2023/24 Annual Report & Accounts

NHS

Derbyshire Healthcare

NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Annual Report and Accounts 2023/24

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

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Chair's foreword

Welcome to the Annual Report and Accounts for 2023/24.

There have been many positive achievements and developments across Derbyshire Healthcare NHS Foundation over the last year, which reflect the commitment and dedication of Trust staff and other partners who support our services and communities.

A number of highlights from the year came as the NHS celebrated its 75th birthday in July. The Trust's specialist community public health team was awarded a regional NHS Parliamentary Award for their work to reduce inequalities in health and social care by supporting asylum-seeking families in Derby City. The Queen's Nursing Institute rewarded Susie Scales, the Trust's clinical lead for school nursing, with the prestigious Queen's Nurse Award for her work that shows continued commitment towards learning, leadership and improving standards of care in community work. The Trust was also awarded the Defence Employer Recognition Scheme gold award, which recognises the Trust's ongoing commitment to our Armed Forces Community, as an employer.

At the same time, many of our colleagues and partners participated in the national NHS Park Run, to celebrate 75 years of the NHS. Trust representatives took part in the run at various different locations across Derbyshire, promoting the Trust as a great place to work and receive care.

This positive feedback was reflected in our Staff Survey results, which were published in March 2024. The Trust's feedback in the national survey saw improved responses from staff in all areas of the People Promise, together with an overall increase in the response rate from colleagues, in comparison to previous years. Approximately three quarters of our colleagues said they would recommend the Trust as a place to work, which is testament to the hard work and improvements that have been made to our culture and practices over recent years. I look forward to seeing ongoing changes and improvements over the coming year as we continue to respond to and build on the feedback received from colleagues.

Our system-wide work with local partners has strengthened throughout the year, with a particular focus on how we can collectively work better together to support children and families, and people with mental health needs, learning disabilities and/or autism. Our Alliance work across the East Midlands has expanded this collaboration to a regional footprint, and I look forward to seeing the benefits of this approach for local people in years to come.

The Trust has seen a number of changes during the year, and I was delighted to welcome Mark Powell as the Trust's Chief Executive in April 2023. We have also welcomed James Sabin as the Trust's new Director of Finance, Dave Mason as the Interim Director of Nursing and Patient Experience and Rebecca Oakley as Interim Director of People and Inclusion. Thank you to Lee Doyle, David Tucker, Rachel Leyland, Joanne Wilson and Kyri Gregoriou, who also supported the Board of Directors on an interim basis during the year.

In January, our Council of Governors welcomed new members and I am pleased to introduce Dave Allen, Dr Fiona Birkbeck, Anson Clark, Sifo Dlamini, Claire Durkin, Dr David Robertshaw and Fiona Rushbrook, and we welcomed back Jo Foster, Rob Poole and Dr David Charnock who were all re-elected or re-appointed. Thanks go to those who retired from their governor roles in 2023/24, so Roy Webb, Ruth Grice, Kelly Sims, Jan Nicholson, Annette Gilliland, Dr Stephen Wordsworth, Jodie Cook and Chris Mitchell.

Sadly, we lost several special colleagues this year. Gillian Lemmon, Duncan McNiven, Jess Melbourne, Lauren Smyth and Marie White will each be remembered in our memorial garden at Kingsway Hospital. I would also like to pay tribute to Lynda Langley, the Trust's former lead governor, who sadly passed away in March 2024.

Thank you to everyone who has supported the Trust this year.

Selina Ullah
Trust Chair

Trust Chair makes nationwide list of influential NHS leaders

Selina Ullah, our Trust Chair, has been named one of the most influential minority ethnic leaders in English health and social care.

Selina was recognised on the 'bubbling under' list, compiled by the HSJ (Health Sector Journal) for her work to support the development of a more diverse board and inclusive workforce at Derbyshire Healthcare.

Selina has been the chair at Derbyshire Healthcare since 2021 and is one of the first Muslim female NHS trust chairs in the country.

Selina said: "This is a huge honour to be recognised alongside some incredible leaders. I'm pleased that the HSJ has recognised the importance of equality, diversity and inclusion in health and social care as we as a Trust want to continue to prioritise these areas across our workforce.

"I intend to keep using my platform to promote a positive and open culture to support our colleagues from a wide range of backgrounds, particularly through creating safe spaces for our workforce to thrive in."

The list has been published by the HSJ as part of their annual 'HSJ' report. Selina was previously awarded the national South Asian NHS Pioneer award for being a trailblazer in breaking through the glass ceiling and visibly making a difference as a BME leader.

Chief Executive's introduction

This has been my first year in post, having started as Chief Executive for Derbyshire Healthcare in April 2023. It has been a privilege to return to the Trust having left my previous position on the Trust's Board of Directors in 2021.

It has been a positive year for the Trust, with many developments taking place that improve the services available for the people of Derby and Derbyshire. This year has been particularly significant for two key programmes that will transform our acute and community based mental health services.

As we end this financial year, implementation of phase one of the new national Community Mental Health Framework has taken place in all Derbyshire localities, meaning people can gain easier access to community based mental health and emotional well-being services. Our Living Well model promotes joined up working with many local community and voluntary organisations together with social care colleagues, aiming to ensure a more integrated way of working to better meet the needs of people who require support with their mental health. We look forward to progressing phase two in the coming year.

Significant progress has taken place in developing our new acute mental health facilities over the last year. When I began in post a year ago, construction was just starting on our sites in Derby and Chesterfield. Having watched the building work take place over the last 12 months, we can now start to see the amazing opportunity that these new facilities will provide for both our staff and service users when they open in late 2024, with the new unit and ward names being chosen following an engagement opportunity with our patients, colleagues, carers and partners.

I am very grateful for the support of colleagues and partners who have been involved in helping develop these services, ensuring that the designs are informed by our clinicians and people with experience of our services. The new facilities will greatly promote privacy and dignity for vulnerable people being supported in our ward environments.

The Trust also supported the launch of new crisis support services during the year and worked to make sure these were integrated with our existing crisis teams and helpline, providing a much wider level of support to local people. This included new crisis support drop-in services in Buxton, Ripley and Swadlincote, together with a new safe haven and crisis house in Chesterfield. We were also pleased to launch a new gambling harms service which offers specialist treatment and support to people struggling with a gambling problem across the East Midlands region. Our 0-19 years Public Health Services have established an Infant Feeding tongue tie clinic for babies experiencing feeding difficulties. As an example of the benefits of the service, a baby was referred by the Health Visitor, seen at home for feeding support and then seen in clinic and procedure performed within a week of the referral.

In addition, our Autism service has been shortlisted as a finalist in the Learning Disabilities and Autism Awards in the Great Autism Practice category, with the service having successfully reduced waiting times for assessments significantly.

During the year we started to discuss future strategic priorities that will form the development of a new Trust Strategy. Engagement will continue to take place over coming months, ahead of a new Trust Strategy being introduced in November 2024.

While 2023/24 has been a positive year in many respects, the Trust has experienced increased financial pressure and ends the financial year in a deficit position. Addressing our financial position

will remain a key priority throughout 2024/25 as we seek to work in a more efficient and streamlined way and embrace opportunities for transformation and quality improvement.

Thank you to everyone who has supported the Trust over the last year, including our partners, colleagues, volunteers, and all other internal and external stakeholders. I look forward to working with you all in the coming year.

Mark Powell
Chief Executive

Trust colleague wins national estates and facilities management award

A Trust colleague has been awarded with a prestigious Health Estates and Facilities Management Association (HEFMA) award for his part in the Trust's programme to build new mental health facilities.

Nick Richards, Programme Support and Lived Patient Experience colleague, was the winning finalist in the 'Personal Development' category for his efforts to champion the views of patients and carers throughout the process of designing and building new mental health inpatient accommodation in Derby and Chesterfield.

The HEFMA awards recognise the hard work, excellence and achievements of NHS estates and facilities management staff across the UK. Nick, who has cerebral palsy, joined the Trust as an IT data analyst in 2016 but has excelled since joining the Making Room for Dignity programme team.

The Trust's ambitious Making Room for Dignity programme is a government-funded programme to revamp the existing acute mental health inpatient facilities in Derbyshire.

Mark Powell, Chief Executive at Derbyshire Healthcare NHS Foundation Trust, praised Nick for his ongoing commitment.

He said: "Nick is an absolute credit to not only the Making Room for Dignity team and the Trust, but also the NHS.

"He is an exceptional example of someone who has not let his condition affect his ability to succeed, instead he has used his lived experience to enrich us all. It is a pleasure to have Nick as a colleague and we are all very proud of his achievement."

Performance report

This overview of performance provides a short summary of the organisation, its purpose, the key risks to achievement of our objectives and performance throughout the year. It is supported by further detail outlined in the 2023/24 performance section that follows on pages 23-52.

Overview of performance

This financial year the NHS as a whole has faced significant challenges as a result of the aftermath of the pandemic, financial and social challenges in society, and periods of industrial action.

Pressures of demand – impact on waiting times and out of area

Since the pandemic ended, the Trust has continued to experience an unprecedented demand for services. People are presenting more acutely unwell which has seen a significant increase in admissions under the Mental Health Act and has resulted in adult acute wards being fully occupied for sustained periods of time, leading to an increasing number of out of area placements.

The Trust has also continued to see an increased level of referrals to services in the community which has impacted on waiting lists. The largest waits have been seen for autistic spectrum disorder assessment, paediatric outpatients and Child and Adolescent Mental Health (CAMHS) services.

Successes

Eradication of dormitories

The modernisation of our adult acute inpatient wards in Derby and Chesterfield continues to progress as planned, with existing dormitories to be replaced with single ensuite bedrooms, under our Making Room for Dignity programme. For more details, please go to page 83.

Psychiatric Intensive Care Unit for Derbyshire

Creation of a Psychiatric Intensive Care Unit (PICU) for Derbyshire is also progressing as planned, with completion expected early in 2025. This will make a positive difference to patients requiring psychiatric intensive care as they will receive the care and treatment they need close to their family and support network, instead of having to be cared for outside Derbyshire. The Unit will be called Kingfisher House and will be a 14-bed new build (male) on the Kingsway site in Derby.

Help in mental health crisis

If a person needs urgent mental health crisis support, there is now a range of options available. The range of local support services for people with immediate mental health needs has been expanded in Derby and Derbyshire, through a programme of partnership activity led by Joined Up Care Derbyshire. The programme includes the following services:

- Mental health crisis supports drop-in services, for immediate out-of-hours support for those with mental health concerns or experiencing emotional distress. Services are now available in Buxton, Ripley and Swadlincote
- Safe havens, for adults with immediate mental health needs, located in Derby and Chesterfield
- Crisis houses, for adults with mental health issues who will be offered short-term residential accommodation to support with their mental health needs to promote better stability and wellbeing, located in Derby and Chesterfield
- The mental health helpline and support service is available 24 hours a day, seven days a week for residents of Derby and Derbyshire.

Living Well programme

In February 2020, NHS England published a new community mental health framework, a three-year NHS programme aiming to improve care for people with severe mental illness. In Derbyshire

this new way to offer holistic health and wellbeing support is called ‘Living Well Derbyshire’. In Derby City the programme is called “Derby Wellbeing” Living Well is focused on helping local people recover from mental health illness within the community and aims to offer more accessible support for people’s mental health and wellbeing.

The Trust, voluntary sector organisations, local authorities, the Integrated Care Board and those with a lived experience of mental health illness, and their carers, have been continuing to work collaboratively to create transformative new service models for the communities served. To date these have been established in High Peak, Derby, Chesterfield, Northeast Derbyshire and Bolsover, and Derbyshire Dales.

Staff feedback – 2023 survey results
This year the highest ever response rate of 62% was matched, which is an increase of 14% from the 2022 survey. This positive increase means we are better able to identify key themes coming from the survey. Further ways to increase the response rate ahead of this year’s survey will be explored.

In the most recent survey, the Trust received improved scores in 71 of the 97 questions asked, which is really positive. The Trust scored lower than last year in 23 questions and stayed the same for three. There was a marked positive improvement on issues including work/life balance and for supporting colleagues involved in incidents, whilst improvements need to be made in achieving effective team working, feedback following incidents and making sure all colleagues receive quality appraisals.

Better feedback was received than last year on the two ‘Friends and Family Test’ questions, with 72% of colleagues saying they would recommend the Trust as a place to work and 68% saying they would be happy with the standard of care provided if a friend or relative were to receive care provided by the Trust.

There is a lot to celebrate in the survey results received so far, however, I am keen to continue to build on the feedback, to make Derbyshire Healthcare an even better place in which to work and receive care. More information on page 124.

Further examples of areas that have seen improvements can be found on page 24.

Signed

Mark Powell
Chief Executive
26 June 2024

Making a positive difference

About us

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

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

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

Our strapline, **'Making a Positive Difference'** reflects feedback from Trust staff about the reasons they chose to work for the NHS and Derbyshire Healthcare in particular. It brings together a common aim of all services and summarises the overall intention of the organisation **'to make a positive difference to people's lives by improving health and wellbeing'**, which is the Trust's vision.

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

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

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

Derbyshire Recovery Partnership, Physiotherapy and Dietetics services. Also, the new Gambling Harms service.

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

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

NHS Parliamentary Award

The Trust's specialist community public health team (pictured with Lee Doyle, Managing Director) won the regional NHS Parliamentary Award for its work to reduce inequalities in health and social care by supporting asylum-seeking families in Derby city and are now in the running for the national award.

Our Green Plan

The focus of the Trust's Green Plan (2022-2025) is to embed sustainability and low carbon practice in all aspects of our healthcare service delivery. We are a committed partner in our contribution towards creating a healthier population and environmentally friendly Trust, which is a catalyst towards meeting the net zero NHS target by 2045.

The NHS Long Term Plan reinforces the requirement to embed resilience and sustainability into our service delivery; ensuring we have clear strategy and infrastructure and resources in place to reduce and adapt to the impact of climate change. The Trust continues progress toward the 'net zero' target commitment with a reduction target of 5% yearly emissions.

The delivery of the Trust's Green Plan is through the NHS programme of work identified against nine key work streams and is overseen by a designated board-level net zero director and supported by a Non-Executive Director Champion. The delivery plans are monitored through the Reset, Recovery and Sustainability Programme Board that the operational oversight group reports into six-monthly.

The Trust is dedicated and continues to be an active partner in the development and delivery of the wider NHS Green agenda, with regular attendance at the NHS England, Integrated Care System (ICS) Green Delivery Group as well as providing the Chair for the Local Estates Forum Greener Derbyshire Working Group.

The Green Plan Oversight Group has enabled us to raise the profile, influence culture change and habits towards environmentally sustainable services. It provides the platform for inclusive engagement with staff, service users and our local community. It acts as an ethos and embodies the Trust value.

Key initiatives delivered and progressing over the next 12 months are outlined below:

Workforce and system leadership – An overview of the Green Plan has been included within the staff induction programme for new starters since July 2022. There is a dedicated page on the staff intranet on the Green Plan, which keeps staff updated on sustainability issues and wider Greener NHS information, ensuring staff are empowered to make positive environmental changes.

The Quality Visits programme across the Trust also included a Green Team award to recognise teams that have changed practice to be more energy efficient or that provide positive contributions to the environment. Carbon Literacy training continues to be advertised across the Trust and the

ICS. A small number of staff have successfully completed the training with the ability to train other staff.

Sustainable models of care – The Trust is currently seeking funding to extend a project that ran from January 2021 to March 2023 as part of the **GreenSPring** initiative (a government funded 'Test and Learn' pilot study aimed at preventing and tackling mental health through green social prescribing). In collaboration with Derbyshire Wildlife, the Trust established a wild gardening group at Cherry Tree bungalows. The project evaluation report highlighted some positive responses in highlighting and embedding green wellbeing activity and available green space. An evaluation report is available on greenspring.org.uk/evaluation/

The Trust continues to participate in the Gloves and Aprons Off campaign that promote safe and effective use of clinical products. This has resulted in reduction of single use gloves and aprons. It also resulted in cultural and practice shift by swapping sharps bins to more environmentally friendly ones.

Healthier future – The Transformation Team were successful in securing £12,000 bid for a project to measure and reduce vehicle idling at special educational needs schools in an aim to reduce air pollution. The project was launched in November 2022. Two schools are participating through a co-produced workshop. Students created artwork for no idling banners and posters that will be used for the National Clean Air Campaign Day in June 2024. The schools, transport staff, parents and carers engaged in a no idling survey. The Airly air quality monitor installed on site provides real time data. The work that has been progressed has resulted in one school attaining the first Derbyshire Modeshift STARS Bronze Award. The project will continue to progress as leads explore publication to further raise the benefit of reducing air pollution and benefits toward net zero emissions.

Medicine – We continue to work with NHS England and our ICS to reduce emissions from nitrous oxide and mixed nitrous oxide waste. We are also reducing emissions from inhalers through replacement and application of clinical principles of promoting high quality and low carbon respiratory care.

Estates and facilities – The Trust received national approval for our Making Room for Dignity programme in September 2022. Part of the programme includes two new build inpatient units (c£125m investment) which have been designed to Building Research Establishment Environmental Assessment Method (BREEAM) 'Excellent' rating and to be as close to 'Net Zero' as current technologies allow in both construction and operation. These projects include positive 'net gains' to the natural environments on their respective sites, improving biodiversity by enhancing the range of habitats and planted structures. Construction continues to progress in line with the planned programme of work for opening later this year.

Digital transformation – The Trust rollout and embedding of the Electronic Patient Record (EPR) system and use of video consultations has seen positive environmental benefits and change in culture and practice. The integration of the healthcare records enables the service to send and receive digital information via the tasking functionality that is built in the EPR system which negates sending of letters or emails. The Trust continues to utilise video consultations across its services; over the past 12 months, 16,306 consultations were delivered which is equivalent to 11,364 per hour. This resulted in over 89,000 attendances since April 2020 being avoided and the reduction of approximately four hundred tonnes (400) of greenhouse gas emissions.

We have started working on a digital function, built in our EPR system, which will negate the use of letter (paper) and information posting; except for those patients that do not have the means or access to required technology. Full implementation of this will impact positively in the reduction and lowering of our carbon footprint and the inevitable financial costs savings that would have been spent on stationery and postage.

Nine meeting rooms across the estate have been fitted with specialist AV equipment to facilitate remote/hybrid meetings to reduce travel for staff. Cycle to work and electric car schemes have been encouraged and as such, staff are thinking and using more environmentally friendly options to get to work and around the local community. Digital solutions have enabled the creation of blended approach working policy that promotes best use of resources, patient choice in choosing how they access care and lowering the air pollution from travels.

The Trust continues to explore other digital solutions in all aspects of care and operational delivery. Desk booking is also being tested and piloted to reduce the demand on travelling across sites and make better use of the estate and building portfolio.

Travel and transport – The Trust implemented a Lift Share App in 2023 together with its system partners, this enables colleagues across the system to match up and share commute. Unfortunately, the uptake has been low, but we continue to promote as part of the ICS.

We continue to take part in the Ride for Their Lives event and the last event was on 29 September 2023. The event highlights the important role of clinicians in Climate Change messaging to create healthier communities and more sustainable healthcare systems. This involved clinicians and non-clinical colleagues from across the Trust and provider partners cycling to a meeting to discuss how service design could play a significant role in carbon reduction. The yearly event is a part of COP 27 initiatives across the NHS to promote a healthier community. The Trust appointed cycle leads to champion and encourage cycling behaviour within the organisation. The Trust is also participating in the national staff travel survey launched by NHS England to gain a better understanding of our staff needs and preferences to inform future transport strategic planning.

Procurement – The Trust continues to purchase all its electricity and gas from a certified renewable energy supplier. The Trust also uses the centralised methodology to purchase products that are environmentally friendly and reduce the delivery journeys.

Food and nutrition – The Trust has been participating in a national NHS Food Waste pilot project (since December 2020 on several selected wards); this is helping review meal selections and satisfaction from patients and reduce overall food waste. This is being progressed and embedded across all services. The Trust continues to work with a specialist sustainable food waste recycling company to manage catering waste from its restaurant, ensuring food waste is diverted from landfill and is converted to fertiliser or used to generate green energy. The Trust continues to review and update patient and staff meal menus, providing meat free options, reducing the use of

single use plastic, and improving recycling by providing dedicated waste and recycling bins and information.

Adaptation – The Trust in conjunction with our ICS has participated in several Climate Change Risk Assessment workshops to ensure robust risk assessment and Business Continuity plans are in place to manage and deal with extreme weather conditions and climate change that may impact directly on care delivery.

The successful delivery and achievement of the NHS Net Zero target set and agreed can only be achieved through collaborative working and dedicated resources as well as a clear strategy that focuses and outlines clear priority and objectives for the Trust and reflect the need of the wider systems ICS and NHS England delivery.

Dedicated doctors receive fellowship from Royal College of Psychiatrists for contributions to mental health

Two doctors at Derbyshire Healthcare NHS Foundation Trust, Dr Rais Ahmed and Dr Chinwe Obinwa, have been recognised as Fellows by the Royal College of Psychiatrists for their contributions to psychiatry.

Consultant Psychiatrist, Dr Ahmed, and Consultant Forensic Psychiatrist, Dr Obinwa, both attended the Royal College's Award Ceremony as guests of College President, Dr Adrian James, and Chief Executive, Mr Paul Rees MBE, to receive their fellowship awards.

Fellowships are awarded by the Royal College as a mark of distinction and recognition of contributions across psychiatry and are only available to those who have been members for ten continuous years or more. Fellows should demonstrate significant contributions to align with the core purposes of the college – these include:

- setting standards and promoting excellence in mental health care
- leading, representing and supporting psychiatrists
- working with patients, carers and their organisations.

Dr Chinwe Obinwa and Dr Rais Ahmed

Dr Arun Chidambaram, the Trust's Medical Director said: "Both colleagues work incredibly hard to meet the demands of their services and do so with such determination, dedication and rigor, putting patient care at the centre of everything they do.

"We are extremely lucky to have colleagues like Rais and Chinwe who we can learn from.

I look forward to seeing more from them as I know their hard work will only continue to grow further from here."

Vision and values

Following feedback from staff, the Trust Strategy (2022-2025) was updated to reflect the organisational reset in the autumn of 2023/24.

The heart of the Trust Strategy remains as that collective commitment to continue improving our organisational culture, and to embedding new ways of working where our values and 'people first' approach are central to all we do. In addition, over the life of this strategy we continue to deliver our commitment to inclusion for our patients, our colleagues and our communities.

The updated strategy retains the agreed vision, values and strategic objectives, whilst simplifying our priorities, in response to feedback received by colleagues, ensuring clarity on our work for the year ahead. The agreed vision, values, strategic objectives are set out below:

Our vision is to make a positive difference in people's lives by improving health and wellbeing. It is underpinned by four key values, which were developed in partnership with our patients, carers, colleagues and wider partners:

Our values

People first – We work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care

Respect – We respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment

Honesty – We are open and transparent in all we do

Do your best – We recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work

The Trust's refreshed priorities are set out below, and highlight those priorities that have been delivered to date, priorities that are partially completed, and priorities that are in progress but with significantly more work to enable delivery by the agreed delivery date:

Trust Strategy 2024-2027

The Trust has commenced the development of a new Trust Strategy to be launched in November 2024. Development of our new Trust Strategy will build on our organisation's recent reset and will need to set out our Trust response to national policy and our contribution to the system level Joint Forward Plan, namely addressing health inequalities and collaboration. The Trust is also revising the key enabling strategies, including the development of the Clinical Strategy.

The development of a new Trust Strategy was discussed at the 2023 Staff Conference, where colleagues provided suggestions about the approach of developing a new Trust Strategy, together with potential content, including a review of the Trust values (particularly People First in order to clarify its meaning).

Our process has been informed by the feedback from the Staff Conference to ensure that the views of staff are in the centre of how we develop the Trust Strategy. The Trust Strategy will be developed through ongoing engagement with staff, stakeholders and external partners. This will include feedback gained through the national NHS Staff Survey.

Clinical ambition

Until the new Clinical Strategy is fully developed later in 2024/25, the Trust has set out its clinical ambition, illustrated in the image below.

We do have clinical strategies for individual service lines based on national drivers and transformation programmes. Our overarching Trust Clinical strategy will focus on health inequalities and collaboration, using a population health approach to address inequalities in access, experience and outcomes for our population in Derby and Derbyshire. To achieve this, we will also address any inequalities within our services and staffing resources.

Significant governance and regulatory events during the year

Changes to the Board of Directors

During 2023/24, there have been a number of interim Executive Director arrangements in place. The Trust acted swiftly to provide interim arrangements for Executive Director absences and vacancies to give confidence about building resilience and give a consistency of purpose and values into our Board at a time of change. A robust recruitment process was undertaken for the Director of Finance vacancy and plans are in place in the first part of 2024/25 to substantively recruit to the two Director posts which are being covered in an interim capacity.

Further details of the changes to the Board membership are given in the Directors' report starting on page 54.

External well led assessment

An external assessment under the Well Led Framework was undertaken in 2023 by the Office of Modern Governance. The final report was issued in October 2023 and the assessment of the Trust's governance arrangements as set out in the report was a positive one. During the course of the review the Office of Modern Governance indicated they observed many elements of good or leading-edge leadership and governance practice. This was balanced by the highlighting of areas where a sharpening or subtle refocusing of the Trust approach will accelerate the journey of improvement the Trust is on. These areas were reflected in the recommendations and have been built into the action plan, delivery of which is being monitored by the Audit and Risk Committee.

Financial position

In terms of long-term trends, the Trust has performed well financially every year since becoming a Foundation Trust, demonstrating that our operating profitability is generally strong, and we built up our cash reserves in the years where a surplus was required to be generated. In more recent times financial measurement in the NHS has changed; with the expectation that Foundation Trusts such as our ourselves no longer seek to make a surplus. Instead, the NHS is asked to aim to deliver a balanced financial position called 'breakeven' where costs match income. However, this has been the first financial year that the Trust has reported a deficit financial position due to cost pressures outside of our control. More detail on this is contained within the Financial Performance section on page 47.

CQC inspections

In September 2023, the CQC carried out an unannounced inspection in one of the Trust's acute wards, this inspection was not rated but the Trust was issued with a number of 'must do' and 'should do' requirements. In April 2024, the CQC visited both of the Trust's acute units to carry out a risk-based inspection and raised some significant and immediate safety concerns that required action. In response the Trust took some immediate actions and provided evidence to the CQC through a comprehensive action plan which continues to be revised and submitted to the CQC on a weekly basis. The improvements particularly relate to concerns at the Radbourne Unit, although learning will be extended to all of our inpatient environments.

In April 2024, the CQC placed temporary restrictions affecting the admission processes for two wards at the Radbourne Unit. This is significant regulatory action that places conditions on our registration as a care provider. The Trust is expecting to receive the formal inspection report in June/July and is fully committed to implementing all recommendations in full, having already completed the immediate safety actions identified in the feedback.

Going concern disclosure

The Trust accounts, starting at page 152, have been prepared on a going concern basis. This assessment is based solely on the anticipated future provision of our services in the public sector in line with current guidance. This decision will be reviewed each year to ensure that accounts are prepared on an appropriate basis given prevailing circumstances at the time. The Audit and

Risk Committee considered the basis for adopting the going concern approach for 2023/24 accounts and were able to make the following statement:

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

Derbyshire Healthcare hosted Doctors in Distress tree planting event in May 2023 to raise awareness around suicide in healthcare

On 11 May 2023, Trust representatives gathered together with colleagues from Doctors in Distress, to talk about the importance of mental health and wellbeing for everyone working in the NHS. We welcomed Adam Kay, writer of 'This is Going to Hurt,' to plant a tree in the Trust's memorial garden, in order to help raise public awareness of the challenges and pressures faced by NHS staff.

Doctors in Distress is a charity which aims to raise awareness of the unreported area of healthcare worker suicide and the importance of providing mental health support workers.

Suicide rates in the healthcare sector are higher than the general population as a result of burnout, anxiety and depression amongst a range of healthcare professions.

The tree planting ceremony is part of a wider mission to remember healthcare workers across the UK to plant a tree in all hospitals across the UK to help prevent suicide from continuing, with Derbyshire Healthcare as the first site to have a tree planted.

Performance Analysis – 2023/24

Measuring performance

The Trust measures its performance using a comprehensive range of online dashboards and reports linked to data in the electronic patient records. The dashboards and reports are automatically refreshed daily overnight, providing an almost live view of performance.

The Trust Board meets every two months and is presented with an integrated performance report which provides a wide-ranging view of performance matters relating to operational services, people services, finance and quality. Data is presented in statistical process control format which provides assurance and enables measurement for improvement. The report summarises actions being taken to mitigate any identified issues, which provides assurance to the Board.

The Trust continues to be an active member of the NHS Benchmarking Network. The Trust also accesses and analyses national data for benchmarking purposes in order for comparisons to be made in key areas. Example benchmarking sources include FutureNHS, the NHS Model Hospital, and NHS England official statistics.

