on the financial results themselves. Governors continue to receive regular financial performance updates through the Integrated Performance Report (IPR).

2) The Committee's wider work in seeking assurance over the effectiveness of the Trust's internal control framework, governance arrangements and systems of risk management.

Audit and Risk Committee oversight of the Annual Report and Accounts

The preparation of the Annual Report and Accounts followed a well-established process overseen by the Audit and Risk Committee. The Director of Corporate Affairs and Trust Secretary, together with the Director of Finance, maintained a comprehensive plan of activities which was regularly reviewed by the Committee to ensure progress against key milestones.

The plan built upon learning from previous years and incorporated consideration of any changes to accounting standards and reporting requirements. Throughout the year, the Trust's Finance team and External Auditors worked collaboratively, maintaining regular communication to ensure that issues were identified and addressed at an early stage.

Forvis Mazars, the Trust's External Auditors, have now developed a strong understanding of the organisation and its operating environment through their longstanding relationship with the Trust. Following a recommendation from the Audit and Risk Committee, the Council of Governors approved the reappointment of Forvis Mazars in May 2025 under a three-year contract, with the option to extend for a further two years.

The External Auditors attended Audit and Risk Committee meetings throughout the year, excluding sessions held in private, and kept the Committee informed of their audit plans, progress and findings. Their engagement with both the Committee and management team contributed to a smooth and effective audit process.

The Committee was pleased to receive assurance that the financial statements could be signed with an unqualified audit opinion. Similarly, no significant issues were identified in relation to the auditors' Value for Money assessment, enabling the timely submission of statutory documents to NHS England and the laying of accounts before Parliament.

As a new Chair, I was reassured by the effectiveness of the governance and financial reporting arrangements already in place. The Committee was able to gain substantial assurance regarding both the quality of the process and the integrity of the final Annual Report and Accounts.

I would also like to place on record my thanks to the Finance team and all colleagues involved for their professionalism, commitment and hard work throughout the reporting and audit process.

Internal Audit

Our Internal Auditors, 360 Assurance, attend all Audit and Risk Committee meetings and provide regular reporting on the effectiveness of the Trust's internal control framework, together with updates on Counter Fraud activity.

The Committee approves the annual Internal Audit Plan and monitors delivery throughout the year. Internal audit reviews provide an important source of independent assurance and support continuous improvement across the organisation. The Committee also monitors progress against agreed management actions arising from audit recommendations.

The Committee received the Head of Internal Audit Opinion and reports during the year and took assurance from the continued maturity and effectiveness of the Trust's control environment. The NHS Counter Fraud Authority Functional Return also confirmed that the Trust's arrangements relating to counter fraud, bribery and corruption remain embedded and effective.

Board Assurance Framework

The Audit and Risk Committee reviews each quarterly iteration of the Board Assurance Framework (BAF) before its approval by the Board.

Each strategic risk within the BAF is allocated to a Board Committee, which undertakes detailed review and challenge of risk assessments, controls and mitigating actions. In addition, risks assessed as extreme are subject to further scrutiny by the Audit and Risk Committee.

Alongside the strategic risks captured within the BAF, the Trust maintains a detailed operational risk register within the Datix system. By considering both strategic and operational risks, the Committee is able to gain assurance that risks are being managed effectively and consistently across the organisation.

Year-End Effectiveness reports from Board Committees

Board Committees form an integral part of the Trust's governance, assurance and risk management framework.

At the end of each year, Committees provide reports outlining their activities, achievements and effectiveness against their objectives. These reports are reviewed by the Audit and Risk Committee as part of its overall assessment of governance and assurance arrangements across the Trust.

Other Areas of Audit and Risk Committee responsibility

The Committee has responsibility for oversight of a number of important areas within the Trust's governance and assurance framework, which are reviewed regularly throughout the year.

Data Security and Protection

Data security and protection continues to be a significant area of focus across the NHS. The Committee received assurance regarding the Trust's arrangements and performance in this area, while recognising the evolving nature of cyber security risks and the need for continued vigilance.

Standing Financial Instructions

Standing Financial Instructions (SFIs) remain an important component of the Trust's control framework. The Committee reviews instances where formal waivers have been required and seeks assurance that these are appropriately justified, documented and approved.

Freedom to Speak Up

The Committee continues to oversee the effectiveness of the Freedom to Speak Up (FTSU) arrangements, working alongside the People and Culture Committee to ensure that colleagues can raise concerns in a safe and supportive environment. Updates on compliance with national requirements and the effectiveness of the Trust's arrangements were reviewed during the year.

Clinical Audit

The Committee receives assurance that appropriate Clinical Audit processes are in place and are operating effectively. This complements the more detailed scrutiny of audit findings undertaken by the Quality and Safeguarding Committee.