Performance monitoring

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

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

Performance management structures are in place in Operational Services to enable performance monitoring at all levels of the organisation. Operational performance is overseen by the Trust Leadership Team (which replaced the Trust Operational Oversight Leadership Team in late 2023). The remit of the team is to oversee quality and performance in the seven operational divisions and lead on quality and performance improvement.

Each operational division has a regular Divisional Achievement Review at which a detailed overview of operational performance and quality is presented by clinical and operational staff to very senior management including the Executive Director of Nursing and Patient Experience, and the Chief Operating Officer. This forum enables positive challenge and confirmation by senior management and provides an opportunity for the divisions to escalate issues they need help with to resolve. For 2024/25 these have been redeveloped as Performance Review Meetings (PRMs), with revised terms of reference.

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

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

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

The Care Quality Commission (CQC) continues to monitor performance through inspections.

NHS England (NHSE) continue to monitor performance against national priority measures. The Annual Governance Statement, on page 138 of this Annual Report outlines how the Trust manages its key risks.

Performance overview and key themes in Trust performance 2023/24
The key areas that showed the most improved areas and areas of success were:

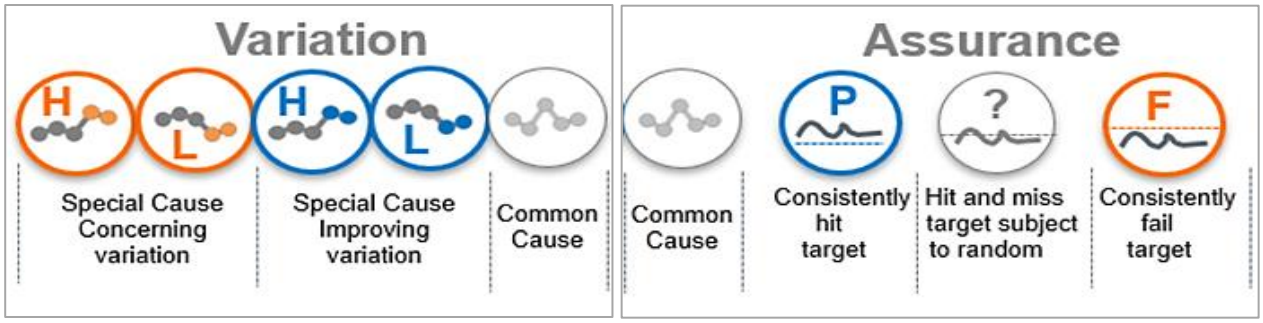
- The number of adult autistic spectrum disorder assessments completed each month has increased significantly for the last seven months and the annual target has been exceeded by 91%
- Child and Adolescent Mental Health services (CAMHS) waits continue to reduce and over the last 12 months the average wait to be seen has halved**.** The level of assessments completed is now being controlled in order to enable services further down the system to cope with the demand
- Work Your Way, the Trust's Individual Placement and Support service, helps people using community mental health services in Derbyshire to find work and stay in work. To date the team has supported 560 people to access the service and has supported 171 people to find permanent roles in jobs of their choice
- Dementia diagnosis rate continues to exceed target
- Community perinatal access levels continue to increase and by February 2024 the full year target has been exceeded
- Community mental health access levels have been achieved for the last few months.

The key areas of challenge were as follows:

- Waiting times for adult autistic spectrum disorder (ASD) assessment: Demand for the service continues to outstrip capacity. The Trust is contracted to undertake 26 assessments per month but received around 107 referrals per month in 2023/24. The process for assessments has been significantly streamlined to reduce assessment time and create capacity to carry out more assessments. The team are now being asked by similar services in other trusts for information on how they did this so that they can copy our format and reduce their own waiting lists. These new ways of working have resulted in a 29% reduction in the number of people waiting, a 9% reduction in waiting times, and a 311% increase in the number of assessments completed per month. At the end of March 2024 there were 2,151 adults waiting for assessment. The average wait was 62 weeks.
- Waiting times for community paediatrics: at the end of March 2024 there were 2,331 children waiting. The average wait time was 45 weeks. An ongoing shortage of ADHD medication meant that children on specific medications had to be reviewed as a matter of urgency, as withdrawal has physical health implications. Children on current prescriptions were therefore prioritised. There was an increase in calls and demand on the medical secretaries, admin, doctors and the ADHD nursing team in order to manage this subsequently, further impacting on waiting times for children. As medications now start to become available, the re-titration of this will continue to have an impact on waiting times.
- Waiting list for Child and Adolescent Mental Health Services (CAMHS): at the end of March 2024, 325 children were waiting to be seen with an average wait time of 10 weeks. Service transformation work has been undertaken over the course of the year which culminated in the creation of a triage and assessment team, resulting in a significant reduction in waiting times. The triage and assessment team is now fully recruited into. The team has been continuing to make strides with the external waits and are adhering to the Trust waiting well policy. They have though, due to the efficiency of the service, noted that waits for input from other services further along the pathway have increased. As a result, the team has decided to reduce the number of assessments the clinicians are doing per week, from eight to six. This will be assessed at regular intervals, although inevitably, the external wait list will likely increase.

- Inappropriate out of area placements in adult acute beds: this continues to be impacted upon by persistently high levels of bed occupancy, patients clinically ready for discharge whose discharges have been delayed, and above average length of stay. There has been an ongoing increase of patients being admitted under the Mental Health Act, these patients are being admitted more acutely unwell which results in longer lengths of stay. The Trust will be running a multi-agency discharge event in order to expedite discharges where appropriate and free up bed capacity in-house.
- Inappropriate out of area placements in psychiatric intensive care units (PICU): there is no local PICU so individuals needing psychiatric intensive care needs to be placed out of area. However, work is continuing to progress on a new build PICU provision in Derbyshire, which is scheduled to be completed in early 2025.
- Memory Assessment Service waiting times – waits from referral to assessment were around 34-35 weeks at the end of 2024/25. There is ongoing significant demand for the service which exceeds capacity. Quality improvement work is in progress to optimise performance within existing workforce constraints.

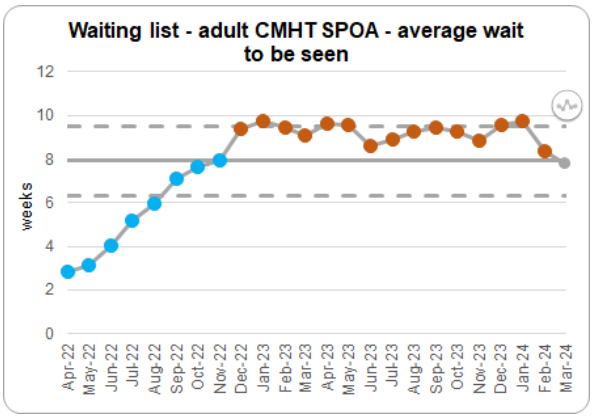
Key to the symbols on the charts below:



Blue dots indicate special cause variation, better than expected. Orange dots indicate special cause variation, worse than expected. Grey dots indicate common cause variation.

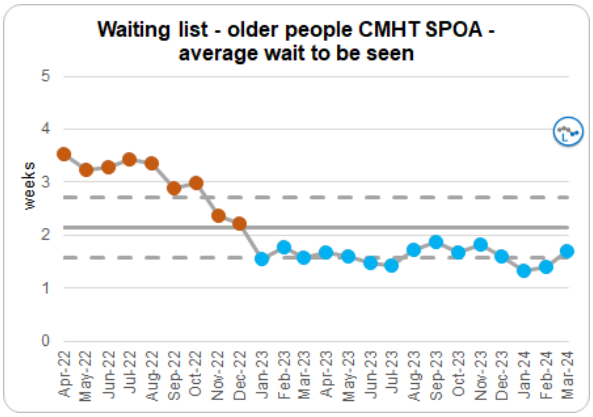
Working age adult community mental health waits

The working age adult community teams continue to receive more referrals in comparison with the older adult teams. Working age adult teams also hold a significant number of patients over the age of 65, accounting for 4% of the total caseload and these continue to be reviewed on an individual basis to assess the most appropriate service to meet their needs. A productivity plan on a page and associated action plan has been devised and implemented.



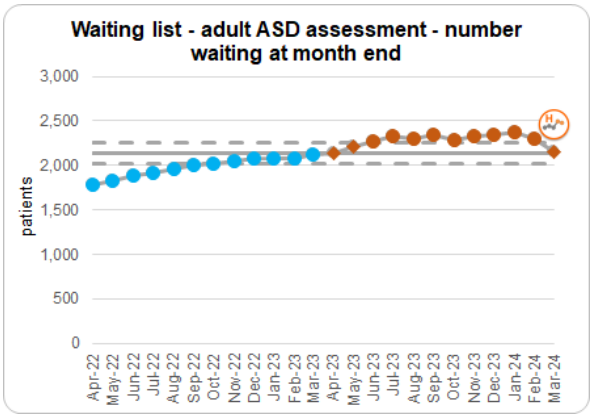
SPOA = single point of access – the route for external referrals into the services

Older people community mental health waits
The number of people waiting is continuing to reduce in older adult SPOAs. The average wait remains very low at around 1 week.



SPOA = see above

Waiting times for adult autistic spectrum disorder assessment
Demand for the service continues to outstrip capacity (commissioned to undertake 26 assessments per month but now receiving around 107 referrals per month this financial year). The process for assessments has been significantly streamlined to reduce assessment time and create capacity to carry out more assessments hence seeing an increase in recent months. At the end of March 2024 there were 2,151 adults waiting for assessment. The average wait was 62 weeks. The number of completed assessments per month has increased and the full year contractual target has been exceeded by 91%.



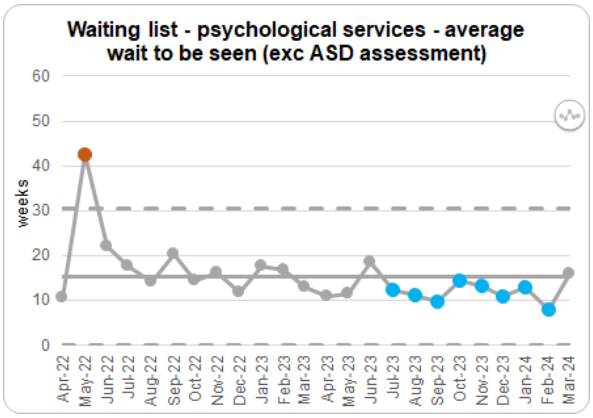
Referrals

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				18	15	20	23	28	31	26	27	18
2017	19	17	9	20	23	21	25	22	27	43	30	29
2018	29	34	32	41	47	40	62	41	45	54	48	22
2019	92	65	52	50	82	71	77	49	59	34	55	46
2020	83	32	28	45	20	46	17	27	14	48	77	74
2021	43	56	58	59	85	80	64	56	51	70	55	114
2022	62	62	141	74	100	97	50	70	88	65	70	52
2023	40	10	43	42	111	125	122	58	160	116	166	96
2024	165	60	59									

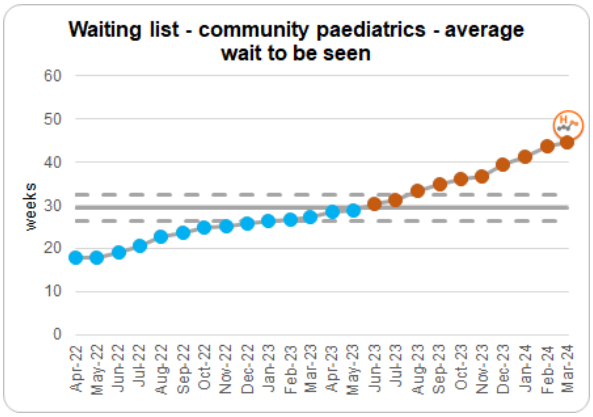
Assessments

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016				19	7	22	5	4	19	20	15	13
2017	35	37	47	22	22	18	30	16	24	34	30	12
2018	20	15	23	18	19	20	22	11	13	14	20	20
2019	33	24	25	24	19	18	15	11	26	30	34	15
2020	28	27	22	1	5	11	20	16	18	29	18	15
2021	20	17	22	22	17	12	14	14	24	24	15	6
2022	12	12	21	13	10	14	8	6	20	22	20	15
2023	22	28	24	26	20	33	34	35	66	53	73	47
2024	68	74	66									

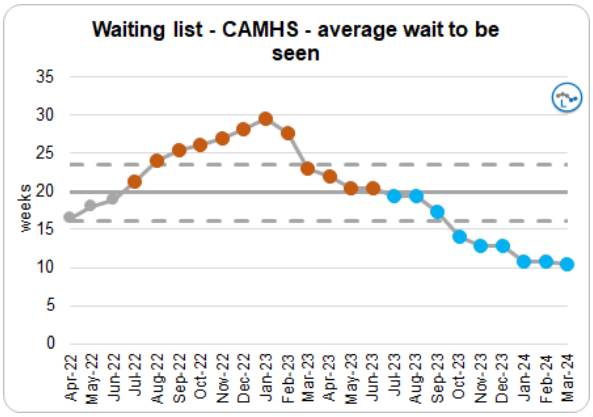
Psychological services waits
Overall, there has been a reduction in the number of people waiting for psychological input from 40 weeks to 16. Focused quality improvement work around older adult, learning disability and some working age adult teams to manage and reduce the waiting lists across the division has resulted in a significant reduction in waiting times and numbers waiting. Referral numbers remain high.



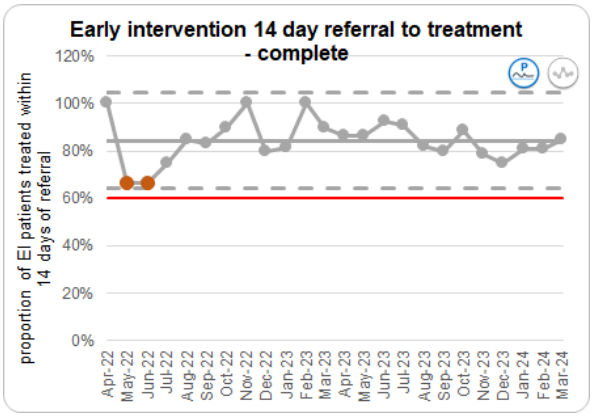
Community paediatric outpatient waits
At the end of March 2024 there were 2,331 children waiting. The average wait time was 45 weeks. The ongoing shortage of ADHD medication has meant that children on specific medications have been reviewed as a matter of urgency as withdrawal has physical health implications. Children on current prescriptions have therefore been prioritised. As medications now start to become available the re-titration of this will continue to have an impact on waiting times.



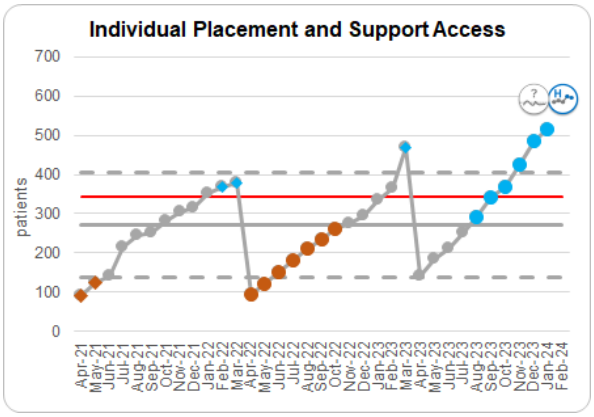
Child and adolescent mental health services waits
At the end of March 2024, 325 children were waiting to be seen. The average wait time was 11 weeks. The triage and assessment team is now fully recruited into and has been continuing to make strides with the external waits. Waits for input from other services further along the pathway have increased. As a result, the team has decided to reduce the number of assessments the clinicians are doing per week, from eight to six. The aim is to stem the flow. This will be assessed at regular intervals, although inevitably, the external wait list will likely increase.



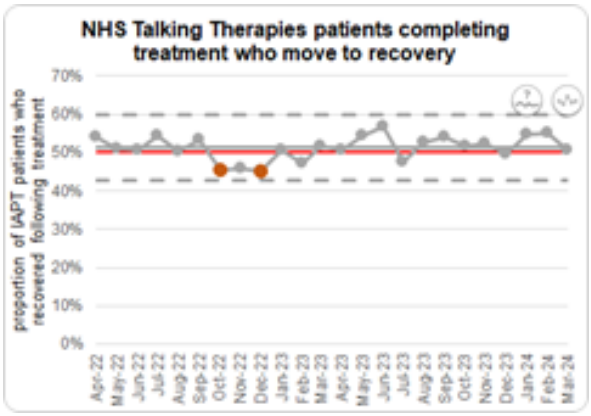
Early intervention 14-day referral to treatment
Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. The service continues to be extremely responsive and has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than two weeks to be seen every month for the past two years.



Individual placement and support access
Work Your Way is a team of employment specialists and job coaches helping people using community mental health services in Derbyshire to find work and stay in work. The team is continuing to be extremely productive, with the number of people supported showing a significant increase year on year.

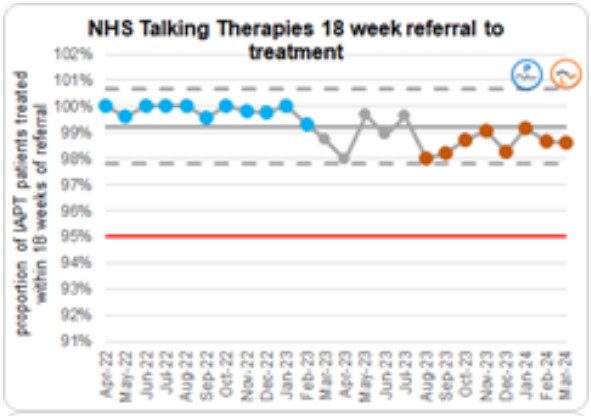


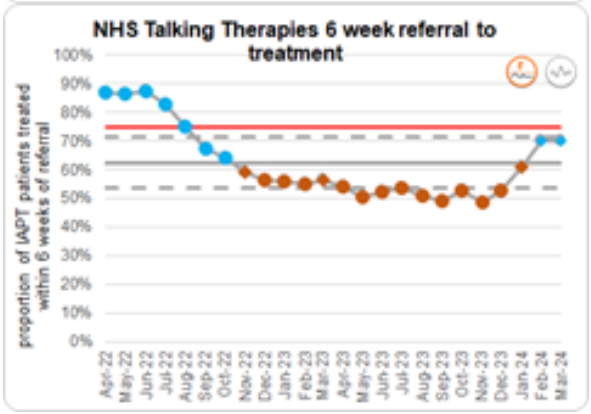
NHS talking therapies recovery rate
Recovery rates exceeded the 50% at year-end with a recovery rate of 50% in March and a full year achievement of 52%. Monthly performance reports are shared with individual managers, and with the Head of Psychological Therapies.



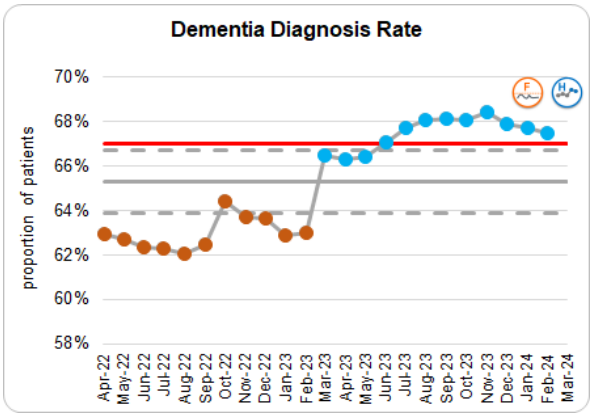
NHS talking therapies referral to treatment
18-week referral to treatment performance continues to exceed target. The target is 95%. The six-week wait for referral to assessment/ 1st treatment has now shown improvement and is closer to the target. This is due to the improvements in assessment wait times at the beginning of treatments for those discharged. Referrals average between 1,000 and 1,100 per month, however the reduction in capacity within sub-contractors (8.3 whole time equivalent (wte) Cognitive Behavioural Therapy (CBT) therapists), increased maternity leave, recruitment freezes and the loss of Step 3 staff in the Trust service means that the CBT and trauma wait lists continue to increase.

In house productivity reporting against agreed therapist targets has improved booked contacts. Step 2 Psychological Wellbeing Practitioners are all in post and continue to maintain the referral to assessment waits at around three weeks now.



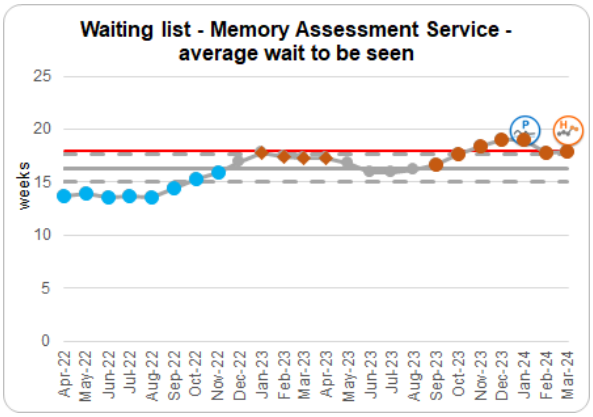


Dementia diagnosis rate
There has been a national drive to increase the proportion of people estimated to have dementia, who have a coded diagnosis of dementia. The target for Derby and Derbyshire ICB has been achieved since June 2023.



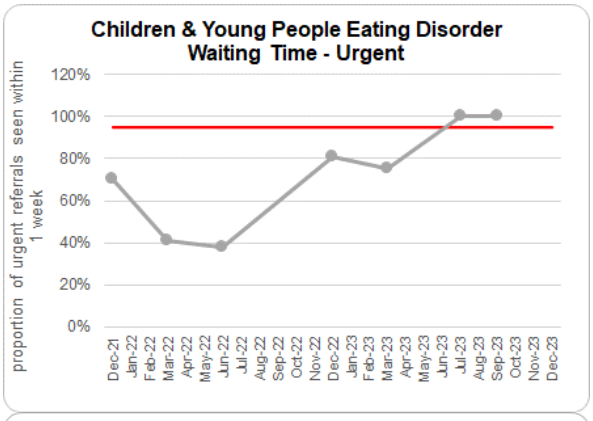
Dementia diagnosis waits

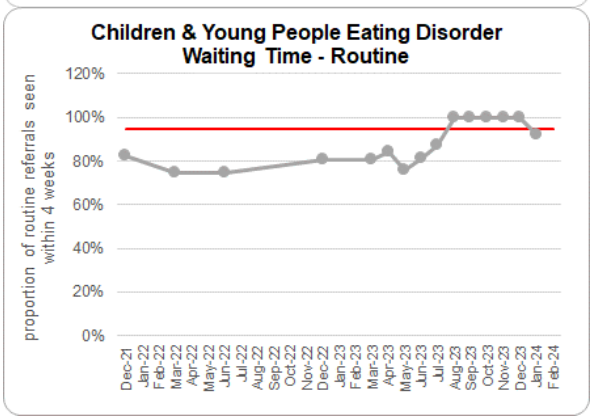
There continues to be an extremely high demand for the service which exceeds funded capacity, and at the end of March 2024 there were 1,534 people on the waiting list, with an average wait of just under 18 weeks, which includes people currently waiting as well as those who were assessed in month. Waits from referral to actually being assessed are currently around 34-35 weeks.



Children and young people eating disorder waits

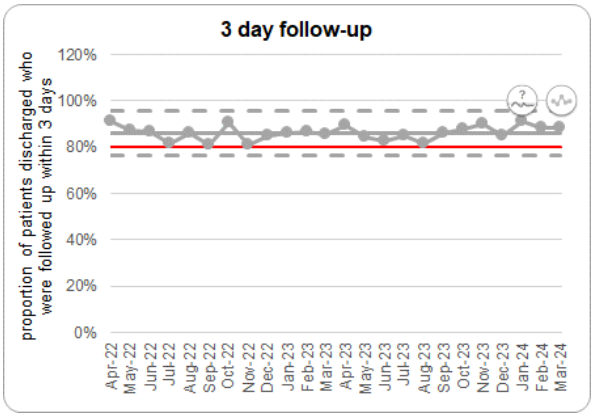
The waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases, and four weeks for every other case (target 95%). The Trust's Child & Adolescent Eating Disorder Service is generally achieving around 100% for both standards NHS England switched to monthly reporting from April 2023, and this suppresses data if numbers are very low. The Division internally monitors the C&YP Eating Disorder Service waits from 1st to 2nd contact: quarter 1 - 11 days, quarter 2 - 4 days, quarter 3 - 4 days, and quarter 4 – 8 days.



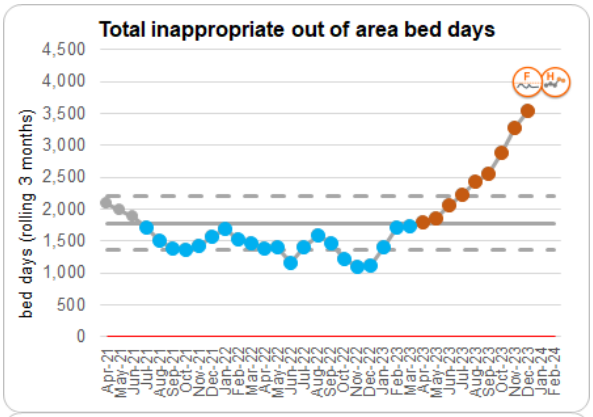


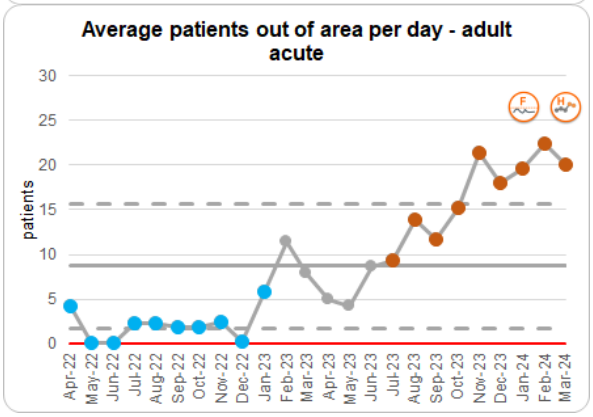
Three-day follow-up

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



Inappropriate out of area placements
This is a national measure giving a combination of inappropriate out of area adult acute placements and inappropriate out of area psychiatric intensive care unit placements, calculated on a rolling three months' basis. There is an ongoing high level of demand for acute and PICU beds. The level of acuity is high necessitating the need for PICU beds and represented in the increase in admissions under the mental health act. There are no PICU beds in Derbyshire at this time and therefore all patients placed in PICU are placed in out of area beds. Currently adult acute wards are working on capacity of around 108% as leave beds are utilised to support additional admissions. This was a consistent factor over the last quarter of 2023/24. The opening of additional Step Down and Crisis House beds has not impacted this. As yet the impact of the crisis cafes on admissions is also yet to be established. The level of acuity also results in people often taking longer to recover. The crisis teams continue to work with higher than usual caseloads in an attempt to avoid admissions to hospital wherever possible and appropriate.

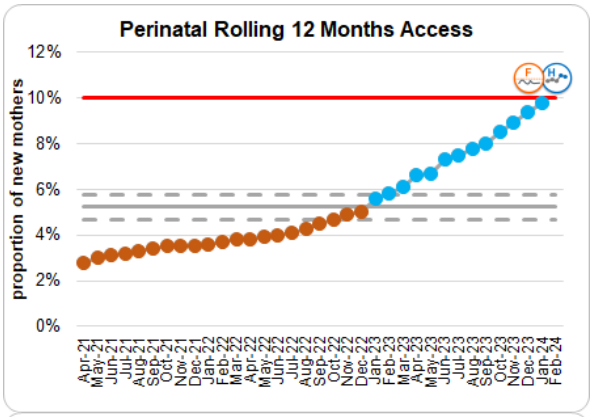


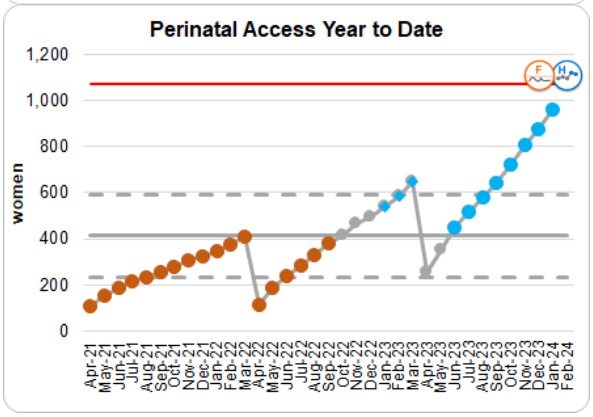


Perinatal access
This is a measure of the number of women accessing services in the 12-month period as a percentage of Office for National Statistics (ONS) 2016 births (target 10%). There has been a significant increase in access when compared with last financial year, with the target set to be achieved.

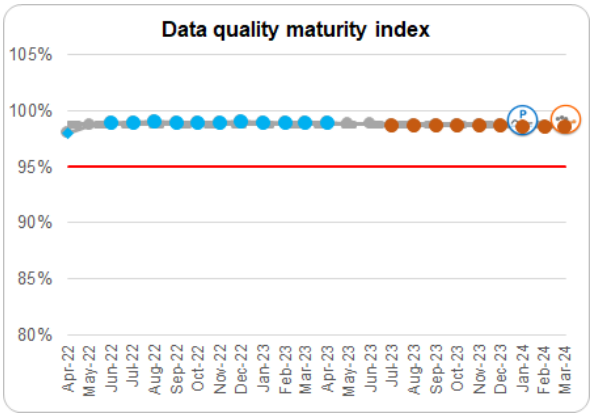
Referrals into the service continue to remain on an upward trajectory. Referral rates have been positively impacted by self-referral process, stakeholder engagements and community outreach workstreams.

Capacity continues to be demonstrated within the system to offer over 90 assessments a month. Current factors impacting achievement of target include DNA rates, staff sickness, vacancies, and delays in current Trust recruitment processes.

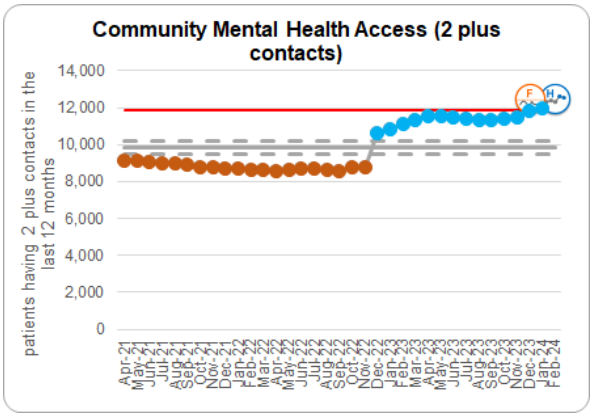




Data quality maturity index
The level of data quality maturity is consistently high. It is expected that the national target will continue to be exceeded.



Community mental health access (two plus contacts) – national priority standard
The Trust was set a challenging target to increase the number of adults and older adults receiving two or more contacts in a year from community mental health services. This financial year services have remained on target to achieve the challenging target set by year end. (Data is published by NHS England several months in arrears).



Tackling health inequalities
"Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They arise because of the conditions in which we are born, grow, live, work and age. These conditions influence how we think, feel and act and can impact both our physical and mental health and wellbeing. Within this wider context, healthcare inequalities are about the access people have to health services and their experience and outcomes. In January 2019 the NHS Long Term Plan was published setting out key actions the NHS would take to strengthen its contribution to reducing healthcare inequalities. Established in January 2021, The National Healthcare Inequalities Improvement Programme (HiQiP) works with other programmes and policy areas across NHS England, as well as with partners in the wider system, patients and communities, to deliver exceptional quality healthcare for all, ensuring equitable access, excellent experience and optimal outcomes. Responsible for setting the direction for tackling healthcare inequalities, HiQiP creates a positive improvement culture which uses data to target action to reduce and prevent healthcare inequalities."[1]

A 2022 report on race and ethnic inequalities within the proposed Mental Health Act reform[2] identified that people from minority ethnic groups were less likely to access mental health services through primary care, and therefore more likely to end up in crisis care, and more likely to access mental health care via the criminal justice system when compared with other ethnic groups. Analysis of the Trust's data indicates that this is also the case in Derby and Derbyshire. As a secondary care service, the majority of mental health referrals to the Trust are received from primary care. However, if people are not accessing primary care for mental health support they may ultimately present as more acutely unwell via A&E, crisis services or the police, often necessitating formal detention under the Mental Health Act.

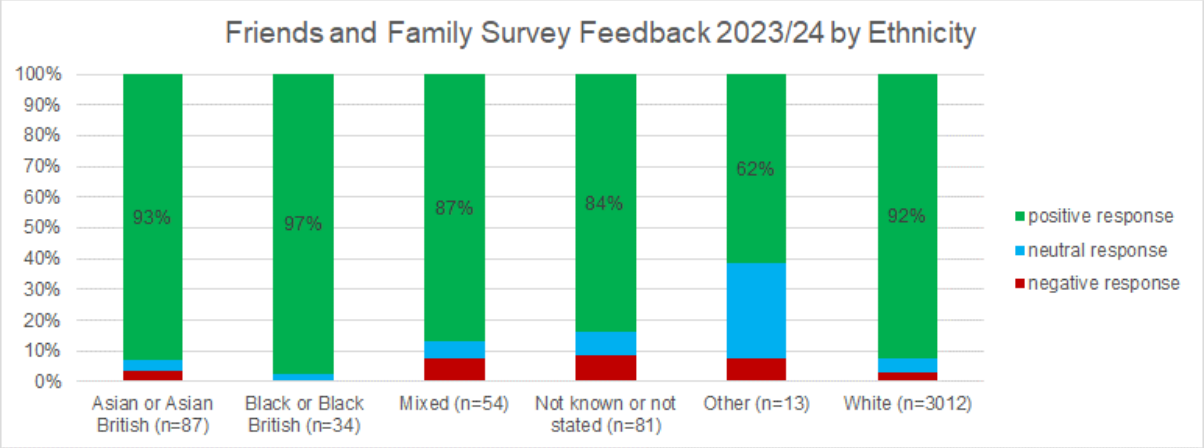
[1] NHS England » National Healthcare Inequalities Improvement Programme
[2] POST-PN-0671.pdf (parliament.uk)

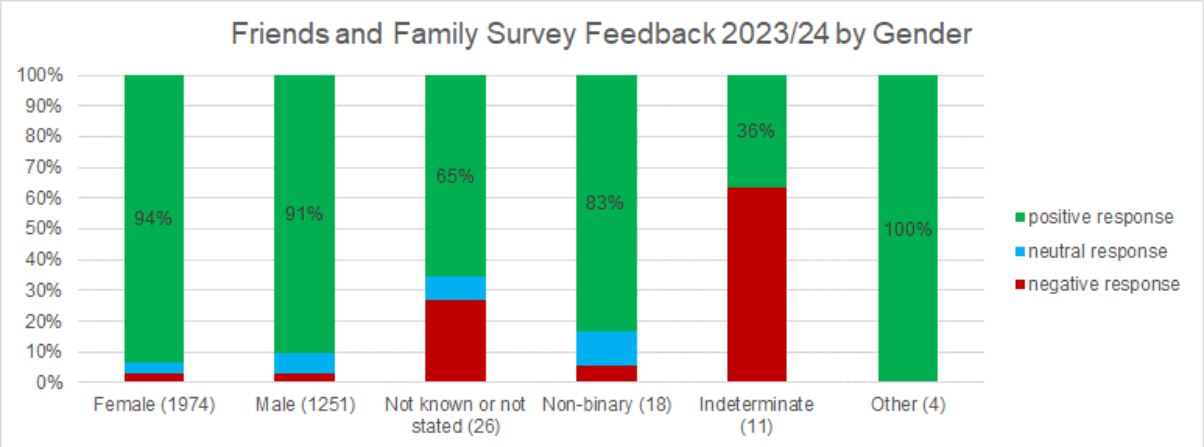
Last year the Trust formed a Reducing Health Inequalities Delivery Board to bring together Trust teams and services and partner organisations to collectively identify, address and reduce the health inequalities being experienced locally, with the aim of ensuring all Derby and Derbyshire residents receive the same high level of care and treatment.

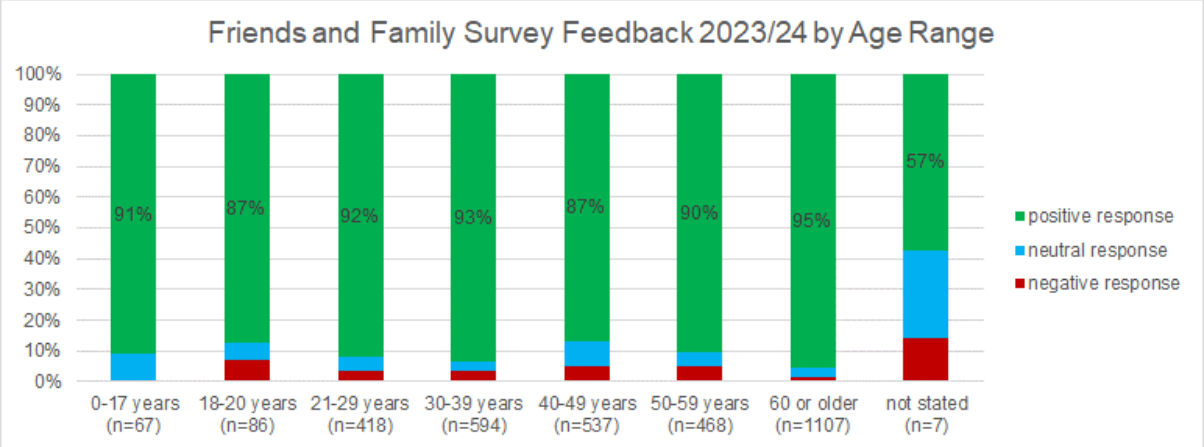
Promotion of equality of service delivery:

Due regard to the aims of the public sector equality duty
To meet our requirements under the Public Sector Equality Duties (PSED) Equality Act 2010, we have shared with the Derbyshire Integrated Care Board (ICB) and published data on the Equality and Diversity page of our website https://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity

Customer satisfaction scores broken down by protected characteristics
To measure customer satisfaction the Trust promotes the Friends and Family Test, and respondents are asked to provide their ethnicity, age and gender. Results for the 2023/24 financial year were as follows:







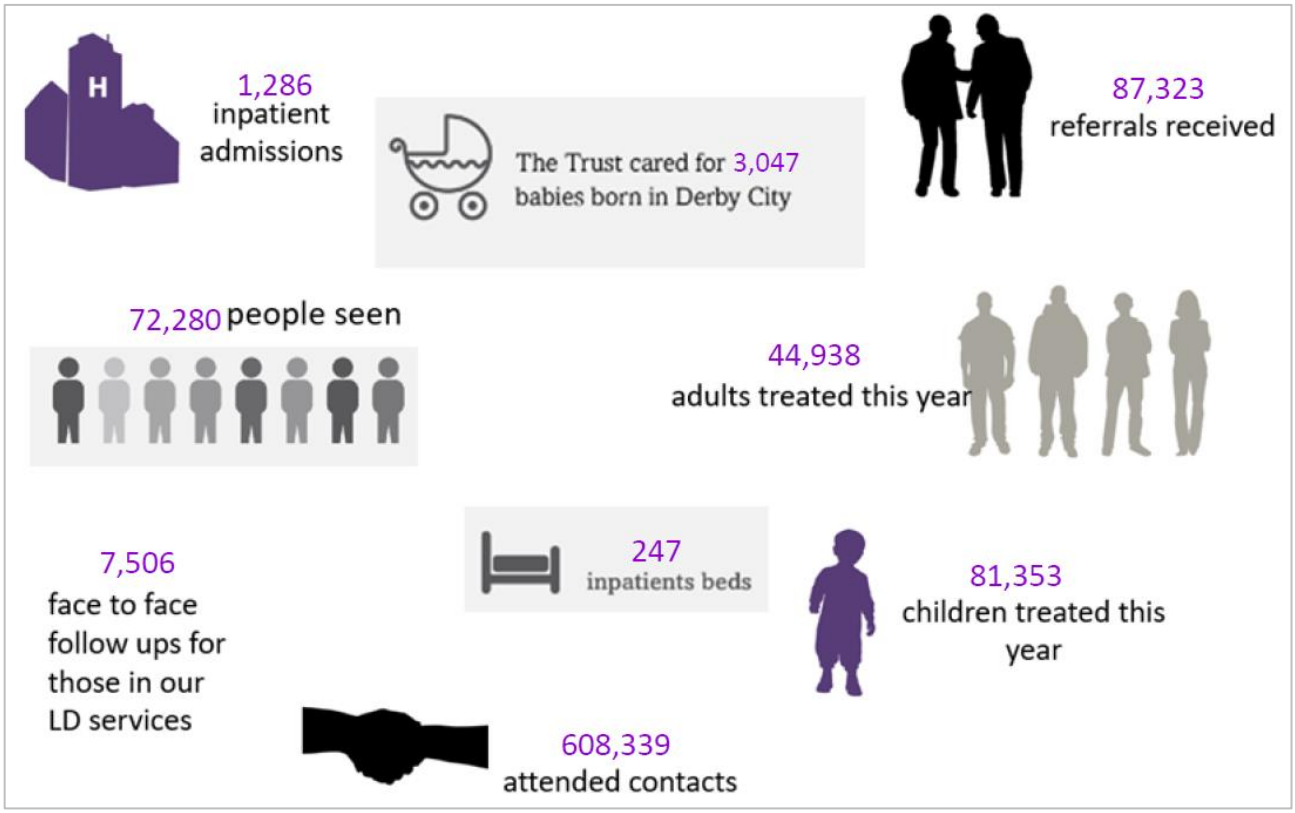
Performance against equality of service delivery key performance indicators (KPIs) and metrics

The Trust has continued to offer patients a choice of the method of contact for appointments, either using video, by telephone or face to face. This flexible approach has continued to have a positive impact. The proportion of face-to-face contacts has continued to increase. Clinically our mental health and learning disabilities services remained extremely busy throughout the year. Our substance misuse services continued to provide a full service and have experienced an increase in referrals and access related to substance misuse. Our child health services, health visiting, safeguarding and child protection medical services, continued to operate normally, also experiencing a high level of demand.

Explanations of activities the Trust is undertaking to promote equality of service delivery

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

Snapshot of activity 2023/24



Operational performance summary

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

a) NHS Oversight Framework 2023/24
The applicable trust level metrics are as follows:

Indicator	Trust Position	National Average
Inappropriate adult acute (including PICU) mental health placement out of area placement bed days – 12 months to February 2024	10,935	4,405
Overall CQC rating (provision of high-quality care)	Good	-
National patient safety alerts not completed by deadline	0	-
CQC well led rating	Good	-
Staff survey engagement theme score	7.23	7.11
Staff survey perception of bullying and harassment by managers	5.71%	8.13%
Staff survey perception of bullying and harassment by colleagues	13.82%	13.79%
Leaver rate	10.3%	13.4%
Staff retention rate (all staff) (stability index)	89.4%	87%
Sickness absence (working days lost to absence)	6.03%	5%
Proportion of staff who say they have a positive experience of engagement	72.3%	71.1%
Number of people working in the NHS who have had a flu vaccination – Sep 23 to Jan 24	31.5%	44.2%
Proportion of staff in senior leadership roles (Board members) who are (a) from a BME background	18.8%	13.2%
Proportion of staff in senior leadership roles (Board members) who are (b) women	43.8%	No data
Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	64.87%	59.69%

b) NHS Oversight Framework

The NHS Oversight Framework is used by NHS England's regional teams to guide oversight of integrated care systems and Trusts. The Trust has continued to monitor its performance against the 2019/20 trust level indicators, which was as follows:

Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
CPA 3 Day Follow Up	80%	90%	84%	83%	85%	83%	87%
Data Quality Maturity Index (DQMI) - MHSDS Data Score	95%	95%	95%	95%	95%	95%	95%
EIP RTT Within 14 Days - Complete	60%	87%	86%	93%	91%	82%	80%
EIP RTT Within 14 Days - Incomplete	60%	94%	86%	100%	85%	100%	90%
IAPT People Completing Treatment Who Move To Recovery	50%	51%	54%	57%	48%	53%	54%
IAPT Referral to Treatment within 18 weeks	95%	98%	100%	99%	100%	98%	98%
IAPT Referral to Treatment within 6 weeks	75%	54%	51%	52%	53%	51%	49%
Out of Area - Number of Acute Days	0	150	131	258	288	431	349
Out of Area - Number of Acute Patients	0	8	8	14	16	25	18
Out of Area - Number of PICU Days	0	437	524	537	504	511	654
Out of Area - Number of PICU Patients	0	27	28	28	29	29	31
Patients Open to Trust In Employment	n/a	13%	13%	13%	13%	13%	13%
Patients Open to Trust In Settled Accommodation	n/a	54%	53%	53%	52%	52%	52%
Under 16 Admissions To Adult Inpatient Facilities	0	0	0	0	0	0	0

Indicator	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
CPA 3 Day Follow Up	80%	90%	91%	85%	92%	90%	88%
Data Quality Maturity Index (DQMI) - MHSDS Data Score	95%	96%	96%	96%	96%	97%	97%
EIP RTT Within 14 Days - Complete	60%	89%	79%	75%	81%	81%	85%
EIP RTT Within 14 Days - Incomplete	60%	78%	80%	62%	85%	89%	67%
IAPT People Completing Treatment Who Move To Recovery	50%	51%	52%	50%	55%	55%	51%
IAPT Referral to Treatment within 18 weeks	95%	99%	99%	98%	99%	99%	99%
IAPT Referral to Treatment within 6 weeks	75%	53%	49%	53%	61%	70%	70%
Out of Area - Number of Acute Days	0	473	643	556	586	620	585
Out of Area - Number of Acute Patients	0	23	32	24	30	31	31
Out of Area - Number of PICU Days	0	657	634	719	620	517	687
Out of Area - Number of PICU Patients	0	34	30	36	35	31	31
Patients Open to Trust In Employment	n/a	13%	13%	13%	13%	12%	12%
Patients Open to Trust In Settled Accommodation	n/a	52%	51%	51%	51%	50%	49%
Under 16 Admissions To Adult Inpatient Facilities	0	0	0	0	0	0	0

The Trust has continued to perform highly against the majority of indicators. IAPT referral to treatment within six weeks has continued to be the most challenging area. However, the six week wait from referral to treatment has now shown improvement for the last few months of 2023/24 for those discharged in month. Those entering treatment continues to show marked improvement, which is now starting to be reflected in the discharge figures. Referrals are slightly below pre pandemic levels, however the reduction in capacity within sub-contractors and increased maternity leave has had an impact on delivery. Psychological Wellbeing Practitioner recruitment has reduced the need for support within the Step 2 team for assessment to bridge the gap. Both recent recruits are now in post and are working towards their target contacts. The use of spot purchasing for assessments has now come to an end as the allocated number have been used up.

c) Contractual targets

Main Contract

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

Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Consultant Outpatient Appointments DNAs	15%	13%	13%	13%	13%	12%	13%
Consultant Outpatient Appointments Trust Cancellations	5%	7%	4%	6%	5%	6%	8%
Delayed Transfers of Care	3.5%	8%	9%	9%	9%	10%	10%
Discharge Email Sent in 24 Hours	90%	78%	73%	86%	84%	87%	77%
Inpatient 28 Day Readmissions	10%	5%	11%	5%	8%	3%	9%
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0
MRSA - Blood Stream Infection	0	0	0	0	0	0	0
Under 18 Admissions To Adult Inpatient Facilities	0	0	0	0	0	0	0

Indicator	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Consultant Outpatient Appointments DNAs	15%	12%	13%	15%	14%	13%	12%
Consultant Outpatient Appointments Trust Cancellations	5%	12%	7%	6%	7%	10%	8%
Delayed Transfers of Care	3.5%	11%	13%	13%	13%	14%	12%
Discharge Email Sent in 24 Hours	90%	78%	94%	79%	84%	88%	88%
Inpatient 28 Day Readmissions	10%	9%	6%	6%	4%	8%	7%
Mixed Sex Accommodation Breaches	0	0	0	0	0	0	0
MRSA - Blood Stream Infection	0	0	0	0	0	0	0
Under 18 Admissions To Adult Inpatient Facilities	0	0	0	0	0	0	0

Community paediatric 18-week referral to treatment has continued to prove challenging. There have been ongoing delayed discharges of people clinically ready for discharge from the inpatient wards, mainly as a result of care home or housing issues.

Indicator	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
3 Day Follow Up - All Inpatients	80%	90%	84%	83%	85%	83%	87%
Clostridium Difficile Incidents	7	0	0	0	0	0	0
CPA Employment Status	90%	95%	95%	95%	96%	96%	95%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	54%	52%	53%	58%	59%	59%
CPA Settled Accommodation	90%	95%	95%	95%	95%	95%	95%
Ethnicity Coding	90%	80%	80%	79%	79%	79%	79%
NHS Number	99%	100%	100%	100%	100%	100%	100%

Indicator	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
3 Day Follow Up - All Inpatients	80%	89%	91%	85%	92%	90%	88%
Clostridium Difficile Incidents	7	0	0	0	0	0	0
CPA Employment Status	90%	95%	95%	94%	93%	92%	92%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	59%	63%	65%	69%	70%	71%
CPA Settled Accommodation	90%	94%	94%	93%	92%	91%	91%
Ethnicity Coding	90%	79%	79%	79%	79%	78%	78%
NHS Number	99%	100%	100%	100%	100%	100%	100%

We have continued to ensure that patients are followed up in the first three days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are potentially at their most vulnerable.

Derby City Council Public Health Contract

There are a number of targets contained within this contract for children's services, including health visiting and school nursing.

a) Health visiting

Category	Spec URN	Metric	Target	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Best Start in Life touch points (Universal and targeted)	1	% of antenatal reviews delivered	60%	24%	33%	19%	21%
	2	% coverage of NBV within 14 days	92%	98%	99%	99%	98%
	3	% of children receiving a 6-8 week review	92%	99%	98%	97%	96%
	4	% of children receiving a 3/4 month contact via text messaging		42%	87%	88%	89%
	5	% of children receiving a 3/4 month contact via group setting or individually		Not in place yet	Not in place yet	Not in place yet	Not in place yet
	6	% of children receiving a 6 month contact		Not in place yet	Not in place yet	Not in place yet	Not in place yet
	7	% of children receiving a 12 month review	92%	96%	93%	95%	94%
	8	% of children receiving a 2/2.5 year review	90%	94%	93%	91%	93%
	9	% of children receiving a 3/3.5 year contact		Not in place yet	Not in place yet	Not in place yet	Not in place yet
	10	Number of Early Help Assessments (EHA) completed		101	57	82	91
Breastfeeding	11	10-14 Days - Coverage	98%	99%	100%	99%	98%
	12	10-14 Days - Prevalence	65%	65%	66%	66%	66%
	13	6-8 Weeks - Coverage	98%	100%	100%	99%	99%
	14	6-8 Weeks - Prevalence	43%	50%	52%	53%	52%
SEND (ASQ / speech and language)	15	2.5 yr. review - % of children with 1 or more delay as a result of concerns with ASQ3		3%	3%	2%	4%
	16	2.5 yr. review - % of children referred on as a result of concerns with ASQ3		100%	100%	100%	100%
	17	% of children identified with SLC needs via ELIM		19%	15%	16%	16%
	18	% of children with identified SLC needs referred on for additional support		0%	0%	0%	0%
Healthy Weight	19	% of brief interventions around healthy weight and nutition with parent/carers of children at/above 91st centile		2%	1%	3%	6%
	20	% of Healthy Weight resource packs provided via the 2/2.5 year development review		1%	0%	1%	4%
	21	% Referrals made into Tier 2 child weight management intervention for children at/above the 91st centile		Not in place yet	Not in place yet	Not in place yet	Not in place yet
Oral Health	22	% of children under the young families health visiting team receiving a oral health targeted intervention		33%	85%	94%	100%
	23	% of tooth brushing packs and advice given at 6-8 week check	80%	77%	80%	56%	34%

The Trust continues to target face to face antenatal contacts as agreed with our commissioners, however all other families do receive a text message with links relating to the subjects covered in the antenatal contact, this is reported to the commissioners.

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

b) School nursing

Category	Spec URN	Metric	Qtr1	Qtr2	Qtr3	Qtr4
School-age Universal Touchpoints - Via The Lancaster Model	10	Number of health promotion sessions delivered in schools	77	27	75	33
	11	Number of CYP that have received a support session (workbook) from the school nursing team	2	2	13	43
	12	Number of home educated CYP that have received a support session (workbook) from the school nursing team	0	0	0	0
	13	Number of health promotion sessions delivered in special schools	0	0	0	0
Children not brought	21	Proportion of appointments where CYP/families were not brought	205 / 700 (29.29%)	155 / 591 (26.23%)	203 / 761 (26.68%)	230 / 1136 (20.25%)
Safeguarding (across 0-19 pathway)	22	Number of Early Help Assessments (EHA)	125	78	81	66
	23	% of children recorded as CIC	20 / 700 (2.86%)	12 / 591 (2.03%)	12 / 761 (1.58%)	7 / 1136 (0.62%)
	24	% of children recorded as CIN	15 / 700 (2.14%)	6 / 591 (1.02%)	9 / 761 (1.18%)	3 / 1136 (0.26%)
	25	% of children recorded as CP	32 / 700 (4.57%)	28 / 591 (4.74%)	30 / 761 (3.94%)	30 / 1136 (2.64%)
	26	Attendance at safeguarding related meetings where 0-19s service has been actively involved in care of the child: OVER 5	156	125	116	78

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

Recruitment into health visiting and school nursing posts remains a challenge for the service. A targeted recruitment campaign has taken place which resulted in the recruitment of one whole time equivalent health visitor.

Quality Performance

The quality performance overview highlights the Trust's review of its Quality Priorities from 2023/24 as well as a forward look at the priorities it will focus on for 2024/25. More information will be published within the Trust's Quality Account, which will be published on the Trust website by the 30 June 2024.

Through oversight by the Quality and Safeguarding Committee, the Trust Heads of Practice, in partnership with clinical and operational colleagues, work towards achieving all Quality Priorities through the year. A well-established governance structure provides a co-produced approach to improvement, along with the Trust's Quality Improvement Strategy allowing for established assurance.

The Quality Priorities for 2023/24 were as follows:

1. Implementation and development of Expert by Experience and Carer Engagement Strategy
2. Focused improvement in the reduction of self-harm and ligature incidents
3. Focused improvement on care planning and patient centred care
4. Focused improvement in risk assessment and formulation
5. Focused and improved use of outcome measures.

These are also embedded within the Trust Strategy, as a way of integration into core business and all Trust Quality Priorities are reported to the Quality and Safeguarding Committee.

1. **Implementation and development of Expert by Experience and Carer Engagement Strategy**
   In 2023/24 the Trust took a focus on improving how it engaged with, involved, heard, and responded to expert, carer, family and friend feedback. Along with ongoing funding of expert roles within the Trust, there has been joint working to improve the governance and role of working groups and committees. Through engaging, terms of reference, structure alongside existing Trust groups and roles and responsibilities have been created. Aiming to create operational, functional groups alongside assurance-based groups and frameworks.
   This process has also included a large amount of work to create an equal approach to engagement. Creating a culture where Trust Staff, Expert by Experience, Carers and Family Voice are all equal in value and role. Furthermore, the Trust has continued to improve the voice of carers and experts through the creation and implementation of the electronic survey. This has now been rolled out across 100 teams within the Trust, with further teams going live as we go into 2024/25. The improved feedback and success of this survey has also resulted in an agreed approach to create and implement a carer equivalent survey. This will allow for carers to provide anonymous feedback on the services their loved once's are engaged in. With this the Trust hopes to further improve the care it provides through a lessons learned approach.

2. **Focused improvement in the reduction of self-harm and ligature incidents**
   In 2023/24 the Trust recognised the ongoing challenges relating to patient self-harm and ligature incidents. Incidents of self-harm and ligature have changed throughout the year. Through investigation, improvement plans, and quality improvement projects have been identified to improve levels of safety and reduce numbers of incidents on the inpatient ward settings across the Trust. Alongside improvements in training for staff through in house Trust developed packages, staff have also been supported in their understanding of the risks identified within their own working areas. Taking on a simulation approach to training and learning, staff understanding of the risks and their role to reduce them has improved. Alongside this, the Trust inpatient Complex Risk Panel continues to function and has increased its meeting frequency to twice weekly. This has provided further support to staff, to ensure high

level reflection and care planning are in place for patients at higher risk of self-harm and ligaturing.

In November 2023, further guidance was published by the CQC, on the expectation of inpatient settings and wards to reduce the risk of self-harm and ligature. The Trust has taken this evidence-based guidance and is implementing improvements, going into 2024/25.

3. **Focused improvement on care planning and patient centred care**
   A focus in 2023/24 was around back to basic care, with an aim to improve how people are engaged in their care and to improve how the persons voice leads their care. With this the Trust took a focus on ensuring all patients received and were part of the creation of a care plan. The care plan focuses on the persons voice leading their own care and creating person centred goals. With an 85% target, the Trust created a Fundamentals of Care Group, led by the Trust Assistant Director of Clinical Professional Practice. This group focused on improving care fundamentals, along with the standard and quality of those fundamentals.

4. **Focused improvement in risk assessment and formulation**
   The completions and presence of appropriate risk assessments and formulation has also been a key part of the fundamentals of care approach the Trust has taken. With improvements in patient centred care, improvements in risk awareness and risk mitigations have been a fundamental area of improvement. An 85% target has been set; however, some areas have not yet met this requirement.