Data Quality

High-quality data remains critical to effective decision-making, performance management and regulatory reporting. The Committee receives assurance reports from management and Internal Audit on the quality and integrity of key datasets and associated controls.

Conflicts of Interest

The Committee reviews reports relating to gifts and hospitality, declarations of interest and secondary employment arrangements. These processes provide assurance that actual or potential conflicts of interest are appropriately identified and managed.

Other activities outside the Audit and Risk Committee

In addition to attending Board meetings, Council of Governors meetings and Board Development sessions, I am a member of the Finance and Performance Committee and attend the Mental Health Act Committee.

The Trust's Digital Delivery Plan and Group also benefits from my experience in digital transformation, technology, assurance and innovation, and I contribute to discussions and oversight in these areas where appropriate.

As I joined the Trust in October 2025, a significant proportion of my time during the year has been devoted to familiarising myself with the organisation, its services, governance arrangements, strategic priorities and key stakeholders. I have greatly valued the support provided by colleagues, fellow Non-Executive Directors and Governors during this induction period, which has enabled me to develop a strong understanding of the Trust and its operating environment.

Personal profile – Chioma Akpom

I joined the Trust as a Non-Executive Director in October 2025 and currently serve as Chair of the Audit and Risk Committee.

I am a Fellow of the Association of Chartered Certified Accountants (ACCA) with more than 25 years of experience across financial services, audit, governance, risk management, digital transformation and assurance. I have held senior leadership positions in a range of organisations, including PricewaterhouseCoopers, GlaxoSmithKline, Camelot and HSBC.

I currently serve as Global Head of Systems, Innovation and Analytics within HSBC's Global Internal Audit function, where I lead international teams responsible for audit technology, data analytics, innovation and digital transformation. My work includes oversight of governance relating to resilience, artificial intelligence and model risk, alongside the development of data-driven reporting and assurance capabilities.

Throughout my career, I have led and advised on complex transformation programmes, governance reviews and assurance engagements across multiple sectors and international jurisdictions. I am particularly passionate about the role that technology, data and innovation can play in strengthening governance, improving decision-making and enhancing organisational effectiveness.

Alongside my professional responsibilities, I am committed to supporting diversity, equity and inclusion within the audit profession and currently serve on the Race and Ethnicity Network Steering Committee of the Chartered Institute of Internal Auditors.

My interests include music, writing, leadership development, mentoring, digital innovation and using technology to deliver meaningful organisational improvement.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 22 September 2026

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors on 25 August 2026. This report provides a summary of the meeting including actions and recommendations made.

Executive Summary

Key matters discussed at the meeting had been:

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

Strategic Considerations		BAF Risk (eg 1A)	Strategic Delivery Plan Reference
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.			
Productive: We will improve our productivity and design and deliver services that are financially sustainable.			
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X	N/A	N/A

Net Zero Duty Implications

In compliance with the NHS move towards net zero carbon emissions, the Trust must consider statutory emissions and environmental targets in their decisions. Reports should identify related impacts on workforce and system leadership; sustainable models of care; digital transformation; travel and transport estates and facilities

(including capital projects, asset management and utilities, green space and biodiversity); medicines; supply chain and procurement; food and nutrition and adaptation.

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

- No meaningful impact identified.

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 25 August 2026
2) Ratify the Committee's Terms of Reference for a further year.

Report presented by: **Angela Kerry, Co-Chair of the Committee and Public Governor for Amber Valley**

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

Council of Governors – 22 September 2026

Report from the Governance Committee meeting held on 25 August 2026

Governance Committee meetings are held as hybrid meetings, enabling governors to attend in person or online.

12 (50%) governors attended the meeting. A number of governors were unable to attend due to holiday arrangements.

Reviewing the Committee's Terms of Reference

The Committee recommended that a slight amend to the Terms of Refence (ToR). These amends are highlighted in yellow on the ToR as appendix i.

Feedback from Governors' engagement activities

The Committee reviewed the activity log relating to membership engagement by governors and discussed items on the log in detail.

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.

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.

Consideration of holding to account questions to the Council of Governors

The Committee agreed that there were no items to escalate to the Council of Governors.

Annual Members Meeting update

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

Recommendations

The Council of Governors is requested to:

1) **Note the report made of the Governance Committee meeting held on the 25 August 2026**
2) **Approve the revised Governance Committee's Terms of Reference for another year.**

Appendix i

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 and 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 and 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.~~ The role of the Governance Committee will be to aid planning by discussing issues and making recommendations to the Council of Governors for their consideration.