5. **Focused and improved use of outcome measures**
   There has been ongoing work to improve the use of outcome measures but not all areas have met the expected targets. This has been in line with 2023/24 the Commissioning for Quality and Innovation (CQUIN) targets. However, the Trust has decided to continue this work and improvement targets. This will be supported further through ongoing fundamentals of care work and a focus to move away from Care Programme Approach, and onto a new and improved model. A large part of this will be the embedded use of outcome measures.

2023/24 CQUIN Targets

2023/24 summary table CCG CQUINs			
CQUIN	**Topic**	**Lower Threshold**	**Upper Threshold**
CQUIN01	**Staff flu vaccinations:**	75%	80%
CQUIN15a	**Routine outcome monitoring in community mental health services:** Achieving 50% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice. Separately, achieving 10% of adults and older adults accessing select Community Mental Health Services, having their patient-reported outcomes measure (PROM) recorded at least twice**.**	Paired overall Min: 20% Paired PROMs Min: 2%	Paired overall Max: 50% Paired PROMs Max: 10%
CQUIN15b	**Routine outcome monitoring in CYP and community perinatal mental health services**: Achieving 50% of children and young people and women in the perinatal period accessing	20%	50%

	mental health services, having their outcomes measure recorded at least twice.		
CQUIN15c	**Routine outcome monitoring in inpatient perinatal mental health services:** Achieving 55% of inpatients in specialist perinatal mental health services having the same patient-reported outcomes measure (PROM) recorded at least twice and 95% of patients having the same clinician-reported outcomes measure (CROM) recorded at least twice.	75% CROM;	95% CROM;
		35% PROM	55% PROM
CQUIN17	**Reducing the need for restrictive practice in adult/older adult settings:** Achieving 90% of restrictive interventions in adult and older adult inpatient mental health settings recorded with all mandatory and required data fields completed.	75%	90%

For 2024/25, there is yet to be guidance published on future CQUIN targets, or whether or not CQUIN's will continue to function in the manner they do currently. The Trust has taken the decision to continue to evaluate itself on previous CQUIN targets, acknowledging the importance of improving evidence-based practice for improved patient outcomes.

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

1. Improvement and reduction of restrictive practice
Through continued working alongside collaboratives, staff and experts, the Trust will improve the use of restrictive practice and reduce the need for restrictive interventions. This will take into consideration physical interventions, environmental restrictions, blanket restrictions, and cultural impact.

- The Trust will focus on the improvement of all processes linked to restrictive practice to ensure data in correct and up to date. Work will occur to improve the outcome, experience and safety of staff and patients through:
  - Early identification and improvement of team cultures that may impact on restrictive practice use
  - Improvements in environments to support positive outcomes, including sensory and low stimulus environments
  - Utilisation of live data to identify learning opportunities
  - Reduction in the use of prone restraint and seclusion
  - Improvements in feeling of "Safe."
  - Increase availability of training. This will include the offer of simulation training
  - Ongoing availability of the Positive and Safe Support team, in managing complex cases
  - Early discussion and review of complex patients to reduce the need for restrictive practice.

2. Improving physical health practice, promotion and monitoring
The Trust is focused on the improvement of physical health practice, promotion, and monitoring, recognising the importance of a mental health trust, focusing equally on physical health outcomes

as they do with mental health recovery outcomes. Recognising the close link between physical health outcomes and the impact on mental illness.

- The Trust will focus on improvements in physical health practice, promotion and monitoring of physical health:
    - By improving access to information and training through improvement projects focusing on improved oversight
    - Through partnership with the Integrated Care Board (ICB), the Trust will improve on the offer to patients for physical health checks, and the interventions based on outcomes
    - Alongside this, the Trust will continue to work alongside the ICB to ensure positive relationships with Primary Care and other partners within the Joined Up Derbyshire System
    - Focusing on physical health checks for the serious mental illness cohort of patients. This will also include improvements in health promotion and sign posting and will be bolstered through the ongoing expansion and development of the living well project across Derbyshire
    - Alongside health promotion, staff training and practice improvements, there will be a focus on the use of technology to improve the quality of data and for improved outcomes where appropriate to do so.

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

- The Trust is invested in improving the use and access of research, service evaluation, audit, and quality improvement methodology to improve the outcomes of patients and their families, safety of staff and patient safety and experience improvements. The Trust is dedicated to ensuring an evidence-based practice approach to care, with innovation focused improvement:
    - Through the use of research and partnership working within the ICB and the National Institute of Health Research (NIHR), the Trust aims to improve the outcomes of patients, with a large focus on health-based inequalities
    - Improved access to training and fellowships for staff. Working alongside local universities and academia to improve the access to training to increase the Trust number of Principle Investigators and Chief Investigators
    - Continued use and improvement of data through service evaluation and audit to direct the key areas of improvement in clinical practice
    - Improved communication of opportunities to staff for research questions to be identified, and support following to complete research
    - Partnership working with local academia to create new roles and programmes to improve the uptake and engagement of research
    - Move from quality improvement methodology use, to continuous quality improvement strategy implementation.

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

- The Trust is focused on improving the quality and value of care planning for patients within our care. It is essential that a patient centred approach to each person's care is taken, and the persons voice is clearly valued within the care planning and focus on recovery outcomes:
    - Improve the quality of care plans through improved access to training and mentoring
    - Improved use of technology for data availability and improved qualitative audits
    - Improved flexibility in the availability of care to best suit the person and their circumstances to reduce health-based inequalities, (this may be done through the Living Well Project)

- Improve presence of the voice of the carer or family member of the patient and their role in supporting recovery outcomes.

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

- The Trust is focused on improving the journey of the patient and their family and carers through improvements in the key transitions of their care. This is broken down by:
  - Access to services and the journey someone has taken to get to this point:
    - A focus on how the Trust works with the Integrated Care Board and eradicate barriers that impact on health-based inequalities and access to services.
    - Improved engagement with primary care to improve essential points of information sharing.
    - Increased engagement with primary care to improve skill and experience in relation to mental health service availability and options, including health promotion.
    - Improvements on waiting times and the experience while waiting.

  - Transfer across services and improving experiences during this period:
    - Improve the transition between services where age is the key reason for transfer
    - Improvement in the experience of the person when being transferred from one team to another
    - Improvement in information sharing when transferred between services.
    - Improvement in handover processes.

  - Discharge, ensuring safe discharge and continued recovery:
    - Improved use of the offer by Living Well programme
    - Improved flow through services
    - Reduction in readmissions due to failed discharge process implementation
    - Improved engagement and involvement of family, carers and loved ones.

The 2024/25 priorities have been taken through relevant governance processes including the Quality and Safeguarding Committee to ensure a core business approach. Furthermore, regular updates will be provided on progress to the Quality and Safeguarding Committee. These priorities will become part of key fundamentals of care across the Trust and work will be completed to improve the relevant metrics.

Winners of our internal HEARTS awards

Workforce performance

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

At year end the Trust employed 3,308 contracted staff and 592 bank staff.

Recruitment and retention

- **Turnover** – our annual staff turnover rate for 2023/24 was 12.04%. This is slightly higher than last year, falling just above the target of 10-12%
- **Vacancies** – reflecting the picture nationally, we have had some challenges in recruitment of Band 5 and 6 mental health nurses and some consultant posts. During 2023/24 we recruited 569 new starters and by the year end we had an overall increase of 231 staff. Our vacancy rate at the end of March was 4.50%.

Staff attendance and wellbeing

Our annual sickness rate for 2023/24 was 6.03% which is 0.40% lower than the previous year. In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust's highest reason for sickness absence and accounted for 32.19% during 2023/24. Anxiety, stress, depression and/or other psychiatric illnesses; anxiety accounted for 33.49% of sickness absence during March 2024, followed by surgery at 8.38% and cold, cough, flu (influenza) at 8.02%.

Our enhanced wellbeing offers had good take up during the year; however, we have not yet seen an associated downturn in sickness absence rates. We expect a timing difference between the receipt of the wellbeing support and the return to work or the avoidance of absence; however, this expectation will be explored at the People and Culture Committee.

Appraisals

The Trust appraisal target rate is 90% and at the end of March 2024 the completion rate was 87.74%.

Compulsory training

The Trust has a compliance target rate of 85% and at the end of March 2024 the compliance rate was at 90.62%.

Leadership development

There is a range of leadership development support available designed to help the wellbeing, engagement and development of managers and their teams. There have been 102 masterclasses delivered between April 2023 – March 2024 with 406 colleagues attending. There have also been a range of bite-sized resources and webinars on offer. Topics cover the practical elements of managing a team, from Trust policies and processes to supporting wellbeing and resilience with teams, having better conversations and handling conflict. A managers conversations hub has also been developed for the intranet with practical tips and tools to support leaders with the differing types of conversations within their team, i.e., wellbeing, performance etc.

This year saw the delivery of the third cohort of the first steps into leadership programme helping colleagues to develop their self-confidence, increase their self-awareness and encourage them to think about their career. Delegates are also expected to complete the NHS Leadership Academy's on-line Edward Jenner Programme. The fourth cohort of the 'Aspiring to Be' a leader programme started in September 2023 with another cohort planned for September 2024. This programme is aimed at colleagues who are looking to take their first steps into a leadership role.

A monthly Senior Leadership Forum was introduced in January 2023. The forum aims to be both developmental and engaging giving senior leaders the opportunity to focus on leadership themes that will help people in their roles as well as making connections at a deeper level.

Alongside the Mary Seacole Derbyshire programme, the Joined Up Care Derbyshire Organisational Development Group have now agreed a core leadership development offer which will be available across Derbyshire health and social care organisations from April 2024. A coaching database has also been developed to support the Derbyshire coach network which makes it easier for colleagues across our system partners to access coaching directly.

Trust given national employer gold award for supporting armed forces

The Trust was awarded the Defence Employer Recognition Scheme gold award in October 2023, which recognises the Trust's ongoing commitment to our armed forces community, as an employer.

The Trust was recognised for its proactive approach to recruit and support veterans, reservists, cadet force adult volunteers and military family members.

The Defence Employer Recognition Awards have been launched by the Government to encourage employers to support defence and the armed forces and inspire others to do the same. The scheme includes bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the Armed Forces Covenant. Derbyshire Healthcare was recognised for advocating support to the armed forces community.

Justine Fitzjohn, Trust Secretary at Derbyshire Healthcare NHS Foundation Trust and Executive Sponsor for the Trust's Armed Forces Staff Network said: "It is fantastic news for Derbyshire Healthcare to hold gold status with The Defence Employer Recognition Scheme.

"The Armed Forces community is highly regarded across the Trust, and we believe it is important to advocate those who have served or are serving in the forces.

"This award would not have been achieved without our fantastic Armed Forces Staff Network for their ongoing commitment in wanting to support the community.

"It goes without saying that we are incredibly proud to show our support and look forward to looking at ways we can do even more as a Trust."

The Trust formerly received their gold status at an awards ceremony at The Officers Mess by Prince William of Gloucester Barracks in Grantham on 19 October 2023.

Financial performance

Detailed financial performance

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

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

At the end of month 12 the outturn for the Trust was a deficit of £9.0m (£4.6m deficit after technical adjustments). This was worse than the plan of breakeven due to the withdrawal of Public Dividend Capital funding, support to a complex patient, inflationary pressures, additional costs for industrial action and other technical adjustments outside of our control.

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

The Board report in March 2024 summarised key pressures within the financial performance. Pressures included staffing absences and vacancies necessitating additional staffing costs to cover absences through the use of temporary staffing. The Trust continued to enhance the reporting of both bank and agency expenditure which had increased at the start of 2023/24 but had made significant reductions in the second half of the financial year. Analysis of temporary staffing costs, for both bank and agency staffing, will continue, in order to inform and support decision making to deliver continued reductions in those costs going into 2024/25.

Among the notable successes, the Trust delivered on its efficiency requirement for 2023/24 in full, however a significant proportion of those savings were non-recurrent in nature, meaning they do not carry forward a recurrent saving into the next financial year.

Key technical financial components which contribute to the plan delivery also includes our liquidity, net current assets/liabilities and cash levels which can be found on the statement of financial position. It is clearly important to ensure we are able to continue to service our debts, and our liabilities are included in the accounts in notes 25 to 30.

Another important measure is our performance against our capital expenditure plan. At the start of the year our capital plan was for £68.3m, off which £48.8m was to be funded from national Public Dividend Capital (PDC) allocations in relation to the Dormitory Eradication Programme and £19.5m of self-funded of which £18.2m of that also supported the dormitory eradication programme. During the year we received additional PDC funding for capital expenditure related to the Dormitory Eradication Programme and IT schemes, which increased the spend and were also allowed to over commit capital against our plan. This in turn lead to capital expenditure of £71.5m in year, £3.2m more than originally planned.

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

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

Capital Expenditure Summary 2023/24	Plan £'000	Actual £'000
Self-funded capital schemes		
Information and Technology	484	641
Estates	19,043	20,566
Total self-funded schemes	**19,527**	**21,207**
PDC-Funded Capital schemes		
Information and Technology		573
Estates (dormitory eradication funding)	48,790	49,690
Total PDC-funded schemes	**48,790**	**50,263**
Total Capital expenditure 2023/24	**68,317**	**71,470**

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

As part of planning capital expenditure for the next financial year, system partners have worked together to agree a capital plan for 2024/25 within the limited resources available to the Derbyshire system and have clearly articulated the risks associated with those plans.

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

Looking forward, we will continue to work closely with health and social care partners to deliver the strategic priorities of JUCD and have submitted a collective system financial plan as well as individual organisational plans. The draft plan submission was a deficit plan for both the Trust and the overall Derbyshire system. Subsequent submissions and medium-term financial planning will determine the trajectory for delivery of a balanced financial plan.

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

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

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

The Trust has not undertaken any work overseas during 2023/24.

Countering fraud and corruption
The Trust's counter fraud service is provided by 360 Assurance who work with us to devise an operational counter fraud work plan for the year, which is agreed by the Trust's Audit and Risk Committee. The plan is designed to provide counter fraud, bribery and corruption work across generic areas of activity in compliance with NHS Counter Fraud Authority standards and our Local Counter Fraud Specialist provided 46 days of service for us across the year. The number of days of activity across the year is summarised below grouped by type of activity:

Area of activity in countering fraud	Days
Proactive work	43
Reactive work	3
Total days	**46**

Dedicated Derbyshire Healthcare nurse receives national award for contributions to school nursing

A Lead Nurse at the Trust has been awarded with the prestigious Queen's Nurse award for their work within children's services and is now a member of the Queen's Nursing Institute.

Susie Scales, Clinical Lead School Nurse across Derby City, was recognised for demonstrating a high level of commitment to patient care and nursing practice within the community.

The Queens Nursing Institute (QNI) is the longest standing UK professional nursing organisation and one of the oldest charities for nursing in the world. The institute formally recognises nurses who have shown commitment to delivering and leading exceptional care within communities, with becoming part of a professional nursing network.

Susie has been selected for showing continued commitment towards learning, leadership and improving standards of care in community work.

Sue Earnshaw, Area Service Manager for 0-19 Children's Services at Derbyshire Healthcare NHS Foundation Trust, congratulated Susie on her achievement. Sue said: "We are pleased to hear the fantastic news about Susie. She has worked very hard to make a difference to the children in the 5-19 service she works within."

Data Security and Protection

The Data Security and Protection (DS&P) toolkit reporting year is from 1 July 2023 to 30 June 2024, not the financial year end. The Trust successfully completed and submitted its DS&P toolkit with standards met in June 2023. This has been though a local audit process with substantial assurance and high confidence.

Changes within the DS&P Group include Director of Finance as new Deputy Senior Information Risk Owner (SIRO) which maintains links with the Trust Board. Work is in progress to appoint a Deputy Caldicott Guardian to provide cover for the Medical Director.

Policies
All Trust policies relevant for DS&P Group approval have been reviewed and were in date consistently throughout the year. The current policy compliance dashboard shows a target of 95% and actual value of 100%.

Mandatory training
Although there has been an increase in staffing across both Corporate and Operational services in 2023/24, the Trust has maintained an excellent standard for mandatory DS&P training compliance and culture.

		Total	Corporate Services	Operational Services
April 2024	Total target group	3130	536	2594
	In date	3017	510	2507
	Out of date	133	26	87
	Perf. threshold %	**96.39%**	**95.15%**	**96.65%**

The Trust continues to offer a range of training options to support different needs of both our own staff and third-party staff working in partnership. This includes traditional workbooks, in person classroom sessions, pre-recorded training sessions and a choice of electronic e-learning.

As part of the induction process, the Trust is helping to reinforce awareness and importance of DS&P.

Data Protection Act – Subject Access Requests
Between April 2023 to March 2024, the Trust has received over 450 Subject Access Requests from patients or someone acting on their behalf. This represents the highest number of subject access requests the Trust has received.

April 2023 – March 2024	Standard (one month deadline)	Complex (three-month deadline)	Total
Total requests received	435	3	438
Number of closed requests	450	3	453
Average days to complete a request	12	40	12

All requests have been completed within the legal deadline. Average standard requests with one month deadline take less than two weeks to complete. Complex requests where deadline is extended to three months are taking an average of 40 days.

Even though 2023/24 represents the busiest year for Subject Access Requests, it has also been the best year for Trust compliance and performance with the Data Protection Act. The key factor has been a small dedicated clinical team within records management to centralise and support service users and those acting on their behalf making requests.

Incidents – data security breaches
Between 1 April 2023 and 31 March 2024, one incident was reported to the Information Commissioner's Office (ICO) by the Trust. The incident involved a complaint from a service user about not receiving a full copy of their health records held by our Trust. A full investigation took place to review the request and confirmation was given that redactions had been appropriately applied to remove third party information and information which may cause further harm. No further action was necessary.

There have been a further six incidents reported externally via the DS&P Toolkit.

Two of these met the threshold for further escalation to the ICO, who in turn responded to confirm no further action was necessary. The two incidents further reported to the ICO were external to the Trust. The Trust reported locally and also externally for transparency and confirmed other organisations involved also correctly responded and managed the incident process.

Two further incidents external to Trust were reported externally but did not meet the threshold to be escalated to the ICO.

The remaining two incidents were internal to the Trust. Both of these have been investigated and resolved, with data securely retrieved, training provided, patients contacted, and apology given.

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

- IT system collapse due to Cyber Attack
- Fraud risk – unsolicited emails and potential viruses
- Patient communication – incorrect recipients (includes email and SMS as well as traditional paper letters).

Cyber security
The threat of Cyber-attack remains one of our Trust's top three DS&P risks. Cyber Security continues to be recognised by the Trust at the highest level and included as part of the Board Assurance Framework (BAF).

In 2023/24 the Trust helped to improve support links with partnering organisations across Derbyshire and suppliers. This collaborative approach has focused on business continuity and working alongside partnering organisations, both to share plans on how to react to emergencies and follow up restoration.

Information asset ownership remains a key central component in terms of cyber security and wider risk management. The Trust has an ongoing review process to support services with understanding systems in use and respective risks. This is underpinned by dedicated training and support from our DS&P Team.

Freedom of information
The Trust's DS&P Committee is responsible for awareness and overseeing the Trust's compliance with the Freedom of Information Act 2000 and the implementation of an open culture to improve transparency.

During the 2023/24 financial year, the Trust received 398 requests for information and responded to 358 within the 20 working daytime limit. The Trust received three requests for an internal review in respect of the information it provided to requesters. The Trust has not been referred to the ICO for the way it handles or processes FOI requests.

Derbyshire doctor co-edits prestigious new book on Adult Psychiatry

A Trust psychiatrist has shared their knowledge to update a foundational book on modern general adult psychiatry, which is being published by a well-known publisher.

Dr Paul Rowlands has collaborated with two other psychiatrists on the latest edition of 'Seminars in General Adult Psychiatry,' jointly published by the Royal College of Psychiatrists (RCPsych) and Cambridge University Press. The book acts as a key text for psychiatry trainees studying for their MRCPsych exams, and a source of continuing professional development for psychiatrists and other mental health professionals.

The book covers developments in the understanding of mental disorders, service delivery, changes to risk assessment and management, collaborative care plans and 'trauma-informed' care. Key features of the former edition that have been revised include the detailed clinical descriptions of psychiatric disorders and historical sections with access to the classic studies of psychiatry. Additional topics explore autism, Attention Deficit Hyperactivity Disorder (ADHD) and physical health.

Dr Rowlands, Consultant General Adult Psychiatrist at Derbyshire Healthcare NHS Foundation Trust, has worked within in-patient and community settings as a consultant for over 26 years. His work has involved the training of psychiatry postgraduates for a number of years, including seven years as Head of the School of Psychiatry for Yorkshire and the Humber. Dr Rowlands has been involved in the General Adult Faculty of the Royal College of Psychiatrists as an elected member, Vice–Chair and Interim Chair, contributing to numerous reports.

"My intention with this book is to provide a fair summary of general psychiatry in the current UK context, with lots of practical advice and summaries of theory to help aid learning. As a psychiatry with over 26 years of experience, I want to share my findings with budding psychiatrists in hope that this will become a key feature of their studies," said Dr Rowlands.

Accountability report

The Trust's directors take responsibility for preparing the Annual Report and Accounts. We consider this information is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

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

Mark Powell
Chief Executive
26 June 2024

National quality mark for Trust's Work Your Way employment service

In May 2023, the Trust's individual placement support (IPS) service, Work Your Way, has received the national quality mark for IPS services as a result of a recent fidelity review.

The Work Your Way team are a group of employment specialists and job coaches providing support to people using community mental health services in Derbyshire, helping them to find work and stay in work.

The fidelity review measures areas of good practice, including:

- Positive team culture
- Good communication
- Good employment support
- Focus on continuous learning and collaboration.

work your way
Working for a positive future

Samantha Parr, Individual Placement Support manager at Derbyshire Healthcare NHS Foundation Trust, said: "I am delighted that the Work Your Way team have been recognised for all their hard work. This award is not only for the IPS service, but also for the clinical teams which are integrated into the service and for the service users we have supported.

"This achievement is extremely rewarding given the service first launched in March 2020, in the height of COVID-19 restrictions. The team have continued to improve collectively to support local people into paid employment and should be extremely proud."

Directors' report

Trust Board members at 31 March 2024:

Selina Ullah, Chair
Term of office: 14 September 2021 – 3 September 2024
Before joining the Trust, Selina had been a Non-Executive Director at Bradford Teaching Hospitals NHS Foundation Trust for six years and became its Vice Chair and Senior Independent Director in 2019. Selina is a Board member for the Muslim Women's Council, having previously been its Chair for 10 years. She is also a Lay Board Member at the General Pharmaceutical Council and a Trustee of NHS Providers. Selina chairs the Board, Council of Governors and the Remuneration and Appointments Committee.

Mark Powell, Chief Executive
Mark became Chief Executive of the Trust on 3 April 2023. Prior to commencing this role, Mark worked as Managing Director and Deputy Chief Executive at Leicestershire Partnership NHS Trust. Mark, who lives in Derby, has over 20 years' experience of working in the NHS and previously worked for Derbyshire Healthcare NHS Foundation Trust between 2015 and 2021 as Chief Operating Officer, leading the Trust's operational services, estates and facilities and IM&T. Mark also led the Trust's initial response to the COVID-19 pandemic. Previously Mark has worked as Executive Director of Operations at Burton Hospitals NHS Foundation Trust. He has experience of working in public health, health improvement and developed one of the first community health improvement programmes for children with obesity. He has also worked in acute, community and mental health commissioning through a previous role at South Staffordshire Primary Care Trust.

Tony Edwards, Deputy Chair
Term of office: 1 August 2022 – 31 July 2025
Tony is chair of the Trust's Finance and Performance Committee. Tony holds a BA in Accounting and Finance and is a Chartered Accountant. Tony spent the first half of his career in senior finance roles in manufacturing and then a further 17 years in business unit leadership roles with Filtrona plc and Luxfer Holdings plc. Tony spent 11 years as a governor at Nottingham Trent University and is currently a governor at University of Derby where he chairs the Performance, People & Resources Committee and the governance oversight board for the new Business School development project. Tony was also appointed as Deputy Chair on 11 January 2023.

Other Non-Executive Directors

Ashiedu Joel
Term of office: 23 January 2023 – 22 January 2026
Ashiedu Joel is an engineering graduate who runs her own business consultancy and training firm across the East Midlands. She is a Justice of the Peace and an elected member of Leicester City Council. Ashiedu has extensive experience of supporting organisations, groups and individuals to engage constructively across racial, cultural and socio-environmental boundaries, while promoting opportunities for shared learning and collaboration.

Ashiedu has also held a number of Non-Executive posts and continues to be an Executive of the African Network Leicester Leicestershire and Rutland an umbrella organisation that seeks to connect, inspire and empower and promote Africans and those of African Heritage through capacity building, and a Trustee of The Bridge, which provides sustainable housing support, advice and solutions for homeless and vulnerable people in Loughborough and Leicester. Ashiedu is the Non-Executive Director lead for equality, diversity and inclusion. She is chair of the Trust's Mental Health Act Committee; co-Chair of the EDI Steering Group and is in her second three year term of office.

Geoff Lewins
Term of office: 1 December 2023 – 30 November 2024
Geoff was appointed Non-Executive Director on 1 December 2017 and was re-appointed to his second three-year term in 2020. He has since been re-appointed for a further one-year term. A qualified accountant by background, Geoff has more than 30 years' experience in finance, IT and governance, having formerly worked as Director of Finance Strategy for Rolls-Royce plc. He is also a Trustee of The Arkwright Society, an educational charity devoted to the rescue of industrial heritage buildings in Derbyshire. Geoff is the chair of the Trust's Audit and Risk Committee. He is the Non-Executive Director Freedom to Speak Up lead and also the Non-Executive Director lead for the East Midlands Perinatal Mental Health Provider Collaborative.

Deborah Good
Term of office: 1 March 2022 – 28 February 2025
Deborah, a former Housing Director, holds a BA and a Postgraduate Diploma in Housing. She has spent most of her career in the social housing sector, working to improve the quality of services for local communities. Deborah has experience of serving on various multi-agency boards, including in her role as Executive Director of Customer Experience and Business Support at Solihull Community Housing and as Non-Executive Director at Derwent Living. Deborah is a current Trustee of Artcore, a provider of visual arts to diverse communities across Derbyshire.

Ralph Knibbs, Senior Independent Director
Term of office: 1 July 2022 – 30 June 2025
Ralph joined the Trust on 1 June 2022 in designate role, before starting his first term on 1 July 2023, when he was also appointed as the Senior Independent Director (SID). The SID serves as an alternative point of contact for governors and directors when they have concerns or when it would be inappropriate to contact the Chair or Chief Executive. Ralph is chair of the Trust's People and Culture Committee. For over 20 years, Ralph has operated as a Strategic Senior Human Resources Business Partner, with experience of working in both the public and private sector, as well as within complex international matrix organisations such as Rolls-Royce plc. Ralph is highly skilled at delivering people transformational change programmes to improve business performance; and possesses a deep understanding of team working through his extensive experience of

professional sport. He is a passionate ally of equality, diversity and inclusion. Ralph is currently the Head of Human Resources at United Kingdom Athletics Limited where he has been since 2011. From August 2022, he has also undertaken a volunteer role as a Steering Group Member of the Rugby Black List, with the aim to celebrate black achievement on and off the pitch in rugby union at all levels. During 2023, Ralph became a Trustee for the charity Star*Scheme, with the stated mission to make a material difference in the lives of young people and their families who have multiple adverse childhood/community experiences (ACEs) or mental health issues.

Lynn Andrews
Term of office: 11 January 2023 – 10 January 2026
Lynn first joined in a designate role in the autumn of 2022 as part of the handover for the clinical Non-Executive Director role before joining formally as a Non-Executive Director on the 11 January 2023. She is the chair of the Trust's Quality and Safeguarding Committee. Lynn's roots are in Scotland where she qualified as a Registered Nurse before moving to the Midlands where she has worked in healthcare since 1987. Lynn has gained qualifications in nursing and NHS management and has a master's degree in Health Policy. Throughout Lynn's nursing career she has always worked in roles requiring ongoing professional, clinical and governance knowledge and skills. Lynn's most recent post was on the Board at Chesterfield Royal Hospital NHS Foundation Trust as Executive Director of Nursing and Patient Care and lead for quality, with a portfolio responsibility including quality improvement, patient experience and safety, safeguarding and infection control. Lynn has a strong commitment and passion to improving quality and experience for all patients and staff. Working with the East Midlands Strategic Health Authority and with the national NHS Teams, Lynn has gained an excellent understanding of healthcare and the requirements for regulation. Lynn has lived in Derbyshire for over 20 years, enjoys running in South Derbyshire and the Peak District.

Other Executive Directors

Arun Chidambaram, Medical Director
Dr Chidambaram was appointed the Trust's Medical Director in October 2022. A Forensic Consultant Psychiatrist by background, Arun was previously Deputy Chief Medical Officer and Locality Medical Director at Lancashire and South Cumbria NHS Foundation Trust. Arun has previously worked as a Deputy Medical Director across a number of organisations, including being the Interim Medical Director and Medical Director for Operations at Mersey Care NHS Foundation Trust. Arun holds two master's degrees in psychiatry and a postgraduate certificate in Healthcare Leadership. He has a wealth of clinical experience in addition to leadership expertise within a healthcare setting. Arun is the executive lead for safety.

James Sabin, Director of Finance
James commenced in post as the Trust's Director of Finance on 5 February 2024. In addition to leading finance, James has taken up the portfolio of Estates and Facilities, Procurement and Contracting. James joined the Trust following over eight years in post as the Deputy Director of Finance, Procurement and Contracting at Sheffield Health and Social Care NHS Foundation Trust. He was also Director of Finance at South West Yorkshire Partnership NHS Foundation Trust for a year, through a secondment arrangement, where James also led performance, informatics, digital teams and was the Trust's Senior Information Risk Owner (SIRO). A Chartered Accountant by background, James commenced his career at Leeds Teaching Hospitals, having originally been a placement student there as part of his degree before moving to Sheffield Children's NHS Foundation Trust. James is a member of The Chartered Institute of Management Accountants and completed his Chartered Global Management Accountant (CGMA) qualification in 2004.

Lee Doyle, Interim Executive Director of Operations
Lee commenced in post as Interim Executive Director of Operation on 6 November 2023 with specific responsibilities including Estates, as well as being the Joined Up Care Derbyshire System Senior Responsible Officer (SRO) for Learning Disabilities and Autism and the Trust's SRO for Emergency Preparedness, Resilience and Response. Lee began his NHS career in 1990 qualifying as a Registered Nurse in 1993, and further completing his BSc as a Specialist Practitioner (District Nurse) in 1998. After qualifying he worked in acute medicine at Blackpool before moving back to Lancaster working as a community nurse. He developed a passion for service improvement and then moved into general management. Lee has worked within the Derbyshire system in a range of general management roles for nearly 14 years. This includes roles in the Trust of General Manager for Older Peoples Services, Deputy Director of Operations and then his substantive role of Managing Director in September 2022.

David Tucker, Interim Executive Director of Operations
David become Interim Director of Operations for on 6 November 2023. This was a temporary role which ceased on 31 March 2024. David's substantive role is Managing Director of Operations. David has worked at the Trust for 22 years and over this time he has held a range of roles including Associate Director for Acute Services and General Manager for Community Services for Adults of Working Age. David qualified as a Social Worker in 1995 and as an Approved Social Worker in 2000 and worked for Wakefield Social Services prior to coming to Derbyshire.

Dave Mason, Interim Director of Nursing and Patient Experience
Dave commenced in post as the Trust's Interim Director of Nursing and Patient Experience on 30 October 2023, joining us on secondment from Nottinghamshire Healthcare. Dave qualified as a registered mental health nurse in 1995 and has 29 years' experience of working in the NHS, predominantly within secure mental health services throughout the Midlands. He has worked in several professional nursing and operational leadership roles, most recently at Nottinghamshire Healthcare NHS Foundation Trust as Associate Director of Nursing, Quality and Patient Experience. Dave is committed to improving the experience that patients and carers have of our services. He has previously established involvement and improvement partnerships which have enabled patients to drive improvements in services and believes it is a privilege as a nurse to be able to contribute to the lives of people, often in times of their greatest need.

Other Directors who attend the Trust Board:

Justine Fitzjohn, Trust Secretary
Justine Fitzjohn joined as Trust Secretary on 3 June 2019 from University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust, where she was the Deputy Director of Governance. She brings a broad range of experience in regulation, statutory and legal compliance. Justine's responsibilities include arrangements for the Trust Board, Board Committees and Council of Governors, alongside membership, legal affairs and Freedom of Information. Since February 2021 she has been the Trust's Senior Information Risk Officer (SIRO).

Vikki Ashton Taylor, Deputy Chief Executive and Director of Strategy, Partnerships and Transformation
Vikki Ashton Taylor began in post as the Trust's Director of Strategy, Partnerships and Transformation on 1 June 2022 and was appointed as Deputy Chief Executive in February 2024. Vikki has worked in the NHS for 25 years undertaking a range of both operational and strategic roles across acute, commissioning and regulatory organisations, including a number of years as an Executive Director. Vikki's most recent role was the Lead Director for Joined Up Care Derbyshire, and she brings a wealth of system related experience and expertise. Vikki lives in Derbyshire and volunteers as a Magistrate for the Ministry of Justice.

Rebecca Oakley, Interim Director of People and Inclusion
Previously Rebecca worked as Deputy Director of People and Inclusion before taking the temporary role of Acting Director of People and Inclusion and then the interim role in November 2023. Rebecca has worked in the NHS in Derbyshire for 20 years, working across a range of HR and Corporate teams, including Organisational Development, Service Improvement and Communications. Rebecca joined Derbyshire Healthcare NHS Foundation Trust in 2021, having previously worked at Derbyshire Community Health Services NHS Foundation Trust leading the Organisational Development function across both organisations. Rebecca holds an MBA in senior leadership and a postgraduate certificate in clinical leadership.

Others who had served as Board members in 2023/24

Carolyn Green, Interim CEO - 1 – 2 April 2023 and Director of Nursing and Patient Experience – 3 April 2023 - 31 January 2024 (on secondment from 17 September 2023).

Jaki Lowe – Director of People and Inclusion – up to 26 November 2023.

Kyri Gregoriou, Interim Director of Nursing and Patient Experience – 16 September 2023 – 29 October 2023.

Ade Odunlade, Chief Operating Officer - up to 30 November 2023.

Rachel Leyland, Interim Director of Finance - up to 4 February 2024.

Jo Wilson, Acting Interim Director of Finance – 3 October 2023 - 4 February 2024.

ARMED FORCES COVENANT

EMPLOYER RECOGNITION SCHEME

GOLD AWARD 2023

Proudly supporting those who serve.

New facilities under construction in Chesterfield

Appointments by the Council of Governors

During 2023/24 the Council of Governors re-appointed one Non-Executive Director.

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

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

Register of interests
It is a requirement that the Chair, Board members and Board level directors who have regularly attended the Board during 2023/24, and current members, should declare any conflict of interest that arises in the course of conducting NHS business.

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

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

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


Mark Powell, Chief Executive and colleagues from CAMHS

Declarations of interests register 2023/24 (as at 31 March 2024)

DECLARATION OF INTERESTS REGISTER 2023/24		
NAME	**INTEREST DISCLOSED**	**TYPE**
Lynn Andrews Non-Executive Director	• Trustee for Ashgate Hospice, Chesterfield	(e)
Vikki Ashton Taylor Director of Strategy, Partnerships and Transformation	• Magistrate covering mainly Derbyshire and Nottinghamshire Courts	(e)
Tumi Banda *(until April 2023)* Interim Director of Nursing and Patient Experience	• Jabali Men's Network	(d)
Tony Edwards Deputy Trust Chair	• Independent Member of Governing Council, University of Derby	(a)
Deborah Good Non-Executive Director	• Trustee of Artcore, Derby • Director of Craftcore, Derby	(e) (e)
Carolyn Green *(until Sep 2023)* Director of Nursing and Patient Experience	• Midlands and East Regional Director, National Mental Health Nurse Directors Forum	(e)
Ashiedu Joel Non-Executive Director	• Director, Ashioma Consults Ltd • Director, Peter Joel and Associates Ltd • Director, The Bridge East Midlands • Director, Together Leicester • Lay Member, University of Sheffield Governing Council • Fellow, Society for Leadership Fellows, Windsor Castle • Elected Member, Leicester City Council	(a) (a) (a) (a) (a) (a) (a)
Ralph Knibbs Senior Independent Director	• Vice Chair, RFU Diversity and Inclusion Implementation Group, England Rugby Football Union (voluntary position), ended June 2023 • Head of HR, UK Athletics (employed position) • Founding member and Steering Group Member, The Rugby Black List (voluntary position) • Trustee of Star* Scheme Charity (voluntary position), from December 2023	(e) (e) (e) (e)
Geoff Lewins Non-Executive Director	• Director, Arkwright Society Ltd • Director, Cromford Mill Limited (wholly owned trading subsidiary of Arkwright Society)	(a) (a)
Jaki Lowe *(until Nov 2023)* Director of People and Inclusion	• General Medical Council Associate	(e)
Ade Odunlade *(until Nov 2023)* Chief Operating Officer	• Society of African Nurses and Midwives • Research Lead on Observations for Ox e-Health • Chair, NHS Providers Chief Operating Officers Network • Governor of Eden Park High School, Beckenham, Kent • Member of the Advisory Board of XRT Therapeutics (digital organisation helping people to overcome phobia and anxiety) • Advisory Board Member, Healthcare Strategy Forum • Deputy Chair CAD Charity Foundation – Education funding for Girls from poor background in Africa	(d) (e) (e) (e) (e) (e) (e)
Mark Powell Chief Executive	• Treasurer, Derby Athletic Club	(d) (e)
Becki Priest *(until April 2023)* Interim Director of Quality and Allied Health Professionals	• Has a consultancy called IPS support assisting health and care organisations to implement employment support or to review their practice. Regularly undertakes contracted work with IPS Grow which is part of social finance	(b)

James Sabin *(from Feb 2024)* Director of Finance	• Spouse works at Sheffield Health and Social Care NHS Foundation Trust as Head of Therapeutic Environments	(e)
Selina Ullah Trust Chair	• Non-Executive Director, Solicitors Regulation Authority • Director/Trustee, Manchester Central Library Development Trust • Non-Executive Director, General Pharmaceutical Council • Non-Executive Director, Locala Community Partnerships CIC • Non-Executive Director, Accent Housing Group • Director, Muslim Women's Council • Trustee and Board member of NHS Providers representing Mental Health Providers	(a) (e) (e) (e) (e) (e) (e)

Note - Other Board members not included in above table submitted a nil return.

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
(b) Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
(d) A position of authority in a charity or voluntary organisation in the field of health and social care.
(e) Any connection with a voluntary or other organisation contracting for National Health Services or hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or any other body which could be seen to influence decisions you take in your NHS role (see conflict of interest policy -loyalty interests).

Details of any political donations

The Trust has made no political donations during 2023/24.

Better Payment Practice Code:

	31 March 2024		31 March 2023	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	**15,673**	**119,990**	15,947	83,288
Total Non-NHS trade invoices paid within target	**14,859**	**117,778**	15,061	81,986
Percentage of Non-NHS trade invoices paid within target	**95%**	**98%**	94%	98%
Total NHS trade invoices paid in the year	**663**	**14,136**	606	14,584
Total NHS trade invoices paid within target	**605**	**13,492**	538	12,536
Percentage of NHS trade invoices paid within target	**91%**	**95%**	89%	86%

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

Income disclosures

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

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

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

Disclosure to auditors
On the 26 June 2024 the Directors of Derbyshire Healthcare NHS Foundation Trust declare that, to their knowledge, there is no relevant information of which the Trust's auditor is unaware and the Directors have taken all the steps that they ought to have taken as a Director to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

England's top nurse presents awards to four Trust colleagues for excellence in healthcare

Four healthcare workers at our Trust have been awarded the prestigious Chief Nursing Officer (CNO) Healthcare Support Worker Award for showing excellence across the healthcare profession.

The award, given by NHS England, recognises the vital contributions of healthcare support workers. Recipients must consistently demonstrate the NHS values and behaviours when fulfilling their everyday roles, to provide excellent patient care. Jayne Barnard, Margaret Dove, Stacia Fitzsimmons and Jeanette Sidwell all received individual awards. In addition, a special commendation was presented to the team that mentors the Trust's healthcare support workers, the ICARE team, for demonstrating ongoing learning and development across the healthcare profession.

Derbyshire Healthcare is one of only two Trust's within the Midlands region, which is the largest region in England with over 30,000 health care support workers, to receive recognition on this occasion. The winners also stood out amongst over 3,000 healthcare support workers in Derby and Derbyshire.

The ICARE (Increase confidence, attract, retain, educate) programme was launched within the Trust in February this year to meet the emotional, educational and wellbeing needs of newly employed healthcare support worker's by combining both pastoral support and training on key topics relevant to their role in delivering safe and effective care in mental health services.

How we are organised

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

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

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

In 2023/24 the Board of Directors met six times to discuss the business of the organisation. These meetings are held in public, and anyone is welcome to attend and hear about our latest developments and performance.

Responsibilities of the Board of Directors
The Board of Directors ensures that good business practice is followed, and that the organisation is stable and able to respond to unexpected events, without jeopardising services, and confident enough to introduce changes where services need to be improved. Therefore, the Board of Directors carries the final overall corporate accountability for its strategies, policies and actions as set out in the codes of conduct and accountability issued by the Secretary of State. In order to discharge its responsibilities for the governance of the Trust, the Board has established a number of Committees of the Board as described on pages 66-68.

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

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

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

The Senior Independent Director leads the performance evaluation of the Chair using a process which is agreed by the Nominations and Remuneration Committee and in which the full Council of Governors are encouraged to participate. This feedback is discussed with the Lead Governor, shared with the Chair and was taken to the Governors' Nominations and Remuneration Committee in April 2024 and reported on to the Council of Governors in May 2024.

Selina Ullah's appraisal was carried out in line with the NHS Improvement Provider Chair competency framework.

The Board is held to account, and its performance is evaluated on an ongoing basis, by the Council of Governors discharging its statutory responsibilities, and regularly feeds back to the Board through the Chair. The Board regularly reviews the performance of Committees and is assisted by the Audit and Risk Committee which reviews the work of the other Board Committees to ensure that they have appropriate control systems for supporting the Board's work and have appropriate mechanisms for managing and mitigating risks within their areas of responsibility. Members of the Board of Directors are outlined in the Directors' report on pages 54-58.

Meetings of the Board of Directors
The Board of Directors held six public meetings during 2023/24:

	Actual attendance	Possible attendance
Non-Executive Directors		
Selina Ullah	6	6
Tony Edwards	5	6
Ralph Knibbs	3	6
Lynn Andrews	6	6
Deborah Good	6	6
Ashiedu Joel	4	6
Geoff Lewins	6	6
Executive Directors		
Mark Powell	6	6
Vikki Ashton Taylor	6	6
Arun Chidambaram	6	6
Lee Doyle	1	2
Justine Fitzjohn	5	6
Rachel Leyland	4	5
Dave Mason	2	3
Rebecca Oakley	3	3
James Sabin	1	1
David Tucker	2	2
Joanne Wilson	2	2
Carolyn Green	3	3
Jaki Lowe	0	4
Ade Odunlade	4	4
Kyri Gregoriou	0	0
Jo Wilson	1	1

Directors' expenses

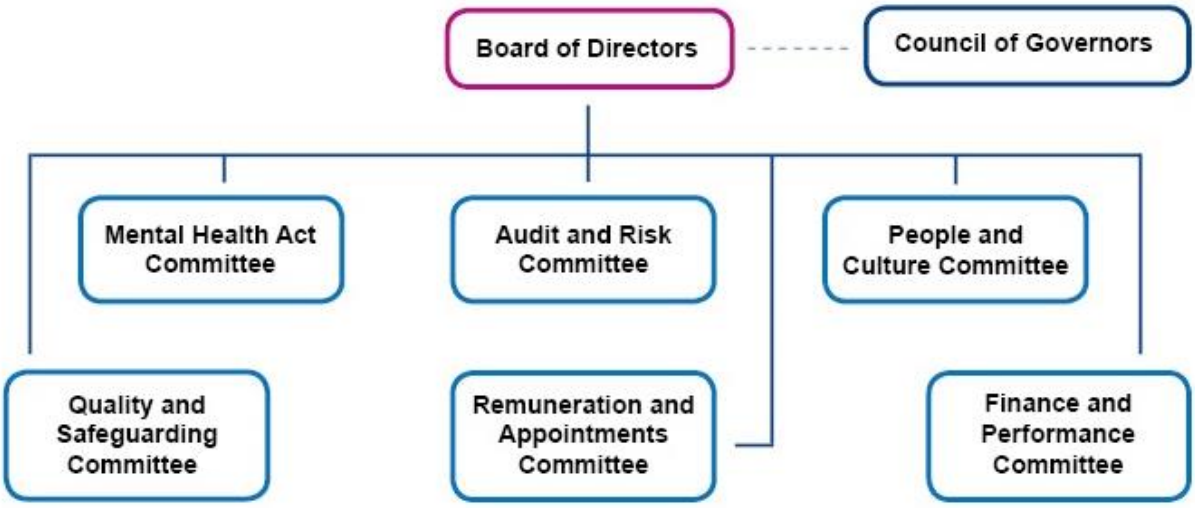
	2023/24	2022/23
Number of Directors	22	23
Number of Directors receiving expenses for the year	12	10
Aggregate sum of expenses paid to Directors in the year (£00)	£47	£29

Values shown in £00 – actual amount paid £4,692 (2022/23: £2,858).

Committees of the Board of Directors

Board governance structure

Non-Executive Directors are represented on all Board Committees.



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

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

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

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

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

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

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

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

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

In 2023/24 the Audit and Risk Committee comprised the following Non-Executive Director members:

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

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

	Actual attendance	Possible attendance
Geoff Lewins	6	6
Deborah Good	5	6
Ashiedu Joel	2	6
Ralph Knibbs (cover for quoracy)	1	1

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

Mental Health Act Committee
This Committee monitors and obtains assurance on behalf of the hospital managers and the Trust, as the detaining authority, that the safeguards of the Mental Health Act and Mental Capacity Act are upheld. This specifically includes the proactive and active management of the prevention of deprivation of liberty and ensuring Deprivation of Liberty Safeguards (DoLS) applications as a managing authority are appropriately applied. It also monitors related statute and guidance and reviews the reports following Mental Health Act inspections by the Care Quality Commission

(CQC). In 2023/24 the Quality and Safeguarding Committee included all actions arising from CQC Mental Health Act inspections into the master CQC action monitoring reports.

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

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

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

Remuneration and Appointments Committee
The role of the Committee is to ensure there is a formal and transparent procedure for developing policy on Executive Director remuneration and for agreeing the remuneration packages of individual Directors. It is also responsible for the appointment of the Chief Executive, with ratification from the Council of Governors. The Committee is responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board. The Committee has met eight times throughout the year. Further details on the Remuneration and Appointments Committee can be found in the Annual Statement on Remuneration on page 94.

The attendance at the Remuneration and Appointments Committee is listed in the Remuneration Report on page 97.

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

Council of Governors

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

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

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

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

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

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

The Trust's Council of Governors during 2023/24 are outlined on pages 72-73 of this report, alongside their attendance at the Council of Governors meetings. The Council of Governors has held hybrid meetings, giving governors the option of meeting virtually or in person depending on their personal circumstances. This has been successful, and meetings have retained the benefits of good attendance and networking.

Key developments during 2023/24
During 2023/24 governors approved and contributed to the following:

- Approved the reappointment of a Non-Executive Director for a further 12-month term
- Approved the extension of the Trust's external audit contract
- Had the opportunity to discuss the Trust's annual plan submission
- Participated in the Well Led Review
- Participated in the appraisal process for the Trust Chair and NEDs
- Reviewed and updated the Governors Membership Engagement Action Plan
- Established a Governor Task and Finish Group focusing on plans for the Annual Members Meeting
- Received the report from the external auditors on the Annual Report and Accounts
- Received reports from the Governance Committee and Nominations and Remuneration Committee
- Received the Annual Report of the Audit and Risk Committee
- Received an update on the Well Led Review report
- Received an update on the Trust Strategy development
- Received Deep Dive reports from the NEDs – including on finance, staff retention, waiting lists and staff survey results.

Building on effective relationships with the Board has continued to be a priority for the year. The Council of Governors meets jointly with the full Board of Directors twice during the year on topics of common interest. This year that included updates on the construction of our new facilities (Making Room for Dignity programme); partnership working; the Trust's financial situation; new Board visits to services provided by the Trust; Strategy reset; and an update on the Living Well Programme.

The Chief Executive attends Council meetings with the Trust Chair (who is also the Chair of the Council of Governors) and NEDs to share the Board's current agenda and performance and challenges. Executive Directors attend as required.

A governors annual effectiveness survey was conducted again this year which 52% of the Council of Governors participated in. Overall, the results were very positive with respondents agreeing that:

- Governors contribute positively to the work of the Council of Governors
- Training and development opportunities support them in their governor role
- They are supported by the Trust to carry out the governor role
- The Trust's values and priorities have been explained to the Council
- The Council is appropriately consulted and engaged in the Trust's strategy and development
- Governors are aware of the risks to the quality, sustainability and delivery of current and future services
- The Council carries out its work in an open and transparent manner
- The role of the Council is clearly defined
- The Council's sub-committees are effective and provide quality reports to the Council
- The Council received sufficient information to hold the Non-Executive Directors (NEDs) to account for the performance of the Board
- Governors can ask questions regarding performance reports.

In line with best practice the survey is undertaken annually.

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

The interests of patients and the local community are represented by the Council of Governors. Governors are encouraged to engage with local consultative forums, voluntary organisations, Patient Participation Groups and their members and the public to achieve this, and to feedback to the Board of Directors. Membership and public engagement continue to be a priority for governors and will continue to be so in 2024/25. They attend community meetings and events, particularly those organisations in the voluntary sector; and are encouraged to attend Joint Countywide Mental Health Forums and subscribe to the Forums e-newsletters to find out about local groups in their areas.

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

In 2023/24 governors were encouraged to engage with the activities of JUCD (for example Derbyshire Dialogue), so they could explore their role within the context of system working. They also received the link to JUCD's e-newsletter which included updates on the system and partner organisations. Throughout the year, the Chief Executive gave updates on the progress of

Derbyshire's Integrated Care System and the Trust's key role within it. The Council of Governors is also represented on the NHS Derby and Derbyshire Integrated Care Board Public Partnerships Committee.

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

Electing new governors to the Council
The election process began in late 2023 with new governors' terms of office beginning on 1 February 2024. There were six public governor vacancies and four staff governor vacancies. New governors attended a governor induction session in February with the Trust Chair, Trust Secretary and Membership and Involvement Manager.

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

Governors have been actively involved in the development of training and development programmes, taking into account the statutory roles of governors and with the aim of ensuring governors are supported in effectively delivering their duties. This year training and development opportunities focused on finance and procurement; Strategy development; new Board visits; partnership working; and the holding to account role of the Council of Governors. Governors are also encouraged to attend GovernWell sessions organised by NHS Providers and the NHS Providers conference and workshops which gave governors the opportunity to network with governors from other trusts and to share good practice. Mental health awareness training provided by Derbyshire County Council was also shared with governors.

Meetings of the Council of Governors 2023/24
The Council of Governors met four times during 2023/24. Individual attendance by governors is shown in the table on the next two pages. The Council of Governors has the right to request Directors to attend a Council meeting to discuss specific concerns regarding the Trust's performance. This power has not been exercised during 2023/24.

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

Register of interests
The Register of Interests of the Council of Governors is available through the Membership office. Please email: dhcft.membership@nhs.net.

The Trust would like to thank all individuals who have volunteered their time as members of the Council of Governors during 2023/24.

Summary attendance by governors at meetings of the Council of Governors 2023/24

	Title	First name	Surname	Number of CoG meetings attended (out of possible number of meetings)	Term of office
Constituency – Public (elected)					
Amber Valley	Mrs	Susan	Ryan	3/4	1/2/20 – 31/1/23 1/2/23 – 31/1/26
Amber Valley	Mrs	Angela	Kerry	4/4	21/3/22 – 31/1/25
Bolsover and North East Derbyshire	Mr	Rob	Poole	4/4	1/11/18 – 1/6/21 2/6/21 – 31/1/24 1/2/24 – 31/1/27
Bolsover and North East Derbyshire	Mr	Ivan Vacancy*	Munkley	0/1	21/3/22 – 15/8/23
Chesterfield	Mrs Mr	Ruth Dave	Grice Allen	1/3 0/1	2/6/21 – 31/1/24 1/2/24 – 31/1/27
Chesterfield	Ms	Jill	Ryalls	4/4	21/3/22 – 31/1/25
Derby City East	Mr	Graeme	Blair	3/4	21/3/22 – 31/1//25
Derby City East	Mr	Tom	Bladen	2/4	1/2/23 – 31/1/26
Derby City West	Dr	Ogechi	Eze	2/4	21/3/22 – 31/1/25
Derby City West	Mrs	Chris	Williamson	4/4	1/2/23 – 31/1/26
Erewash	Mr	Andrew	Beaumont	4/4	1/10/19 – 20/3/22 21/3/22 – 31/1/25
Erewash	 Mr	Vacancy** Simon	 Hinchley	 1/1	16/6/22 – 31/1/24 1/2/24 – 31/1/27
High Peak and Derbyshire Dales	Mr Dr	Chris Fiona	Mitchell Birkbeck	0/2 1/1	2/6/21 – 24/10/23** 1/2/24 – 31/1/27
High Peak and Derbyshire Dales	Mr	Brian	Edwards	4/4	1/2/23 – 31/1/26
Rest of England	Ms Mr	Annette Anson	Gilliland Clark	0/2 1/1	21/3/22 – 23/10/23** 1/2/24 – 31/1/27
South Derbyshire	Mrs	Hazel	Parkyn	2/4	21/3/22 – 31/1/25
Constituency – Staff (elected)					
Administration and Allied Support Staff	Miss Mrs	Kelly Claire	Sims Durkin	2/3 1/1	15/3/16 – 1/6/18 2/6/18 – 1/6/21 2/6/21 – 31/1/24 1/2/24 – 31/1/27
Administration and Allied Support Staff	Mrs	Marie	Hickman	3/4	1/2/20 – 31/1/23 1/2/23 – 31/1/26

Allied Professions	Ms Mrs	Janet Fiona	Nicholson Rushbrook	1/3 1/1	2/6/21 – 31/1/24 1/2/24 – 31/1/27
Medical and Dental	Dr	Laurie	Durand	0/4	21/3/22 – 31/1/25
Nursing	Mrs	Joanne	Foster	3/4	2/6/18 – 1/6/21 2/6/21 – 31/1/24 1/2/24 – 31/1/27
Nursing	Ms Mr	Varria Sifo	Russell-White Dlamini	1/2 1/1	2/6/21 – 31/1/23 1/2/23 – 23/6/23*** 1/2/24 – 31/1/27
Constituency – Appointed					
Derby City Council	Cllr Cllr	Roy Alison	Webb Martin	0/0 2/3	19/6/18 – 18/6/21 19/6/21 – 4/5/23**** 24/5/23-23/5/26
Derbyshire County Council	Cllr Cllr	Martyn Garry	Ford Hickton	0/1 2/3	25/1/22 – 23/5/23 24/5/23 – 23/5/26
Derbyshire Voluntary Action	Ms	Rachel	Bounds	4/4	13/6/20 – 12/6/23 13/6/23 – 12/6/26
Derbyshire Mental Health Forum	Mrs	Jodie	Cook	2/3	1/10/20 – 23/11/23 *****
University of Derby	Dr Dr	Stephen David	Wordsworth Robertshaw	1/3 0/1	1/8/20 – 15/1/24 16/1/24 – 15/1/27
University of Nottingham	Dr	David	Charnock	4/4	14/11/19 – 13/11/22 14/11/22 – 13/11/23 14/11/23 – 13/11/27

*Vacancy due to governor resignation. The vacancy was included in the March 2024 elections, but no nominations were received.
**Vacancies due to governor resignations. The vacancies were included in the March 2024 elections.
*** Left the Trust so is not eligible as Staff Governor. The vacancy was included in the March 2024 elections.
****Retired from Councillor role in May 2023 so is not eligible as Appointed Governor.
*****Left the organisation so is not eligible as Appointed Governor.
Note staff governors may not have been able to attend CoG meetings due to the operational pressures.

Governors' expenses

	2023/24	2022/23
Number of governors	37	29
Number of governors receiving expenses for the year	7	4
Aggregate sum of expenses paid to governors in the year (£00)	5	2

Values shown in £00 – actual amount paid £518 (2022/23: £199)

Membership review

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

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

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

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

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

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

Members can contact governors by email: dhcft.governors@nhs.net or by calling 01332 623723.

Member engagement
Governors have engaged with members and the public virtually and at face-to-face events. Governors continue to review the Governor Engagement Action Plan which is aligned to the aims and objectives of the Trust's Membership Strategy (2021-2024). The Membership Strategy outlines an intention to know more about the membership of the Trust and target communication and engagement appropriately.

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

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

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

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

Membership figures at 31 March 2024

Constituency	Number of members as at 31 March 2023	Number of members as at 31 March 2024
Public	5,783	5,693
Staff	3,037	3,290
Total	8,820	8,983

Members can contact governors via the Trust's website, www.derbyshirehealthcareft.nhs.uk, under the 'About us' section or by emailing dhcft.governors@nhs.net.