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 and 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 23.9.25)

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors, 22 September 2026

Review Governors Membership Engagement Action Plan

Purpose of Report
The aim of this report is to review and update the Governors Membership Engagement Action Plan (Action Plan). It was last reviewed and updated by the Council of Governors on 19 May 2026.

Executive Summary
The key objectives for membership engagement are to:

1. Increase membership engagement with the Trust and its governors
2. Provide mechanisms for members to provide feedback to the Trust
3. Increase awareness of governors and the role they play
4. Further develop and enhance member focused communications through the membership magazine and e-bulletin
5. Include the role and promotion of staff governors in the Trust's wider focus on staff engagement
6. Recruit members.

The Action Plan was developed to help to carry out the key objectives.

Strategic Considerations		**BAF Risk (eg 1A)**	**Strategic Delivery Plan Reference**
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.			
Productive: We will improve our productivity and design and deliver services that are financially sustainable.			
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X	N/A	4.1

Risk and Assurances

The paper provided information on how governors can engage with their members/communities and how to promote the governor role.

Consultation

This paper has not been considered at any other Trust meeting to date.

Governance or Legal Issues

Members are represented by governors, who are elected from and by the Trust's membership. The governors, through the Council of Governors, hold the Trust's Non-Executive Directors to account for the performance of the Board of Directors.

Net Zero Duty Implications

In compliance with the NHS move towards net zero carbon emissions, the Trust must consider statutory emissions and environmental targets in their decisions. Reports should identify related impacts on workforce and system leadership; sustainable models of care; digital transformation; travel and transport estates and facilities (including capital projects, asset management and utilities, green space and biodiversity); medicines; supply chain and procurement; food and nutrition and adaptation.

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

- No meaningful impact identified.

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:

Arrangements are made to ensure all governors have support if required.

Recommendations

The Council of Governors is requested to:

1. Note, review and update the contents of the report.

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

DHCFT Governors Membership Engagement Action Plan

The **key** objectives for membership engagement are to:

1. Increase membership engagement with the Trust and its governors
2. Provide mechanisms for members to provide feedback to the Trust
3. Increase awareness of governors and the role they play
4. Further develop and enhance member focused communications through the membership magazine and e-bulletin
5. Include the role and promotion of staff governors in the Trust's wider focus on staff engagement
6. Recruit members.

Activity with comments/actions	Lead and support	Updates/timescales
General events – governors encouraged to let Denise Baxendale know of any appropriate events that are taking place in their areas that they wish to attend. Collaborative working with other Trusts in Derbyshire – to see if we can do joint recruitment events. Chesterfield Royal NHS FT are interested in sharing events.	Governors Denise Baxendale	Ongoing To revisit
Joined Up Care Derbyshire (JUCD) Citizens Panel/JUCD Derbyshire Dialogue/Patient Participation Groups (PPG). This is an opportunity to promote the governor role/request feedback on Trust services. No need to attend every meeting. To find out if there is a PPG in your area you can email Hannah Morton hannah.morton10@nhs.net. Governors can then contact local PPGs to see if they can publish information electronically in the waiting rooms about governors and how to contact them. Denise has produced information on the Trust services, governor role, how to contact a governor. Amber Valley, South Derbyshire and Rest of England governors have received this. Staff governors have been promoted in the staff newsletter and on the intranet.	Governors Denise Baxendale	Have governors been involved. (Note changes to JUCD/ICB awaiting confirmation from ICB on which groups are running. Denise to continue this work in the Autumn

World Mental Health Day (WMHD) 10 October each year – consider having a governor stall at events arranged by Public Health. Nearer the time, Denise Baxendale will see what the Trust is organising and if governors can be involved. Note CAMHS usually have an open day which governors are invited to. Denise will investigate what the Trust will be doing for 2026.	Denise Baxendale plus elected governors	The theme this year is 'Lived experiences heard: real voices, real change'. Denise has contacted the Comms Team. This year there are going to be walk and talk events at Kingsway on 9 October and Chesterfield on 8 October. Further information to follow when it has been finalised by our Comms Team.
Engagement with members and the public <u>BME targeted engagement</u> – Chesterfield and North East Derbyshire – establish links and promote direct links. Denise has had contact with Mike Evans, organiser Chesterfield BME. Denise had produced a piece about the Trust how to contact governors, membership, becoming a governor etc. for the BME forum – this can be adapted for other organisations. Contact was made with the African & Caribbean Community Association (Chesterfield & District) last year. The Equality Diversity and Inclusion (EDI) Forum's organiser in Chesterfield. There are 250 members and Denise has arranged to write a paragraph about memberships/governors for their newsletter.		Note: The Trust is developing community engagement work with our BME and Deaf Communities – Denise has emailed the Lead. To be picked up by Denise in Autumn
Staff engagement Staff Governors meeting regularly with staff through "Grab a Governor" scheme. (Note these haven't been well attended – support from the Comms Team would be helpful in promoting these events i.e. on screen savers, staff newsletter). Will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other governor feedback. The governor role is also promoted in staff communications (i.e., Staff Facebook group, staff e-newsletter and the intranet). The Staff governor poster has been updated encouraging colleagues to display in staff areas.	Staff Governors	Staff governors meet with Trust Chair and Director of People, Organisational Development and Inclusion to share staff concerns; and also discuss at Governance Committee meetings.