Highlights from our governors…

"I am looking forward to playing my part in the Trust. With the pandemic and financial crisis, the problems of the NHS will be with us for some time. As governors we need to examine the plans and service developments that the Board propose to ensure that the views and needs of the public are heard and influence their decisions."
Dave Allen, Public Governor, Chesterfield

"I work at the University of Nottingham and have conducted research into recruitment and retention in the NHS. During this research I realised that I wanted to do something practical to support practitioners and their patients. I am looking forward to being a governor as I hope that the role will give me this opportunity."
Fiona Birkbeck, Public Governor, High Peak and Derbyshire Dale

"As a former student mental health nurse and service user, I am passionate about quality mental health care. I also have an interest in mental health and the arts and feel that artistic endeavours can promote good health outcomes. I would like to hold the Non-Executive Directors to account in order that Derbyshire Healthcare Trust mental health service users receive optimal levels of care. Being a governor is an opportunity for me to give back to the NHS, and also, I am a former Derby resident, so feel a connection to the Derbyshire area and community."
Anson Clark, Public Governor for Rest of England

"I became a governor representing Derby City West, because I believe the NHS can provide better mental health services for the population. I also wish to learn more about leadership roles to carry out my role more efficiently."
Ogechi Eze, Public Governor, Derby City West

"It did not take long for me to realise that I wanted to stand again for a third and final term of office and I felt that there was still more I want to achieve on behalf of my colleagues. I still hold firmly the belief that the most important Trust value is putting our colleagues/staff at the centre of all we do, and that by doing so this can only in turn enhance the patient experience. I want to continue to be a voice for my colleagues and make a difference and support them. Also on a personal level, I will soon be completing 40 years in the NHS and whilst I am more than fulfilled and happy in my current job role/position, there is still more I can offer to the wider staff members of the Trust I hold so dear."
Jo Foster, Staff Governor, Nursing

"*I'm now in my second term as a staff governor and it is such a rewarding role. I have learnt so much about how the Trust works and is run and have had the opportunity to participate in and learn about so many different elements of Derbyshire Healthcare. It is also very rewarding when we can feedback issues and concerns from staff and be confident that the board listen and act on them. The Council of Governors is a dynamic group of people, passionate about Derbyshire Healthcare and the services it delivers, and I am proud to be a small part of that."* ***Marie Hickman, Staff Governor, Admin and Allied Support***

“As a governor you are the voice of your constituents, and you hold the Non-Executive Directors to account for the performance of the Board. You also get to see the wonderful stakeholders that work together to provide help to signposting and giving information to the public. We are in a struggling situation with money being tight, but we are still expected to give 100% service. As a governor you can see if this happens and have a say in how it happens. I feel so fortunate to be able to do this job and strongly recommend it for any volunteer who wants to make a difference.”

Christine Williamson, Public Governor, Derby City West

Governors celebrating NHS75

Our governors at a governor event

Well led requirements on quality

Trust registration with the Care Quality Commission (CQC)

Through 2023/24, the Trust has received seven separate Mental Health based inspections of inpatient wards across a range of inpatient settings. The Trust has also received one compliance visit across the Hartington Unit and Radbourne Unit.

The Trust has continued to utilise feedback from the CQC to improve its services, along with its own internal processes. The Trust is dedicated to ensuring its services are of a high standard and that patients are receiving a good experience with high levels of safety.

The overall rating for the Trust has increased from 'requires improvement' in 2018/19 to 'good' – This was achieved in 2019/20 and maintained in 2020/21, 2021/22, 2022/23 and 2023/24.

The Trust registered with the CQC in 2010 to provide the following regulated activities:

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

The Trust provides services from three registered locations: Kingsway Hospital, the Radbourne Unit in Derby, and the Hartington Unit in Chesterfield, as well as our centrally registered extensive community services, spanning over Children's Services (non-mental health specific for example health visiting) to Community Mental Health, Forensic and Neurodevelopmental services.

In January 2024, the Trust became an early adopter of the new process that the CQC will be using to regulate providers. As a result, the Trust has been engaging with the CQC regularly.

Arrangements in place to govern service quality

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

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

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

Board visits and compliance visits

In 2023, the Trust took the decision to review and change how the board engages with teams and how assurance is received in relation to clinical compliance. As a result, the Trust separated the previously known quality visit process and create two separate processes. Quality visits historically have been an opportunity for Board members to visit and observe clinical and non-clinical teams across the Trust, along with providing soft and hard evidence relating to quality, culture and the key lines of enquiry. Furthermore, it provided an opportunity for members of the Council of Governors, members of the Integrated Care System, carers and experts by experience to visit teams and areas together. These visits provided an opportunity to identify improvements within services, alongside members within the service raising support needs. However, teams found the

process resource intensive and had the potential to create anxiety and pressure on teams, although feedback was generally positive in terms of teams being able to showcase their services.

In order to ensure a gap was not left with the stand down of the quality visit process, a two-prong approach has been taken:

1. CQC Internal Inspections – These have taken the form of mock inspections of varying nature and degree. The visits focus on preparing services and providing assurance that the quality of care within each service/team is in line with the Key Lines of Enquiry. The CQC internal inspections focus on ensuring that services are ready for any CQC formal inspection and will be rated “Good” or higher. From these visits, teams have been required to complete improvement plans that have had oversight within the Clinical Operation Assurance Team and Division Performance Review groups in order to provide time specific improvements. These visits are led by the Deputy Director for Regulated Practice and are supported by a range of Trust staff. Future plans are for this process to be developed and lead into an internal accreditation process.

2. Board Visits – These visits have taken the form of a more informal visit, completed by Executive Directors and Non-Executive Directors. This has also provided an opportunity for carers, experts by experience and governors to participate in the visits. The focus of the visit is for a free-flowing conversation with staff, patients, and carers. The Executive Directors have provided updates to the Executive Leadership Team and where concerns arise, they have been escalated and wraparound actions have been identified with clear outcome expectation.

Development of intelligence, evidence and assurance

The Trust understands and acknowledges, that internal evidence and assurance is not always enough to truly have oversight of services and the care people are receiving. In order to gain this, there is a requirement for openness, transparency and responsiveness through other means and forums. There must be an opportunity for staff and patients to speak up, raise concerns and complain without the fear of repercussions. Furthermore, there needs to be confidence that an appropriate response and action will occur when issues are raised.

The Trust’s Safeguarding team has highlighted a passion and willingness to improve care and experience. The Safeguarding team has taken a keen focus on Person in Positions of Trust (PIPOT) processes, ensuring that any concerns are quickly identified and investigated, promoting safety. The team also utilise these examples to create training and learning for others. The Safeguarding team also works closely with external partners that allows scrutiny of practice within our teams including quality audits of cases, and partnership working both operationally and strategically.

Expert by experience feedback is recognised as a valuable asset to ensuring outstanding care. The Trust is proud of its EQUAL Forum, which comprises of experts by experience, carers and volunteers who complete announced and unannounced visits, in all areas to provide further intelligence and feedback. The EQUAL Forum has an executive sponsor who is our Director of Nursing and Patient Experience. Feedback is also provided via the Carers Engagement Group.

We have a peer support worker in place that visits our inpatient areas, talks to people in our care, collects patient generated ‘Bright Ideas’ on improvement, they report directly to the Director of Nursing and Patient Experience.

Along with clinical assurance-based checks, the Trust is also invested in checking its environment and engagement with catering, domestic and estates services. In order to create a level of assurance, annual PLACE visits are completed in all inpatient settings. These visits aim to review cleanliness of services, quality of food, maintenance of buildings and repair and upkeep of settings. This visit is completed with domestic, catering and estates managers, Heads of Services, Heads of Infection Prevention and Control, carers and experts by experience.

Internally, it is important that the Trust has a clear and robust governance structure which provides floor to board assurance, along with board to floor communication. This comes in the form of a clear meeting structure linking clinical reference group, Clinical Operational Assurance teams, Quality and Safeguarding Committee and Executive Leadership Team all together, providing a clear forum for oversight and communications.

External reviews

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

Quality governance and assurance overview

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

The Trust is under segment 2 of the NHS England/Improvement Oversight Framework. This mechanism is designed to support NHS providers to attain and maintain the CQC's rating of 'Good' or 'Outstanding.'

Disclosures relating to quality governance

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

Arrangements for monitoring improvements in quality

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

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

New and/or revised services

There have been some changes to the services provided by the Trust during 2023/24. The Trust has received funding to develop the following new services:

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

The focus is on early intervention, a preventative approach that is person centred, removing unnecessary barriers, and ensuring people can access the support, care and treatment that they need in a timely manner from within the service or signposted to services in the community. This new service offer should increase community resilience, allowing carers to harness the support of local services. All eight of our localities across the county and city have now launched the new multi-agency service, which will help to meet the needs of those who currently fall through the gaps between primary and secondary mental health care. See page 92 for more details.

2023/24 saw the continued investment of NHS England's transformation monies to provide a timely and responsive mental health service to the people of Derbyshire who are experiencing mental health problems that can be treated effectively within primary care. This programme is a joint venture between the Trust and Primary Care Networks (PCNs) across Derby and Derbyshire with Mental Health Practitioners employed by the Trust but embedded within General Practice. These roles are vital in helping to bridge the gap between primary care and both the new Living Well teams and specialist mental health services, delivering holistic care to patients with a range of needs.

The Trust established the East Midlands Gambling Harm service in 2023/24 providing specialist support for circa 450 people per year. The approach is based on a 'hub and spoke' model, with the central hub situated in Derby and wider spokes provided across the wider East Midlands region. The service commenced in July 2023 and is provided by a multi-disciplinary team of staff including a Psychiatrist, Psychologists, Mental Health Nurses, Specialist Mental Health practitioners including cognitive behavioural therapists and peer support worker positions who deliver evidence-based interventions either in a group setting or one to one. The bulk of interventions remain virtual appointments and we are utilising more local facilities where possible for people who struggle to access a computer. Local Authorities across the East Midlands are helping to identify suitable locations to support their strategy around awareness and access.

The Trust is working collaboratively with local partners to establish the NHS 111 Press Mental Health service offer with the aim of providing easier access for people in need of support with their mental ill health. The service is planned to go live in early 2024/25. In addition, the Trust is working with partners to respond to the Right Care Right Person requirement whereby ensuring that Police are only involved with those experiencing a form of mental health crisis when *there is a real and immediate risk to life or serious harm, or where a crime/potential crime is involved.* The main benefit of the 'Right Care Right Person' is to ensure that those who require mental health care and support are able to access this in an appropriate setting and from the right professional.

In October 2023, the Trust became Lead Provider for the East Midlands Perinatal Mental Health Provider Collaborative. We continue to progress our provider collaborative priorities in relation to our clinical objectives, developing our clinical leadership, experts by experience and wider stakeholder involvement.

The Trust continues to work with our neighbouring trust Derbyshire Community Health Services NHS Foundation Trust (DCHS) through the provision of People Services (human resources) through a Joint Venture Arrangement, which commenced on 1 April 2018.

These initiatives have been fully supported by local Derby and Derbyshire Integrated Care system and broader East Midlands provider partners.

Long serving Trust Doctor receives recognition for 40 years of service

A Doctor at Derbyshire Healthcare NHS Foundation Trust has celebrated 40 years of long service with the NHS.

Carol Redston, a Specialty Doctor with expertise in mental health, recently received her 40 Years' Service Award from Chief Executive, Mark Powell. This is a very special award which recognises the dedication and valuable contribution of employees over the course of their NHS careers.

In 2010, Carol began working for the Trust after previously working for Leicestershire Partnership NHS Trust.

Carol has been a Speciality Doctor throughout her employment with the Trust and has worked across a range of teams in our older adult mental health services.

Mark Powell, Chief Executive at Derbyshire Healthcare, applauded Carol and said: "It's a real privilege to be able to celebrate colleagues who have reached an impressive milestone.

"On behalf of everyone at the Trust, I'd like to thank Carol for all she has done and continues to still do for our local community and our organisation. With Carol's dedication, we have been able to make a positive difference to hundreds of people's lives."

Making Room for Dignity programme update

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

Derbyshire Healthcare NHS Foundation Trust's Making Room for Dignity programme comprises the development of six new and refurbished healthcare facilities, named following an engagement opportunity aligned to the 75th birthday of the NHS in July 2023:

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

The new facilities will offer single, ensuite accommodation, replacing the dormitory-style accommodation currently offered at the Trust's acute mental health units.

The developments will enhance the services currently available, while providing a better quality patient experience, improving privacy and dignity, and bringing our inpatient provision in line with national requirements. The new healthcare facilities will be purpose built and equipped with modern facilities and additional resources including an indoor fitness room, online library resource room, arts room, and access to safe outdoor space.

Challenges

The Trust successfully claimed VAT abatement, from HMRC based on evidence presented regarding the therapeutic nature of care delivered in the adult acute units. This decision secured circa £18m of VAT abatement which covered all the budget requirements for the new builds and reduced the overall cost pressure for the programme.

Heavy wind and rain conditions impacted the timelines of new build projects in both the north and south of the county and led to delays to the programme of 11.5 days for the Derwent Unit in Chesterfield and 27 days for Kingfisher House and 18 days for the Carsington Unit in Derby.

Innovation
Having a person with lived experience and a registered mental health nurse embedded in the Making Room for Dignity programme team has helped to cement the relationships between the team, service users, carers and colleagues. These relationships have strengthened the development of facilities and service offers to those who need them, helping the Trust to provide therapy-based services in dignity-led environments. These relationships have led to further innovations such as the development of an art display cabinet made with anti-shock glass to allow those that paint or draw to have their art displayed.

The Trust has been working on new ways to recruit into the roles available at the new and refurbished healthcare facilities, which has included targeted recruitment fayres across the county offering 'on the day' interviews and a heavy focus on the Trust's use of social media. Facebook, X (formally Twitter), Instagram and LinkedIn have been utilised to increase engagement with potential members of staff, the general public and stakeholders. Colleague and service user stories have boosted the interaction and interest in the programme.

Engagement with clinical colleagues, service users and stakeholders
As with previous years, engagement remains at the forefront of the Making Room for Dignity programme and has featured highly throughout 2023/24. This has included regular meetings with the operational teams and programme delivery group (lived experience led) to ensure the facilities are truly co-produced and meet the needs of the local population, as well as those who may have additional autism, learning disability or physical health requirements. Trust wide and service specific engagement sessions also continue.

Site tours for staff and stakeholders have proved a useful opportunity to showcase the new build facilities and ensure people are given the chance to feedback on all aspects of the interior.

As part of the Trust's commitment to continually involve and engage, a competition to name the new healthcare facilities and wards was launched to staff, service users and carers. This proved popular with almost 300 people, including stakeholders, voting for their preferred names.

Governors Alison Martin and Sifo Dlamini visiting the site at Kingsway, Derby

Compliments, complaints and concerns 2023/24

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

2023/24 has been a challenging year due to changes in the Patient Experience team's staffing and the pressures experienced by all teams across the Trust. Work was undertaken within the Trust in 2023/24 to discuss the findings from the Complaints Standard Framework documents provided by the Parliamentary and Health Service Ombudsman. As an outcome, from 1 April 2024, we are introducing Complaints Quick Resolution, our aim is to improve the timeliness of our responses to low level concerns/complaints when they are raised with the Patient Experience team. The Patient Experience team are working with operational teams to ensure that the best outcomes are achieved in a timely manner from local services. Our progress throughout the year will be monitored, and reported on, in quarterly reports to the Patient Experience Committee and Quality and Safeguarding Committee.

	2022/23	2023/24*
Compliment	1479	1468
Concern	443	349
Complaint	194	219
Total	**2116**	**2036**

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

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

Of the 219 formally investigated complaints two were upheld in full, 27 upheld in part, 38 not upheld. 152 complaints are still being investigated or awaiting a response. Work is underway to improve the timeliness of our responses.

The most common issue raised in concerns during 2023/24 was regarding the availability of services/activities/therapies. This increased from 50 in 2022/23 to 60 in 2023/24. For complaints, issues regarding staff attitude were raised the most, increasing from 63 in 2022/23 to 74 in 2023/4. Work will be undertaken to share the learning from the themes during 2024/25.

Parliamentary and Health Service Ombudsman
During the year, the Trust discussed 10 cases with the Parliamentary and Health Service Ombudsman. In eight cases no further action was required. Two assessments were not completed by 31 March 2024 and are therefore ongoing.

Local Government Ombudsman
During the year, the Trust had one contact involving the Local Government Ombudsman, this investigation has yet to be concluded.

Compliments
Most of the 1,468 compliments received during 2023/24 reflected people's general gratitude for the care, support and help that staff had provided.

Top three issues raised in concerns	
2023/24	
Availability of services/activities/therapies	60
Care planning	48
Abruptness/rudeness/unprofessionalism	45
2022/23	
Care planning	96
Appointments (e.g.,delays and cancellations)	51
Availability of Services / Activities / Therapies	50
Top three issues raised in compliments	
2023/24	
Abruptness/rudeness/unprofessionalism	74
Care planning	55
Medication	39
2022/23	
Care planning	96
Abruptness/rudeness/unprofessionalism	63
Medication	26

Stakeholder relations

The Trust has an extensive record of working well with partners across the health and social care economy and provides a number of services in partnership with other providers across the NHS and voluntary sector. We believe that that this approach to providing services brings benefits to patients through wider learning, the sharing of information and expertise helps us to provide the best possible care. The increasingly challenging financial environment that the people of Derby and Derbyshire, and the broader NHS experience means that partnership working is ever more important.

We have worked closely with partner organisations to ensure continuity of safe and effective services as a result of staffing shortages, continuing service pressures and the ongoing industrial action during 2023/24. This work has continued through the cross-system collaboration that has delivered the ongoing successful vaccination programme for flu and COVID across Trusts, Primary Care Networks, the Local Authorities and the voluntary sector.

In addition, the Trust was involved in a number of partnerships with colleagues across the health and care system to deliver improved services to our communities:

- We continue to provide drug and alcohol services in partnership with the charities Phoenix Futures and Aquarius across the city of Derby. This is a new recovery focused service model for substance misuse care in the city
- For the wider county the Trust is the lead provider of drug and alcohol services with partners at Phoenix Futures, Derbyshire Alcohol Advice Service and Intuitive Thinking Skills having been awarded a new contract following a procurement process led by Derbyshire County Council
- The Trust leads a partnership of Improving Access to Psychological Therapies (IAPT), sometimes referred to as Talking Therapies, providers working alongside the Trust's Talking Mental Health Derbyshire service
- The Trust continues to provide children's continence services in partnership with other providers across Derbyshire under Chesterfield Royal Hospital (CRH) as lead provider
- The Trust continues to provide an Alcohol Care Team service within University Hospitals of Derby and Burton (UHDB) having been successful in gaining additional funding for 2023/24 and 2024/25
- The Trust continues to operate the Derbyshire 24/7 Mental Health, Learning Disability and Autism Helpline and Support Service in partnership with P3, who provide Peer Support Workers as the first point of access ahead of Trust clinicians.
- During 2023/24 the Trust strengthened its strong working relationship with Derbyshire Community Health Services in Neurodevelopmental services and agree the new name of the Derbyshire Integrated Adult Neurodevelopmental (ND) Services

The Trust previously entered a regional partnership agreement for the delivery of inpatient forensic services, with eight other NHS, private and voluntary sector providers across the East Midlands. This partnership continues to work collaboratively to improve inpatient forensic services and includes the delegation of planning and contracting functions from NHS England to a lead provider, working within the collaborative framework (Nottinghamshire Healthcare NHS Foundation Trust).

The Trust has continued to be an active partner in the East Midlands Provider Collaboratives with responsibility for the delivery of Child and Adolescent Mental Health Services (CAMHS) Tier 4 services and Adult Inpatient Eating Disorder Services with Northamptonshire Healthcare NHS Foundation Trust and Leicestershire Partnership NHS Trust as the lead providers for each respectively.

Importantly the Trust was successful in becoming the Lead Provider for the East Midlands Perinatal Mental Health Provider Collaborative effective from 1 October 2023. Our collective vision

is to ensure high quality care for women and their babies with serious mental illnesses that require Mother and Baby Unit (MBU) admission, so that there is seamless care between MBU and community perinatal mental health teams. We continue to progress our provider collaborative priorities in relation to our clinical objectives, developing our clinical leadership, experts by experience and wider stakeholder involvement.

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

Derbyshire Healthcare colleague and former patient wins national award for contribution to children and young people's mental health services

A Derbyshire Healthcare mental health and expert by experience worker has won a National Service User Award for her efforts to ensure that young people can participate in their care and in service improvements.

The National Service User Award recognised Leanne Walker, currently working for Derbyshire's Living Well Programme for driving mental health projects forward with her lived experience of mental health difficulties and showing the qualities of a leader through inspiring others and making a difference both at service and national level.

Leanne first accessed Child and Adolescent Mental Health Service (CAMHS) in Derby when she was 15. At 18, Leanne attended a participation group to improve the service, and this ignited her passion in the field.

Leanne has gone on to do work on a local, national and international level such as giving presentations at national mental health conferences and working with GIFT, a partnership between young people and mental health professionals formerly commissioned by NHS England, to advise on how to shape services nationally.

A recent project of Leanne's – and a key reason for her nomination – is the launch of her new book on the challenges surrounding children and young people's participation in shaping mental health services, published by Routledge. Leanne co-edited the book – called 'Participation in Children and Young People's Mental Health: An Essential Guide.'

Joined Up Care Derbyshire (JUCD)

The Trust has continued to be an active partner in the Derby and Derbyshire Integrated Care System (ICS), made up of NHS providers, Local Authorities and the local Integrated Care Board (ICB). We have supported the development and production of the Joint Forward Plan (JFP) which was published by the ICB in June 2023, which sets out how NHS organisations will work together to improve the health of Derby and Derbyshire citizens, and further the transformative change needed to tackle system health and care challenges.

The Trust Chief Executive continues to be deputy chair of the Provider Collaborative Leadership Board. The Provider Collaborative Leadership Board is made up of Derbyshire NHS Provider Chief Executive Officers and have agreed a set of priority areas for joint working which focus around supporting fragile services and progressing joint areas of opportunity to achieve alignment, such as implementing consistent appraisal framework in year, as well as progressing opportunities for improved services and efficiencies.

The Trust ceased hosting the employment of the ICS Provider Collaborative Programme Director on behalf of system partners in year. The post holder is now employed on behalf of the system by UHDB.

The Trust's Chief Executive continues to lead the Mental Health, Learning Disability and Autism Programme, chairing the system wide Mental Health, Learning Disabilities and Autism Delivery Board within JUCD. The programme has delivered the majority of the transformational requirements of the NHS Long Term Plan for Mental Health, including improved access to dementia diagnoses and better perinatal access for our local population.

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

In addition, there has been a strong focus on improving our collaborative working with primary and community care partners in local communities, sometimes referred to as Local Place Alliances.

Thank-you …

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

- All the volunteers who make such a positive difference to the work of the Trust
- All our governors who give up their time to represent their communities and oversee the way that the Trust makes decisions.
- All the members of our EQUAL Forum and Carers Engagement group for the way they represent service users and carers and for the invaluable contribution they make to our Trust and our community.
- All the experts by experience and peer support workers who guide and inform our services.
- The League of Friends for their continued commitment to our organisation and their charitable endeavours; these enable people using our services to benefit from a greater range of activities and support.
- The service users and carers who have attended Board meetings this year to tell their story.
- The Staff Network members, in particular the chairs of the networks.
- North Derbyshire Mental Health Carers Forum and South Derbyshire Mental Health Carers Forum, for continuing to improve the Trust's understanding of how to support service users and their carers.
- Our partners who work with us to provide Derby Drug and Alcohol Recovery Service and Derbyshire Recovery Partnership, our city and county drug and alcohol support services: Phoenix Futures, Intuitive Thinking Skills and, in the county, Derbyshire Addictions Advice Service (DAAS). DAAS have also played an important role in the development and delivery of our regional gambling harms service, East Midlands Gambling Harms Service.
- First Steps Derbyshire for their continued and longstanding support in providing eating disorders services.
- P3 and Derbyshire Federation for Mental Health for their continued collaboration with us on the Derbyshire Mental Health Helpline and Support Service, which remains an essential service for Derbyshire people who are struggling with their mental health
- Derbyshire Voluntary Action and Erewash CVS for their continued support and partnership.
- To all our third sector and VCSE partners who have collaborated with us on the transformation of community mental health services through Living Well, on our children's services and in our developments at place.
- Healthwatch Derby and Healthwatch Derbyshire for being the voice of our community and providing invaluable feedback on how our care is experienced and could be improved.
- Our Joined Up Care Derbyshire system partners including NHS Derby and Derbyshire Integrated Care Board; Derbyshire Community Health Services NHS Foundation Trust, who collaborate closely with us on the development of neurodevelopmental services; and Chesterfield Royal Hospital and University Hospitals of Derby and Burton trusts who host our psychiatric liaison teams and are supporting our Making Room for Dignity programme.
- Our partners in Public Health at Derby City Council and Derbyshire County Council for their guidance and their collective leadership of our public health services.
- The members of the Mental Health, Learning Disability and Autism System Delivery Board for their ongoing dedication to the improvement of local health services.
- To the Coroners service of Derbyshire for their ongoing partnership working and support to our colleagues and our families.
- To the leadership of the Police and Probation Service in public protection and safety.
- IHP and other construction partners for their hard work on the development of new healthcare facilities as part of our Making Room for Dignity programme.

- To regional partners within the East Midlands collaboratives including IMPACT (secure inpatient services), CAMHS and our own Perinatal collaborative for everything that has been achieved together.

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

Colleagues from our specialist community public health team

Engaging with our communities

Making Room for Dignity programme
The Trust remains committed to ongoing communication and engagement with its stakeholders as part of the Making Room for Dignity programme, ensuring programme updates are regularly included in the membership magazine (Connections), membership e-bulletins, stakeholder e-bulletin (Dimensions) and via social media.

The Trust had a specific Making Room for Dignity presence at Chesterfield Pride, Derby Pride and Pride in Belper in the summer of 2023 which not only helped to inform local people of the developments, but also increase recruitment conversations with the LGBT+ community.

The Trust has also maintained contact with local Members of Parliament to ensure constituents are aware of the progress being made on the programme and has provided site tours to showcase the new facilities.

This year, in line with the celebrations to mark the 75th birthday of the NHS, engagement was held with staff, service users, carers and partners to name the new facilities and wards that form the Making Room for Dignity programme.

Thank you to everyone who participated and suggested or voted as part of this engagement process. See page 83 for the names of our new facilities.

Community Mental Health Framework/Living Well Derbyshire
As detailed in the 2022/23 Annual Report, in 2018 the Joined Up Care Derbyshire system started to co-produce a new vision for mental health services and began their journey of co-designing and implementing the Living Well Derbyshire model of care. At this time, Living Well Derbyshire was being developed as a multi-agency community offer, designed to support people who were falling through the gap between primary and secondary care.

In 2019 the release of the Community Mental Health Framework (CMHF), as part of the NHS Long Term Plan, meant that ambitions in Derbyshire grew, and the goal became to create a seamless community offer inclusive of all Community Mental Health Team (CMHT) staff, VCSE workers and social care.

The Trust, social care and VCSE (voluntary and community sector) partners have worked hard over the past 12 months to create new Living Well services that truly meet the needs of the local populations, with eight localities aligned to the Place Alliance groups; Derby city (named Derby Wellbeing), High Peak, Chesterfield, North East Derbyshire and Bolsover, Erewash, Amber Valley, Derbyshire Dales and South Derbyshire, which have launched over the past three years. The services are intended to help to meet the needs of those who currently fall through the gaps between primary and secondary mental health care or people who need support with different aspects of their life that can affect their mental health, with short term support and interventions.

The transformation is taking place in stages, with a ‘phase one’ service opening to the public via GP referral. Phase two (post April 2024) will focus on movement between the short-term offer (Living Well) and the long-term offer (traditional CMHT) as well as expanding the ‘front door’ and developing a local network to improve flow.

Initial feedback from service users and staff has been positive:

- “They listened to what I had to say and supported me with things I needed, like filling in forms” – *Derby Wellbeing service user*

- “A person was introduced and discussed at the daily huddle meeting. As a result of this, their records were able to be reviewed by a psychiatrist, where it was identified that the person would benefit from some input from a community psychiatric nurse to explore the most appropriate clinical support that could be offered. This was an outcome the person was happy with” – *High Peak team feedback*
- “It has been great to work more closely with professionals and workers I wouldn't have generally seen that regularly” – *staff feedback*
- “Management in our team has been excellent and supportive” – *staff feedback*
- “The huddles have provided a good link to the different members of the team” – *staff feedback.*

The Trust continues to engage stakeholders regarding the Living Well Derbyshire programme via print, e-newsletter articles, X (formally Twitter) and the Dimensions stakeholder bulletin.

Trust colleagues regularly attend the collaboratives, a group of people with lived experience of mental health difficulties, commissioners and providers which meets once a month to explore local services and challenges and to connect to local communities. Each locality has a collaborative which inputs into the design of the new service models and endeavors to increase community resilience and tackle health inequalities.

The Trust continues to work alongside colleagues in the Local Authority, voluntary sector and those with lived experience to update the multi-agency website and service information and has recently produced county-wide posters with the Experts by Experience forum. Primary Care and community stakeholder engagement remains a priority, with relationships being developed with the Primary Care Networks (PCNs), Place Alliance Groups (PAGs), the EQUAL Forum and Carers Forum which feed into wider community spaces.

Wider patient and public involvement (PPI) activities
The Trust participated in several anti-stigma, information and awareness raising events throughout the year. Amongst many others, this included: Time to Talk Day, Maternal Mental Health Awareness Week, National Equality and Human Rights Week, Carers’ Week, International Women’s Day, Men’s Health Week, World Suicide Prevention Day and World Mental Health Day.

A key purpose of this awareness raising is to share information and advice with communities, for example talking about the little things we can all do to look after our mental wellbeing and how we can make a big difference in helping ourselves and those around us to lead happy, healthy lives and cope with life’s challenges.

It also supports a wider approach to challenging stigma regarding mental health services amongst our communities.

In line with the Trust’s commitment to inclusion, our staff networks helped to promote several awareness weeks and months throughout the year including Black History Month, LGBT+ History month, Show Racism the Red Card Day, International Day of Persons with Disabilities, Hate Crime Awareness Week and Holocaust Memorial Day.

The Trust attended two pride events at Chesterfield and Belper during the year. A number of meaningful conversations took place and the opportunity of networking with stakeholders and the voluntary sector face to face, allowed the Trust to reconnect with valuable partners and share important messages with members of the public.

We have also continued to recognise multi-faith celebrations throughout the year, celebrating with colleagues and people who use our services.

Remuneration report

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

Mark Powell
Chief Executive
26 June 2024

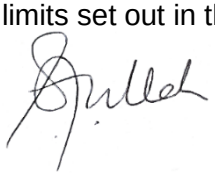
Annual statement on remuneration

Major decisions/substantial changes to senior managers' remuneration
On 10 November 2023 the Remuneration and Appointments Committee approved the pay award of 5% for Very Senior Managers (VSM). This was applicable from 1 April 2023 and was based on the Senior Salaries Review Body (SSRB) recommendations accepted by the Government.

The 5% was awarded to all eligible substantive Executive Directors. The VSM award was not applied to the Directors in acting up/interim positions, with the exception of the longer-term interim Director of Finance who had been in the interim role since 2022.

A second national recommendation had been to allow a further 0.5% of the VSM pay bill to be used as a pot to address specific pay anomalies, this was not required as there were no obvious anomalies within the substantive VSM posts.

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



Selina Ullah

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

Senior managers' remuneration policy future policy table:

Executive Directors

Component	The Remuneration and Appointments Committee oversees the remuneration and terms and conditions of Executive Directors and Senior Managers. The Committee's approach to remuneration is guided by the Executive Director Remuneration Policy which outlines the approach the Trust takes to oversee the salaries and the provisions for other benefits as outlined in remuneration tables on pages 99-103.
How this operates	The Terms of Reference of the Remuneration and Appointments Committee outline their responsibility to decide on the level of remuneration for each appointment.
How this supports the short- and long-term strategic objectives of the Trust	The policy is against a key set of principles, including Board portfolios and composition, which together contribute to the short term and long-term delivery of the Trust strategy.
Maximum that can be paid	Pay is outlined in the remuneration tables outlined on pages 99-103. This remains constant unless there is specific reason for review, as agreed with the Remuneration and Appointments Committee, for example to reflect wider benchmarking, a change of portfolio or acting-up arrangements.
Framework used to assess performance measures that apply	Performance is measured using appraisal processes. Remuneration is not normally linked to the appraisal process.
Provisions for recovery or withholding of payments	Not applicable as we do not operate performance related pay so do not provide for the recovery of sums paid to a Director or for withholding the payments of sums to senior managers.

Non-Executive Directors

Component	The Governors' Nominations and Remuneration Committee oversees the remuneration and expenses for Non-Executive Directors, recommending any amendments to the Council of Governors. There is an annual flat rate non-pensionable fee, with a higher rate payable for the Chair of the Trust, the Senior Independent Director, Audit and Risk Committee Chair and Deputy Chair. The Committee's approach to remuneration in 2023/24 was considered against the NHSE remuneration structure for NHS provider Chairs and Non-Executive Directors. The revised structure acknowledges that within Foundation Trusts it is for the Council of Governors to determine the remuneration of the Chair and Non-Executive Directors and they retain the prerogative to operate outside of the framework on a 'comply or explain' basis.
Additional fees	Not applicable
Other remuneration	Not applicable

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

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

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

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

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

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

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

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

Statement on consideration of employment conditions elsewhere in the Trust
The pay and consideration of employees was not taken into account when setting the remuneration policy for senior managers and the Trust did not consult with its employees on this issue.

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

Annual Report on remuneration

Directors' appointments and contracts

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

Remuneration and Appointments Committee

The role of the Committee is to ensure there is a formal and transparent procedure for developing policy on Executive Director remuneration and agreeing remuneration packages of individual Directors. The Committee is also responsible for identifying and appointing candidates for Executive Director positions on the Trust Board. The Committee has met ten times in 2023/24.

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

	Actual attendance	Possible attendance
Selina Ullah (Chair)	9	10
Tony Edwards	9	10
Ralph Knibbs	8	10
Lynn Andrews	10	10
Deborah Good	8	10
Ashiedu Joel	5	10
Geoff Lewins	10	10

Governors' Nominations and Remuneration Committee

The role of the Committee is to recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of their own remuneration and terms of service) and the Chief Executive and any external advisers. The Committee has met twice in 2023/2.

Attendance at the Nominations and Remuneration Committee is outlined below:

	Actual attendance	Possible attendance
Selina Ullah (Chair)	2	2
Susan Ryan, Public Governor, Amber Valley (Lead Governor)	2	2
Hazel Parkyn, Public Governor, South Derbyshire (Deputy Lead Governor)	2	2
Ralph Knibbs, Senior Independent Director	1	1 **
Jill Ryalls, Public Governor, Chesterfield	0	2
Annette Gilliland, Public Governor, Rest of England	1	1
Varria Russell-White, Staff Governor, Nursing	1	1
Brian Edwards, Public Governor, High Peak	1	1*
David Charnock, Appointed Governor, University of Nottingham	2	2
Graeme Blair, Public Governor, Derby City East	2	2

*joined the Committee April 2024
**took over as Chair from the item Chair's appraisal, when Selina left the meeting

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

The details included in the Remuneration report (salary and allowances of Executive and Non-Executive Directors for the year 2023/24 and pension benefits) plus the fair pay multiple, payment for loss of office and payments to past senior managers are subject to audit.

Salary and allowances of Executive and Non-Executive Directors for the year 2023/24

		2023-24						2022-23					
		Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)	Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
Chief Executive	Mark Powell *1	170-175				67.5-70	240-245						
Interim Chief Executive/ Director of Nursing and Patient Experience	Carolyn Green *2	55-60				0	55-60	135-140				92.5-95	230-235
Chief Executive	Ifti Majid *3							105-110				30-32.5	135-140
Deputy Chief Executive and Director of Strategy, Partnerships and Transformation	Vikki Ashton Taylor *4	125-130				0	125-130	105-110				10-12.5	115-120
Director of Finance	James Sabin *5	15-20				0	15-20						
Interim Director of Finance	Rachel Leyland *6	105-110				52.5-55	155-160	40-45				20-22.5	70-75
Acting Interim Director of Finance	Joanne Wilson *7	35-40				25-27.5	60-65						
Deputy Chief Executive & Executive Director of Finance	Claire Wright *8							70-75				32.5-35	105-110
Interim Director of Operations	Lee Doyle *9	40-45				35-37.5	80-85						
Interim Director of Operations	David Tucker *10	40-45				22.5-25	65-70						
Interim Deputy Chief Executive & Chief Operating Officer	Prince Ade-Odunlade *11	85-90	1,100			7.5-10	95-100	125-130	6,700			30-32.5	160-165
Executive Medical Director	Arunprasad Chidambaram *12	185-190				65-67.5	250-255	85-90				40-42.5	130-135
Executive Medical Director	John Sykes *13							105-110	4,200				110-115
Interim Director of People and Inclusion	Rebecca Oakley *14	90-95				55-57.5	150-155						

Director of People and Inclusion	Jacqueline Lowe [*15]	120-125				12.5-15	135-140	110-115				30-32.5	145-150
Director of Business Improvement and Transformation	David (Gareth) Harry [*16]							15-20					15-20
Interim Director of Nursing and Patient Experience	David Mason [*17]	45-50				0	45-50						
Interim Director of Nursing and Patient Experience	Kyri Gregoriou [*18]	10-15				7.5-10	20-25						
Interim Director of Quality and AHP	Rebecca Priest [*19]							45-50					45-50
Interim Director of Nursing and Patient Experience	Tumikilani Banda [*20]							55-60				20-22.5	75-80
Trust Secretary	Justine Fitzjohn	95-100				0	95-100	90-95				32.5-35	120-125
Chair	Selina Ullah	45-50					45-50	45-50					45-50
Non-Executive Director	Geoff Lewins	15-20					15-20	15-20					15-20
Non-Executive Director	Ashiedu Joel	10-15					10-15	10-15					10-15
Non-Executive Director	Deborah Good	10-15					10-15	10-15					10-15
Non-Executive Director	Ralph Knibbs [*21]	10-15					10-15	10-15					10-15
Non-Executive Director	Antony Edwards [*22]	10-15					10-15	5-10					5-10
Non-Executive Director	Lynn Andrews [*23]	10-15					10-15	5-10					5-10
Non-Executive Director	Sheila Newport [*24]							10-15					10-15
Non-Executive Director	Richard Wright [*25]							0-5					0-5
Non-Executive Director	Margaret (Barbara) Gildea [26]							0-5					0-5

(This disclosure is subject to audit)

*1 Mark Powell - started in post 03.04.2023

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

*3 Ifti Majid - left post 30.11.2022

*4 Vikki Ashton Taylor - Director of Strategy, Partnerships and Transformation from 01.06.2022 and Deputy Chief Executive added 01.02.2024

*5 James Sabin - started in post 05.02.2024

*6 Rachel Leyland - in post from 01.11.2022 to 04.02.2024

*7 Joanne Wilson - in post from 03.10.2023 to 04.02.2024

*8 Claire Wright - left post 31.10.2022

*9 Lee Doyle - started in post 06.11.2023

*10 David Tucker - started in post 06.11.2023

*11 Prince Ade-Odunlade - left post 30.11.23

*12 Arunprasad Chidambaram - started in post 03.10.2022

*13 John Sykes - left Medical Director post 02.10.2022. Pension frozen from 31.05.2012

*14 Rebecca Oakley – formal Acting cover arrangements backdated to 30.05.2023, Interim post from 27.11.2023

*15 Jacqueline Lowe - left post 26.11.2023

*16 David (Gareth) Harry - left post 31.05.2022

*17 David Mason - started in post 30.10.2023

*18 Kyri Gregoriou - in post from 16.09.2023 to 29.10.2023

*19 Rebecca Priest - in Board post from 12.09.2022 to 31.03.2023

*20 Tumikilani Banda - in Board post from 26.09.2022 to 31.03.2023

*21 Ralph Knibbs - started in post 01.07.2022 (designate role 01.06.2022 to 30.06.2022)

*22 Antony Edwards - started in post 01.08.2022

*23 Lynn Andrews - started in post 11.01.2023 (designate role 05.09.2022 to 10.01.2023)

*24 Sheila Newport - left post 10.01.2023

*25 Richard Wright - left post 30.06.2022

*26 Margaret (Barbara) Gildea - left post 30.06.2022

The total taxable benefits reported in the table above of £1.1k all relate to lease car benefits.

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

The banded remuneration of the highest-paid director in the organisation in the financial year 2023-24 was £185,000 - £190,000 (2022-23: £135,000 - £140,000). This is a change between years of 36.4%

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

For employees of the Trust as a whole, the range of remuneration in 2023-24 was from £15,988 to £215,395 (2022-23 £14,923 to £220,459). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5.7%

There were 5 employee that received remuneration in excess of the highest paid director in 2023-24 (2022-23: 26 employees). The highest paid director during 2023-24 was the Executive Medical Director (2022-23: Interim Chief Executive Officer).

In 2023-24 there were two senior managers paid more than the £150,000 threshold used in the Civil Service for approval by the Chief Secretary to the Treasury, as set out in guidance issued by the Cabinet Office (2022-23: none). The Trust Remuneration and Appointments Committee have reviewed this and considers it reasonable as it relates to the Medical Director and the Chief Executive.

	2023/24			2022/23		
	25th percentile	Median	75th percentile	25th percentile	Median	75th percentile
Salary of component of pay	£27,896	£36,975	£46,153	£26,282	£35,062	£43,179
Total pay and benefits excluding pension benefits	£28,100	£37,087	£46,898	£26,282	£35,221	£43,806
Pay and benefits excluding pension: pay ratio for highest paid director	7	5	4	5	4	3

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce. This only includes permanent employees, not temporary staff as the ratio would be unfairly distorted by including them.

Pension Benefits - 1 April 2023 to 31 March 2024

Title	Name	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2024 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2023	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2024	Employers Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£000	£000	£000	£000
Chief Executive	Mark Powell	0-2.5	50-52.5	50-55	135-140	702	303	1078	23
Interim Chief Executive/ Director of Nursing & Patient Experience	Carolyn Green	0	10-12.5	40-45	105-110	715	35	863	9
Director of Strategy, Partnerships and Transformation	Vikki Ashton Taylor	0	22.5-25	40-45	115-120	821	75	978	19
Director of Finance	James Sabin	0	2.5-5	25-30	70-75	400	17	554	2
Interim Director of Finance	Rachel Leyland	0-2.5	32.5-35	35-40	100-105	552	202	846	15
Acting Interim Director of Finance	Joanne Wilson	0-2.5	0	20-25	0	144	62	341	5
Interim Director of Operations	Lee Doyle	0-2.5	5-7.5	45-50	120-125	838	42	1029	6
Interim Director of Operations	David Tucker	0-2.5	0-2.5	25-30.	75-80	562	31	695	6
Interim Deputy Chief Executive & Chief Operating Officer	Prince Ade-Odunlade	0-2.5	0	35-40	45-50	507	0	419	9
Executive Medical Director	Arunprasad Chidambaram	0-2.5	47.5-50	40-45	110-115	609	273	943	24
Interim Director of People and Inclusion	Rebecca Oakley	0-2.5	25-27.5	25-30	70-75	387	102	548	13
Director of People and Inclusion	Jacqueline Lowe	0-2.5	0	20-25	5-10	252	44	340	12
Interim Director of Nursing and Patient Experience	David Mason	0	10-12.5	35-40	105-110	792	17	911	7
Interim Director of Nursing and Patient Experience	Kyri Gregoriou	0-2.5	0	15-20	0	154	8	238	2
Trust Secretary	Justine Fitzjohn	0	22.5-25	20-25	50-55	331	105	470	14

Payments for loss of office
Payment in lieu of notice made of £36.7k based on basic salary.

Payments to past senior managers
None in 2023/24.


Colleagues who work at the Trust

Staff report

Workforce profile: staff numbers*

The table below outlines the professional categories of staff employed by the Trust and the changes in whole time equivalent (WTE) from 2022/23 – 2023/24.

Average number of employees (WTE basis)	2023/24 Total Number	2023/24 Permanent Number	2023/24 Other Number	2022/23 Total Number	2022/23 Permanent Number	2022/23 Other Number
Medical and dental	**195**	182	13	**194**	181	13
Ambulance staff	**0**			**0**	0	
Administration and estates	**726**	724	1	**704**	702	2
Healthcare assistants and other support staff	**571**	566	5	**547**	528	19
Nursing, midwifery and health visiting staff	**1,121**	1,097	24	**1,050**	1,021	29
Nursing, midwifery and health visiting learners	**22**	22		**23**	23	
Scientific, therapeutic and technical staff	**400**	399	1	**360**	359	1
Healthcare science staff	**0**			**0**	0	
Social care staff	**20**	20		**13**	13	
Other	**0**			**0**		
Total average numbers	**3,054**	**3,010**	**45**	**2,891**	**2,827**	**64**
Of which:						
Number of employees (WTE) engaged on capital projects	**9**	9		**8**	8	

* subject to audit

The workforce numbers outlined above are based on headcount numbers recorded between the start and end of the financial years. The numbers included in the accounts are based on the average WTE across the financial year.

Colleagues at Derbyshire Healthcare

Workforce profile: staff costs*

	2023/24			2022/23		
	Total	Permanently employed	Other	Total	Permanentl y employed	Other
	£0	£0	£0	£0	£0	£0
Salaries and wages	**122,189**	120,977	1,212	**116,707**	115,599	1,108
Social security costs	**12,645**	12,645	-	**11,235**	11,235	-
Apprenticeship levy	**624**	624	-	**533**	533	-
Employer contributions to NHS Pension Scheme	**15,295**	15,295	-	**13,594**	13,594	-
Employer contributions paid by NHSE on providers' behalf	**6,674** **-**	6,674 -	- -	**5,929** **-**	5,929 -	- -
Other pension costs	**-**	-	-	**-**	-	-
Other post-employment benefits	**-**	-	-	**-**	-	-
Temporary staffing (External Bank)	**-**	-	-	**-**	-	-
Temporary staffing (Agency/Contract)	**8,825**	-	8,825	**7,596**	-	7,596
Termination benefits	**-**	**-**	**-**	**1**	1	-
Total Gross Staff Costs	**166,252**	**156,215**	**10,037**	**155,595**	**146,891**	**8,704**
Of the total above:						
Charged to Capital	**531**			**396**		
Employee benefits charged to revenue	**165,721**			**155,199**		
	166,252			**155,595**		

*subject to audit

The Trust's members magazine

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

	Headcount	FTE	Workforce %
Trust			
Employees	3308	2909.26	-
Staff Group			
Add Prof Scientific and Technic	273	237.10	8.25%
Additional Clinical Services	567	502.88	17.14%
Administrative and Clerical	654	562.48	19.77%
Allied Health Professionals	251	217.96	7.59%
Estates and Ancillary	162	128.39	4.90%
Medical and Dental	161	145.03	4.87%
Nursing and Midwifery Registered	1215	1090.62	36.73%
Students	25	24.80	0.76%
Age			
16-20	9	9.00	0.27%
21-30	470	445.99	14.21%
31-40	802	713.14	24.24%
41-50	874	782.80	26.42%
51-60	873	753.89	26.39%
61-70	263	193.63	7.95%
71 & above	17	10.81	0.51%
Disability			
Declared Disability	339	302.01	10.25%
No Declared Disability	2969	2607.25	89.75%
Ethnicity			
White - British	2504	2183.11	75.70%
White - Irish	25	19.51	0.76%
White - Any other White background	64	58.37	1.93%
White Northern Irish	2	1.67	0.06%
White Unspecified	10	7.69	0.30%
White English	5	3.92	0.15%
White Other European	2	1.40	0.06%
Mixed - White & Black Caribbean	30	28.35	0.91%
Mixed - White & Black African	7	6.93	0.21%
Mixed - White & Asian	22	18.83	0.67%
Mixed - Any other mixed background	18	16.94	0.54%
Asian or Asian British - Indian	168	149.48	5.08%
Asian or Asian British - Pakistani	70	62.63	2.12%
Asian or Asian British - Bangladeshi	4	3.59	0.12%
Asian or Asian British - Any other Asian background	14	13.40	0.42%
Asian Punjabi	2	1.44	0.06%
Asian Sri Lankan	1	1.00	0.03%
Asian Tami	2	1.80	0.06%
Asian Unspecified	1	1.00	0.03%
Black or Black British - Caribbean	66	61.63	2.00%
Black or Black British - African	174	163.67	5.26%
Black or Black British - Any other Black background	11	10.87	0.33%
Black Nigerian	2	1.80	0.06%
Black British	4	3.40	0.12%
Chinese	8	6.80	0.24%
Any Other Ethnic Group	17	15.84	0.51%
Malaysian	2	2.00	0.06%

	Headcount	FTE	Workforce %
Vietnamese	1	1.00	0.03%
Filipino	1	1.00	0.03%
Other Specified	2	2.00	0.06%
Not Stated	69	58.19	2.09%
Gender			
Female	2385	2309.55	80.41%
Male	584	599.70	19.59%
Gender breakdown			
Female Director/CEO	2	2.00	28.57%
Male Director/CEO	5	5.00	71.43%
Female Senior Manager Band 8c & above	23	21.05	56.10%
Male Senior Manager Band 8c & above	18	18.00	43.90%
Female Employee other	2635	2286.50	80.83%
Male Employee other	625	576.70	19.17%
Religious Belief			
Atheism	665	599.76	20.10%
Buddhism	23	20.57	0.70%
Christianity	1335	1173.38	40.36%
Hinduism	40	36.37	1.21%
Not stated	710	600.14	21.46%
Islam	88	79.71	2.66%
Jainism	2	2.00	0.06%
Judaism	7	7.00	0.21%
Other	374	336.22	11.31%
Sikhism	64	54.11	1.93%
Sexual Orientation			
Bisexual	59	55.60	1.78%
Gay or Lesbian	88	81.96	2.66%
Heterosexual or Straight	2637	2341.03	79.72%
Undecided	7	5.80	0.21%
Other not listed	12	11.40	0.36%
Not Stated	505	413.47	15.27%

Success at the Asian Professionals National Alliance (APNA) NHS Awards

Both the Trust and Ade Odunlade, Chief Operating Officer, won awards for contributions to the NHS at the Asian Professionals National Alliance (APNA) NHS awards in September 2023.

The awards celebrate South Asian colleagues and those who support equality, diversity and inclusion work to break through the glass ceiling and visibly make a difference.

Sickness absence data

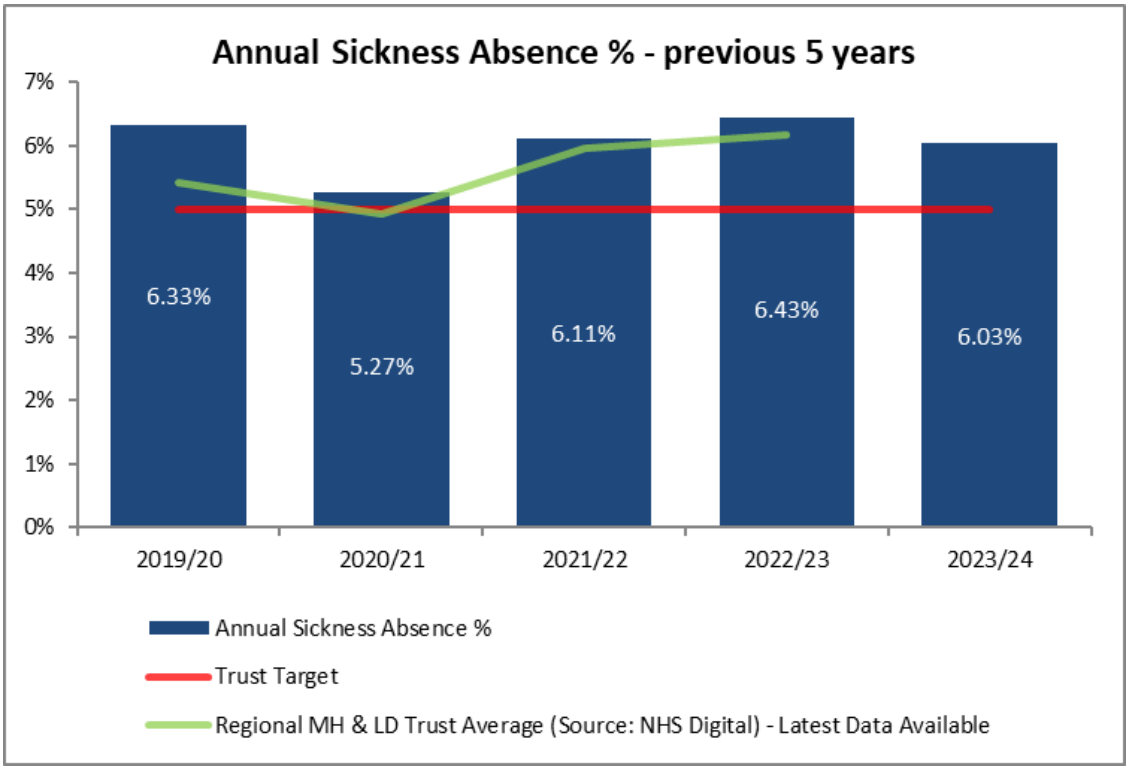
Sickness absence data for 2023/24 is published by NHS Digital at this location:
NHS Sickness Absence Rates - NHS Digital

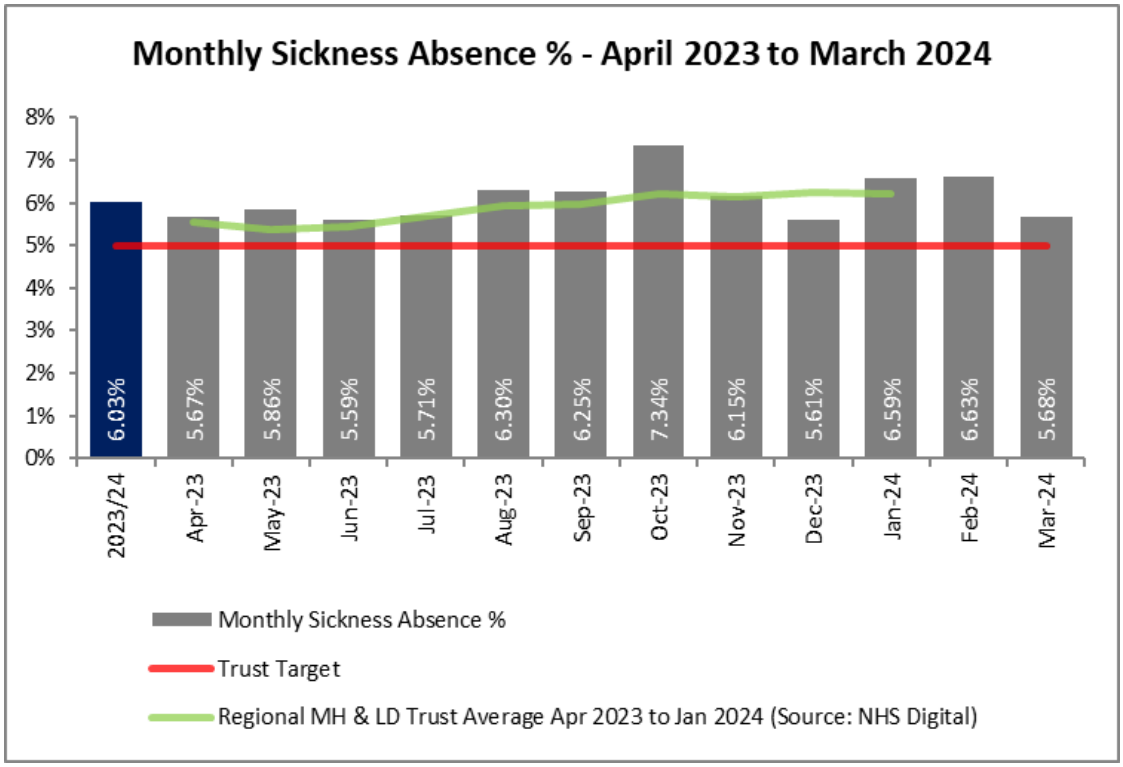
We continue to work with colleagues to support their health and attendance at work. The annual sickness rate for 2023/24 was 6.03% which is 0.40% lower than the previous year.

In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust's highest reason for sickness absence and accounted for 32.19% of all sickness absence during 2023/24, followed by surgery at 8.38% and cold, cough, flu-influenza at 8.02%.