Contact staff networks to promote the role. **Note:** Encouraging staff leaving to join as public members is included in the leaver's pack.		Would Staff Governors be able to action this?
Derby University – to contact to share information on membership/governor role with students on nursing/health and social care courses. Denise had a meeting with Donna Evans-Thomas Apprenticeship Customer Support. Denise needs to follow this up.	Denise Baxendale	Complete – Derby University students have joined as members
Social media – All governors on X or Facebook to follow DHCFT. Governors can promote governor role/Council of Governors/governor vacancies/how to contact governors and how to become a member. Denise sent link for joining leaflet, address for Trust X and Facebook page. Governors to include social media engagement on the governor engagement log if any issues/feedback relating to the Trust arises. Governors to promote the use of DHCFT X and Facebook specifically for membership messages and encourage members to follow the Trust.	All governors All governors	An update from governors would be useful
Annual Members Meeting (AMM) – Encourage members to attend and participate in the meeting when visiting local events/engaging with members and the public. All governors to attend the virtual meeting. Date for AMM is 30 September 2026 from 6-8pm.	All governors	AMM is promoted – can governors please promote in their areas
Working with the Voluntary Sector • Governors are encouraged to sign up to the voluntary forum e-newsletters. Subscribe online: Bulletin Updates | Derbyshire Voluntary Action (dva.org.uk) and Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) • Governors are encouraged to attend the joint mental health forum organised by DVA and DMHF in March and September each year. These are currently held face to face. • Governors are encouraged to attend the DVA and DMHF forums. Each organisation has three meetings a year. Find out the dates on their websites: Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) and Derbyshire Voluntary Action (dva.org.uk) • DVA and DMHF will inform governors of events they will be attending	All governors Public/Appointed Governors Public/Appointed Governors Public/Appointed	Are there any governors who haven't signed up to the e-newsletters? Have any governors attended any of these since our last meeting in May?

in public governors localities so that they can attend. Governors to check out the voluntary organisations in their locality (Community Mental Health Support Map Derbyshire – Google My Maps) and let Denise Baxendale know which one(s) they would like to link in with. Denise will then see if this is possible and make the necessary introductions	Governors Public Governors	
Increasing membership Look at key messages for increasing membership in Chesterfield and High Peak and Derbyshire Dales, and with younger people. How do we do this e.g. contact colleges, universities, through appointed governors in the voluntary sector?	Governance Committee	Note a number of young people have joined from the University of Derby
Governor Feedback – all governors are encouraged to complete the Governor Engagement Log at least two weeks prior to scheduled Governance Committee meetings so they can be included in the engagement log	All Governors	Ongoing – standing agenda item for the Governance Committee

Last reviewed by Council of Governors on 19.5.26

Last updated on 14.9.26 by Denise Baxendale, Membership and Involvement Manager

Governor Meeting Timetable June 2026 – March 2027

DATE	TIME	EVENT	LOCATION/COMMENTS
22.9.26	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
30.9.26*	9.30am-12.30pm	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.
30.9.26	6pm-8pm	Annual Members Meeting	To be confirmed
20.10.26	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
16.11.26	10am-11am	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
24.11.26	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.
24.11.26	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
12.1.27	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
26.1.27	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.
26.1.27	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
23.2.27	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

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2.3.27	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
23.3.27	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.
23.3.27	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 has been changed from 22 September – please make sure that you update your diaries.

Please note:

- **All Council of Governors** meetings are hybrid and take place in person in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
- **All Public Trust Board** (except for the meeting on 30 September) meetings take place in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
  (You can also observe these online – the information is shared on the website a few days prior to the meeting.)
- **All Governance Committee** meetings take place in Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ, unless otherwise stated
- Link to map of Kingsway Hospital is on the Trust website: Kingsway Site Map. (Access to Kingsway Hospital is via the Kingsway roundabout. Drive through the Manor Kingsway housing development and look for our NHS signs. You may find that the best postcode for your satnav is DE22 3NH rather than DE22 3LZ.)
- 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)