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

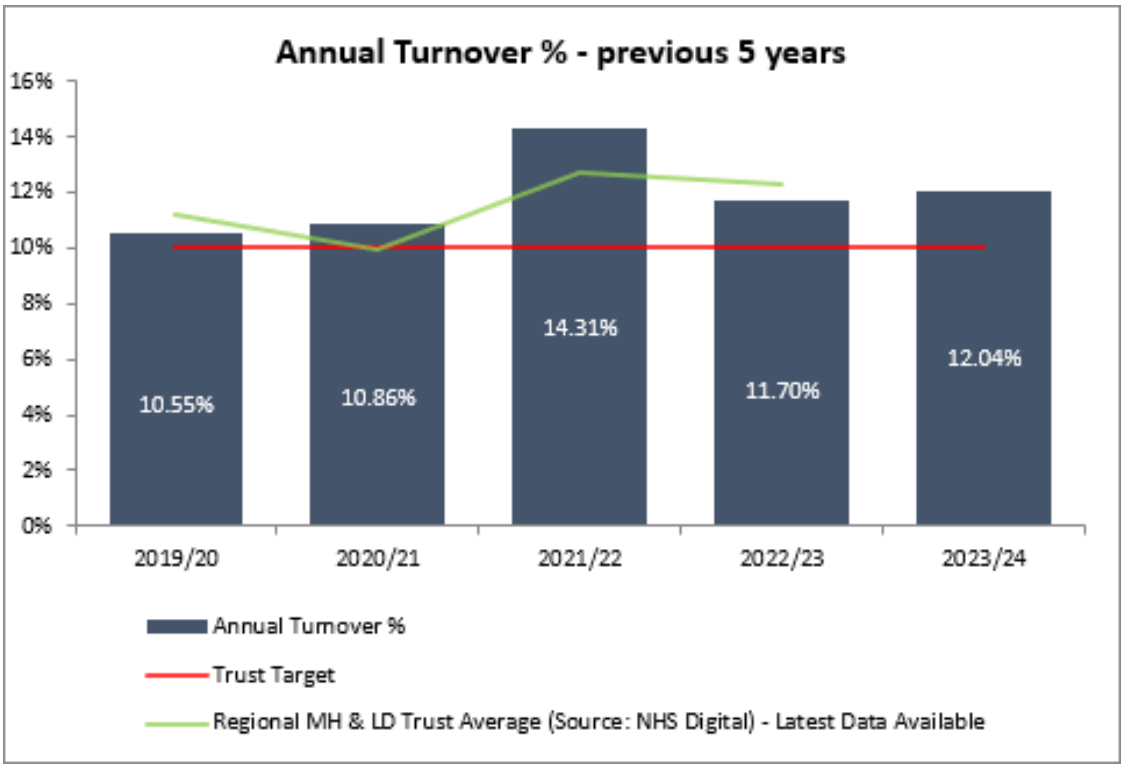
Whole time equivalent (WTE) days available	Average number of WTE staff 2023/24	WTE days lost to sickness absence	Average sick days per WTE
1,009,228.25	2,819.36	60,822.91	21.57

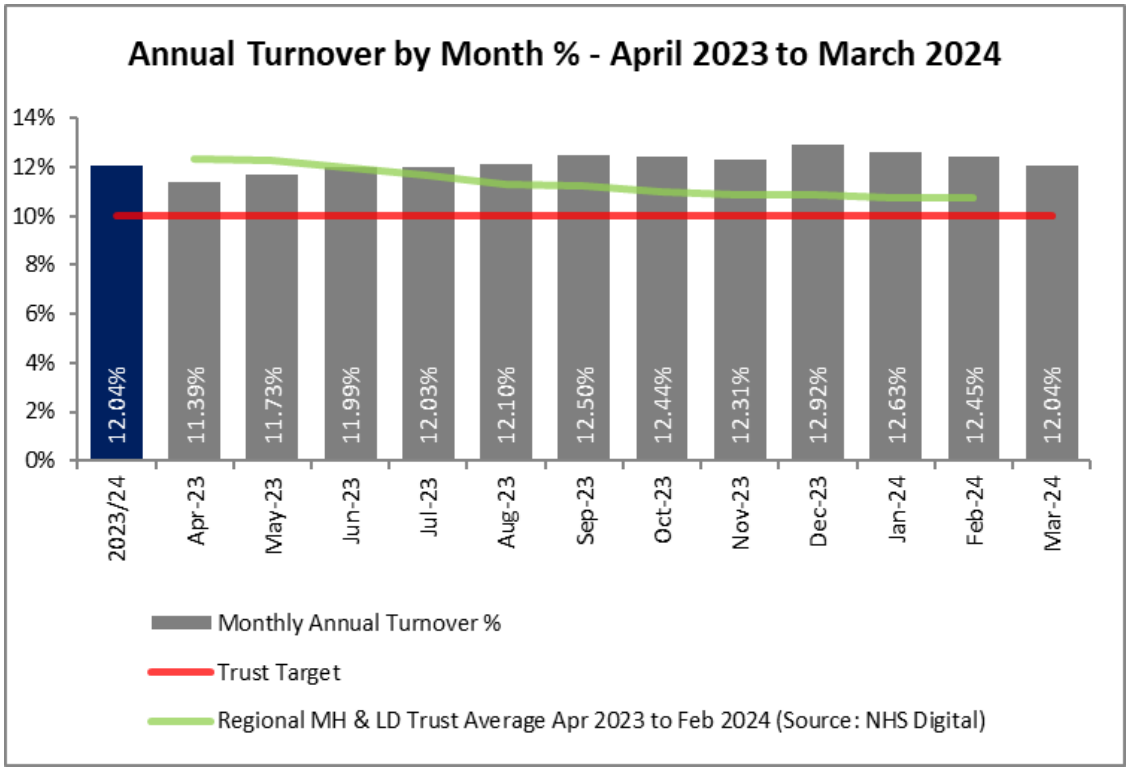




Turnover data

Turnover data for 2023/24 is published by NHS Digital at this location:
[NHS workforce statistics - NHS Digital]





Dave Allen and Jill Ryalls, Public Governors for Chesterfield

Staff policies and actions applied during the financial year

Staff wellbeing update

Throughout 2023/24, we have continued to offer key services and support to staff to maintain, enhance and improve staff health and wellbeing. Using the NHS health and wellbeing framework, we are able to ensure continuous commitment to staff wellbeing across the organisation.

In addition, the framework enables us to identify areas of improvement and new initiatives to support colleagues. Examples of changes we have been able to implement over the course of the last year are detailed below.

In May 2023 we merged our wellbeing champions network with Joined Up Care Derbyshire (JUCD) colleagues to create one, diverse network. We currently have 48 active and engaged champions within Derbyshire Healthcare and members of the JUCD network. The champions provide a key role in ensuring a wellbeing culture in teams and services.

Alongside our JUCD colleagues we launched 'Your Wellbeing Survey,' building on work last year to understand the health needs of the workforce. The survey provides valuable data to ensure that we meet those needs and prioritise key areas.

By using valuable data, we have established a rolling training programme consisting of the following:

- Stress workshops
- Stress High Intensity Interval Training (HIIT) sessions
- Healthy working workshops
- Introduction to wellbeing
- Wellbeing conversation training.

We were able to secure funding to offer training for a limited number of staff to become grief first aiders, this training was delivered in November 2023 and the group have become wellbeing champions and offer their expertise via the wellbeing team.

The Hobbee-hive, a craft and wellbeing drop-in session, funded by charitable funds launched on the run up to Christmas in December 2023, where staff can try and learn different activities, have a coffee and chat to the team and colleagues. 95% of colleagues who gave us feedback scored the Hobbee-hive between 8-10 stars, with 84% intending on continuing to craft in their own time. We have also received some great feedback:

"I have a disability that has stopped me from doing what I love. Knitting, Crochet, etc. When I saw the cross-stitch section, I was like a kid. I had forgotten I could do cross-stitch, and this reminded me I don't have to give up my love of crafting. I just need to change what crafting I do. I loved being reminded of that."

"It made a huge difference to me on a day that was feeling rather stressful. The short time I spent had a significant impact on the rest of my day in the best possible way."

"I think that crafts are something that a lot of adults tend to discard as they leave childhood and don't see them as worthwhile pastimes, but I think that taking that time for yourself, enjoying something mindful and fun is so important for positive mental health."

Building on a model, implemented by our Joined Up Care Derbyshire colleagues, we have been able to procure the equipment to offer staff body MOTs to improve their awareness of their own physical health. Three planned sessions at different sites have delivered over 40 body MOTs and we will run a programme of sessions at sites across the county over the next year.

We were also successful in a sperate bid to enable us to launch the 'Peak Challenge' the first of several physical activity challenges which will enable colleagues to make sustainable lifestyle changes, impacting on physical and mental health.

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

We also have a Long-Term Impairment or Neurodiverse Health Conditions Policy and Procedure to which the Reasonable Adjustments Passport is appended. The policy provides a framework for

supporting employees who have a long-term health condition or impairment, and the purpose of the Reasonable Adjustments passport is to:

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

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

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

The Trust operates a Guaranteed Interview Scheme, which allows anyone with a disability to have a guaranteed invitation to interview if they meet the essential eligibility criteria as listed in the person specification. The Trust has achieved Disability Confident Employer Level 2 status as part of the Disability Confident Scheme which focuses on the key themes of getting the right people for our business, keeping and developing our people; and is working towards achieving the Level 3 Disability Confident Leader to draw from the widest possible pool of talent, and ensuring we are securing, retaining and developing disabled staff. Our policies have also been updated to include references to neurodiversity conditions.

Policy review
To ensure our people policies are accessible and promote an inclusive workplace whereby staff and managers have clear guidance for our people processes, the Trust has initiated a policy review which will:

- Review and decode language and wording used in the policies to remove biases language
- Ensure language is focused and clear, making sure that colleagues have a clear understanding on what is expected of them
- Ensure best practices are included with up-to-date employment law legislation, whilst fostering and maintaining a culture of inclusion in the Trust.

Union facility time

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

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

In line with the Trade Union (Facility Time Publication Requirements) Regulations 2017 we have published details of facilities time carried out by our trade union representatives during the 2023/24 year on our website www.derbyshirehealthcareft.nhs.uk. This covers duties carried out for trade unions or as union learning representatives in relation to our Trust and staff.

Number of employees who were relevant union officials during 2023/24	No. of reps on Full time release
10	2

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

Percentage of time spent (of their working hours) by relevant union officials on facility time during 2023/24	Number of employees
0%	-
1-50%	8
51%-99%	-
100%	2

Percentage of pay bill spent on facility time during 2023/24	Figures
Total cost of facility time	£75,849.66
Total pay bill	£159,047,000
Percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time ÷ total pay bill) x 100	0.05%

This has reduced from 2023/24 when the figure was 0.07%

Paid Trade Union activities

Time spent on paid Trade Union activities as a percentage of total paid facility time hours during 2023/24 calculated as:	
(Total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	7%

Sample room for our new facilities

Involving and engaging staff

Staff engagement and internal communications has continued to be a priority for the Trust throughout 2023/24, with staff involvement encouraged through a wide range of mechanisms and opportunities. This has enabled over 1500 staff to be consulted on a wide range of subjects via surveys, conferences and online engagement hours.

Staff involvement in key programmes of work including the Making Room for Dignity and Living Well programmes has developed over the last year, ensuring that colleagues have the opportunity to shape and influence both important projects that will shape the future delivery of the Trust's clinical services.

Virtual engagement hours continue to take place for all staff each month, to discuss a range of different topics and share best practice and innovations. Attendance at these events continues to grow.

During the year the Trust's Leadership Forum was re-launched. This event also takes place each month, bringing senior leaders together to discuss strategic issues, find solutions and to collectively develop leadership skills.

Annual staff conference
In October 2023, the Trust's annual staff conference took place, with over 120 colleagues coming together from different teams to discuss it being 'time to reset', which was the theme for the day. Guest speaker, former England rugby player, Maggie Alphonsi, spoke about the importance of knowing our strengths, understanding what drives us and the importance of being comfortable stepping out of our comfort zone.

Drawing on her own personal experiences of being a member of a team, Maggie also shared advice on how teams can feel better connected and motivated by understanding each other's drivers and ambitions. She confirmed the importance of trust between colleagues, the value of embracing failure in order to learn and positively move forward, and how we should all take the time to acknowledge successes and recognise progress. We also discussed other key themes such as our culture, psychological safety and the importance of speaking up.

Development of a new Trust Strategy
The feedback from the Staff Conference outlined a number of priorities that have since been taken forward in the development of a new Trust Strategy.

In February 2024, engagement commenced with colleagues through a series of virtual and face to face events focused on the Trust's culture, current vision and values, and our approach to health inequalities (which will also link into the development of a new Clinical Strategy).

This engagement continues at the time of writing this report, with a new Trust Strategy being developed for November 2024.

Celebrating NHS 75

In July 2023, the Trust celebrated the NHS's 75th birthday with national, regional and system-wide events. Some of the celebrations included NHS75 Parkrun, where colleagues across the Trust ran 5k at different locations.

Colleagues at the NHS75 Parkrun

Other events included the NHS75 Big Tea, where as part of the League of Friends Summer Fayre staff, service users and carers were invited to come along for a slice of cake to celebrate NHS75. A Big Tea gathering also took place at Holmebrook Valley Country Park in Chesterfield for our staff and carers in the north of the county.

A five-a-side football tournament also took place at Springwood Leisure Centre as well as a 'walk in the park' event in Chesterfield. Both events brought colleagues together from all services to recognise the success of the NHS over the last 75 years.

The Trust was proud to be represented by five colleagues, Amany Rashwan, Susanna Scales, Dr Vanita Kapoor, Stacey Rach and Al Munnien (pictured), who travelled to Westminster Abbey for a Multi-Faith celebration on the 75th birthday.


Amany Rashwan, Susanna Scales, Dr Vanita Kapoor, Stacey Rach and Al Munnien

A special NHS Parliamentary Awards took place to mark the 75th birthday of the NHS and we were delighted that the Trust's specialist community public health team was awarded a regional NHS Parliamentary Award for their work to reduce inequalities in health and social care by supporting asylum-seeking families in Derby city.

Andrew Wright, Adult Neurodevelopmental Services In-Reach Lead (pictured), also represented the Trust at a national celebration for the NHS's birthday with an invitation to 10 Downing Street.

Dr Arun Chidambaram, Medical Director gave a talk to students at Shirebrook Academy in north-east Derbyshire to explain about the 350 different careers that the NHS has to offer. The programme of talks was a partnership between Speakers for Schools and NHS England in celebration of NHS75. The aim was to help inspire young people to consider a career in the NHS.

Andrew Wright outside 10 Downing Street

Following engagement with staff, service users, carers and partners, on the NHS 75 birthday, we celebrated the future of our local healthcare services by announcing the names of our of new health care facilities and wards included in the Making Room for Dignity programme. .

Recognising and rewarding our staff

November 2023 saw the return of the Trust's popular HEARTS (Honouring Exceptional and Really Terrific Staff) awards, highlighting the fantastic work of colleagues over the last year. A record number of staff were nominated in each of the award categories, with members of the public nominating colleagues in the Making a Difference award category, for making a positive difference to people's lives and embodying the Trust's values.

Congratulations to everyone who was nominated and recognised in the HEARTS awards.

Our winners included:

- Clinical Team of the Year Award – Children and Adolescent Mental Health Services (CAMHS) Participation Team
- Non-Clinical/ Corporate Team of the Year Award – Emergency Preparedness, Resilience and Response Team (EPRR)
- Rising Star Award – Natalie Sweeney, Occupational Therapy Assistant
- Inspirational Leader Award – Emily Jepson, Occupational Therapist
- Outstanding Care and Compassion Award – Mark Lilleyman, Nurse Specialist/Cognitive Behavioural Therapist, Eating Disorders service
- Environmental Impact/Green Award – Dr Sarah Hobday, Consultant Paediatrician
- Quality Improvement/ Research Excellence Award – Cubley Court and Tissington House Older Adults Inpatient Occupational Therapy Teams
- Equality and Diversity Award – Nick Richards, Project Officer and Lived Patient Experience
- Making a Difference Award – Brett Durant, Receptionist, High Peak and North Dales Older Adult Community Mental Health Team.

One winner was presented with the 'Derbyshire Healthcare Lifetime Achievement' award for dedicating 48 years of their career to the NHS, reflecting the Trust values and demonstrating a commitment to providing support and care to patients and staff. Clive Moore, Estates Technician, accepted this award for his ongoing commitment to the Trust over the years, making the Estates department the fantastic place it is today.

Mark Powell and Clive Moore

Clive was described by the person who nominated him as "more like a family member than a colleague" to many. Clive was celebrated for being passionate, dedicated and highly enthusiastic about working for the Trust – particularly around fundraising for the Trust's League of Friends charity and for Rainbow Hospice. Clive has brought in donations of around £38,000 for charity. Clive is well known across the Trust for hosting the League of Friends summer fayre for several years and for performing a magic show as Clive-o the Clown.

A special award was created to reflect an exceptional team approach to a very unexpected and challenging incident on one of the Trust's wards this summer, when there was an unexpected fire. Ward 34 at the Radbourne Unit received this award for the "extraordinary, professional and caring manner in which the team performed to keep all of those in our care safe and calm." An unplanned fire alarm went off on Ward 34 on 25 August and, when it was clear that this was not a drill, the ward team had to respond to an unprecedented situation.

The award nomination read: “The team responded brilliantly, managing to care for 16 very unwell patients and help them stay calm in a very stressful and potentially traumatising circumstances”.

The Trust’s DEED (Delivering Excellence Every Day) staff recognition scheme continues to be popular and saw a record number of nominations from both colleagues and members of the public during the year. Following feedback, a monthly winner was reintroduced at the start of 2024. The winners from each month will be taken forward for a special award category in the 2024 HEARTS awards.

Engagement through our staff networks
The Trust’s staff networks continue to regularly meet, offering guidance and support and an opportunity to develop and increase understanding of inclusion across the Trust. Our networks have an important role in celebrating significant events and awareness days throughout the year, raising awareness and promoting positive messages. Examples this year have included Black History Month, LGBT History Month, Disability History Month, Armed Forces Day, National Inclusion week and Holocaust Memorial Day. Important religious and spiritual events have also been celebrated, with information shared to raise awareness of different faiths and cultures.

In May 2023, on National Staff Networks Day, the Trust celebrated its first Staff Networks conference. With conversations on the theme of ‘Staying Strong,’ attendees heard from guest speaker, David Shosanya, who talked about the benefits of having staff networks and how collaboration between networks can make a real difference to colleagues. Our staff networks also talked about their priorities and achievements. Colleagues involved in the networks were also presented with certificates by Mark Powell, Chief Executive in recognition of their contribution to developing the work of the Trust’s Staff Networks.

The Trust’s Staff Forum continues to meet and provide staff with an opportunity to work with the Executive Leadership Team to discuss decisions affecting the Trust and put forward better ways of working and ideas to improve our services. The Forum comprises nominated staff representatives, staff governors, employee network chairs, Staff Side representative and the Executive Leadership Team. Issues discussed included electric transport, car parking at Kingsway Hospital and transport plans for colleagues to use alternative methods of travel.

Remembering our colleagues
Sadly, the Trust lost a number of colleagues throughout the year, who will be remembered in the memorial garden at Kingsway Hospital. Colleagues came together to remember Gillian Lemmon, Duncan McNiven, Jess Melbourne, Lauren Smyth and Marie White. The garden will also include a plaque in memory of Lynda Langley, the Trust’s former lead governor, who sadly passed away in March 2024.

Involving staff in the performance of the Trust
All Trust employees have access to information regarding the performance of the Trust. The public Trust Board papers are available on the Trust website and staff are encouraged to engage in the live tweets that are posted during the meeting. Staff are also invited to observe Trust Board and Council of Governors meetings which are held in public.

The integrated performance report is discussed during meetings of the Trust Leadership Team. Discussions and decisions taken by the Trust Board are disseminated to all staff through the staff engagement events and the Leadership Forum. This enables staff to understand the Trust’s priorities and challenges and be better involved in shaping the Trust’s performance.

Freedom to Speak Up 2023/24

The Trust employs a Freedom to Speak Up Guardian (FTSUG) who works as a confidential and impartial source of support to help staff to speak up safely and without fear of reprisal. In addition, the FTSUG is supported by a network of speaking up champions who have received training relevant to the role.

Staff are initially encouraged to speak up about any work-related concerns with their line manager or with anyone else in their management line. Staff can also speak up and raise concerns with the FTSUG. Staff may also contact the Chief Executive as lead for speaking up across the Trust, Executive Directors, or the lead Non-Executive Director (NED) for Speaking Up. Outside of the Trust, there are a range of external bodies staff can approach, and contact details are outlined in the Trust's Freedom to Speak Up Policy and on the staff intranet.

The role of the FTSUG was promoted widely through internal communication routes with regular communications bulletins including the promotion of speaking up month during October 2023 and the production of a Trust video for FTSU, through the staff intranet, and a speaking up focused Microsoft Teams staff engagement event. The FTSUG also delivers training in the Trust and runs a number of drop-ins at various sites.

The Trust's commitment to Speaking Up and the role is highlighted at Trust corporate induction with the FTSUG also delivering a presentation to new staff. The FTSUG has a network of Speaking Up Champions who are positioned across the Trust and can support staff to speak up.

For those finding it difficult to speak up, or who may want to do so anonymously, staff can access the FTSU raising concerns button on the staff intranet or write to a PO Box address.

The Trust's Freedom to Speak Up Policy was renewed in April 2023 to reflect NHSE's Speaking Up policy template and content. In January 2024, the Trust also had a new FTSU Reflection and Planning Tool completed by the Board and a FTSU Strategy and Vision 2024-26 in place.

How feedback is given to those who speak up

The Trust aims to deal with concerns promptly and without delay and keep those who speak up informed and supported throughout the process. The Trust recognises that in exceptional circumstances timescales may need to be extended and these are mutually agreed. The FTSUG aims to:

- Respond to an individual who has spoken up within five working days
- Ensure those who speak up receive feedback on concerns raised.

How we ensure staff who do speak up do not suffer detriment or demeaning treatment

The FTSU Policy is clear that staff who speak up must not suffer any form of detriment, or demeaning treatment, because they have spoken up:

- If detriment, or demeaning treatment, is evident the Trust will ensure allegations are promptly and fairly investigated and acted on
- The Trust will not tolerate any attempt to coerce or bully an employee into not speaking up. Such behaviour would be a breach of Trust values and, if upheld following investigation, could result in disciplinary action.

The Trust works to ensure there is a positive culture in relation to speaking up by addressing barriers to speaking up. The Trust aims to ensure staff feel supported and comfortable to raise a concern openly. We are able to keep staff identity confidential, if they choose to do so, unless required to disclose it by law. We also understand that there may be occasions where a staff member may wish to remain anonymous in order to safely speak up.

Protecting staff

Work continues providing evidence of key standards being met in accordance with the Health and Safety at Work Act 1974, the Regulatory Reform (Fire Safety) Order 2005, and Security Management Standards.

Six incidents occurred during 2023/24 which were reported to the Health and Safety Executive under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Of the six incidents, three resulted in over seven days absence from work.

The Trust's Health and Safety Training Framework (detailing compliance with training that supports the achievement of the strategic objectives) continues to be delivered to a high standard, ensuring that training as a control measure is effective and adequately reduces risk.

Compliance is reported to the Trust's Health and Safety Committee on a quarterly basis. This Committee has continued to meet quarterly throughout the year and includes robust representation from recognised Trade Union bodies. The Committee demonstrates effectively the requirement to consult and communicate on all health and safety related matters. The Committee has a detailed documented work plan to ensure effective business is undertaken and completed.

Competency	Does Not Meet Requirement	Meets Requirement	Grand Total	Compliance %
Fire Warden (three yearly)	34	140	174	80.42%
Fire Safety (two yearly)	317	2,870	3,187	90.05%
Health & Safety awareness (three yearly)	372	2,815	3,187	88.46%

Occupational health
The Trust provides occupational health support to staff through a wider health wellbeing offer, as outlined in the Staff Report.

New facilities at Kingsway Hospital site, Derby under construction

Expenditure on consultancy
Consultancy fees incurred in 2023/24 were £0 (2022/23 £0).

Off-payroll arrangements
The Trust's policy on the use of off payroll is to use by exception. Having conducted an internal audit review of our high-cost off-payroll arrangements in 2015/16 and introduced additional oversight and reporting to Executive Directors and the Finance and Performance Committee on such engagements, the Trust did not have any off-payroll engagements until 2020/21.

Table 1: Highly paid off-payroll worker engagements as at 31 March 2024 earning £245 per day or greater

Number of existing engagements as of 31 March 2024	0
Of which:	
Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	0
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	0
Number that have existed for four or more years at the time of reporting	0

Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2024 earning £245 per day or greater

Number of off-payroll workers engaged, during the year ended 31 March 2024	0
Of which:	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35	0
Subject to off-payroll legislation and determined as out-of-scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following review	0

Table 3: For any off-payroll engagements of Board members, and/ or senior officials with significant financial responsibility between 1 April 2023 and 31 March 2024

Number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure includes both off-payroll and on-payroll engagements.	22

Exit packages 2023-24*

Exit package cost band	Number of compulsory redundancies 2023-24	Number of other departures agreed 2023-24	Total number of exit packages by cost band 2023-24	Number of compulsory redundancies 2022-23	Number of other departures agreed 2022-23	Total number of exit packages by cost band 2022-23
<£10,000		18	18		10	10
£10,000 - £25,000		1	1		1	1
£25,001 - £50,000		1	1			
£50,001 - £100,000						
£100,001 - £150,000						
£150,001 - £200,000						
>£200,000						
Total number of exit packages by type	0	20	20	0	11	11
Total resource cost (£000)	0	146	146	0	75	75

Payments are disclosed in the following categories. Comparative information should be included either in brackets, additional columns, or a separate table and restated if last year they were not disclosed as clarified here.

	Agreements Number 2023-24	Total value of Agreements £000 2023-24	Agreements Number 2022-23	Total value of Agreements £000 2022-23
Voluntary redundancies including early retirement contractual costs				
Mutually agreed resignations (MARS) contractual costs				
Early retirements in the efficiency of the service contractual costs				
Contractual payments in lieu of notice	20	146	10	74
Exit payments following Employment Tribunals or court orders				
Non-contractual payments requiring HMT approval *			1	1
Total	20	146	11	75
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

* subject to audit

NHS Staff Survey 2023

The NHS staff survey is conducted annually from September to November. From 2022/23 the survey questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale.

The response rate to the 2023 survey among trust staff was 62%, this was an increase from last year's response rate of 48%.

The results are also compared against 51 organisations in our benchmarking group: Mental Health and Learning Disability and Mental Health, Learning Disability and Community Trusts.

The 2023 survey included three new questions; 'In the last 12 months how many times you have been the target of unwanted behaviour of a sexual nature from the public/service users', a second question asking how many times they have been the target of unwanted sexual behaviour from colleagues and lastly a question around healthy eating options.

Indicators ('People Promise' elements and themes)	2022 Survey		2023 Survey	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score
We are compassionate and inclusive	7.7	7.5	7.7	7.6
We are recognised and rewarded	6.5	6.3	6.6	6.4
We each have a voice that counts	7.1	7.0	7.1	7.0
We are safe and healthy	6.5	6.2	6.5	6.4
We are always learning	5.7	5.7	6.0	5.9
We work flexibly	7.0	6.8	7.2	6.8
We are a team	7.3	7.1	7.3	7.2
Staff engagement	7.2	7.0	7.2	7.1
Morale	6.3	6.0	6.4	6.2

Areas that have improved from the previous year's survey include staff engagement, overall staff morale, the number of people saying they feel safe and healthy when they are at work, that the Trust is compassionate and inclusive, colleagues have a voice that counts, that we value ongoing learning, support people to work flexibly and that the Trust recognises and rewards staff.

The 2023 survey saw an increase in the two 'friends and family' questions:

- 72% of colleagues said they would recommend Derbyshire Healthcare as a place to work. This is an increase of 4% from last year's survey.
- 68% of colleagues said they would recommend the Trust as a place to receive care, if a friend and relative needed treatment. This is in comparison to the 66.5% cited by colleagues last year.

Areas to celebrate

Overall, our results are strong and compare positively against our comparator organisations. Compared to last year we have improved in almost all areas.

The key areas emerging from the survey, which is of particular cause for celebration are:

- We work flexibly – best score in the past three years
- We are recognised and rewarded– best score in the past three years
- We are a team – best score in the past three years
- Improvements across all People Promise themes
- Best across 51 organisations for burn out
- Best across 51 organisations for 'As soon as I can find another job, I will leave this organisation'
- Record response rate for the organisation
- Staff engagement and morale has increased
- Significant higher responses for 'We are recognised and rewarded,' 'We are always learning,' 'We work flexibly' and 'Morale'
- Third in the Midlands for 'We are a team.'

Areas of improvement
This year the areas highlighted in need of further improvement by the survey include effective team working, the feedback colleagues receive following raising concerns and incidents and the number of quality appraisals. We have also seen an increase in the number of colleagues who have experienced discrimination at work from either staff, service users, their relatives or other members of the public.

While we do rate strongly against comparator Trusts overall, there are some areas we want to ensure we focus and prioritise on. These include:

- **Raising and addressing concerns** – Strengthening the current processes in how all colleagues, including students and bank colleagues can raise concerns, what happens once concerns are raised and how we share more widely some of the lessons learnt from concerns that have been raised. This includes concerns about unsafe clinical practice, how they are responded to and address all concerns raised, and how to share lessons learned.
- **Culture of inclusion and respect for all** – Communicate clearly and regularly that there is a no tolerance approach to any form of bullying, harassment or discrimination and ensure managers are clear about the processes to follow should anyone experience this within their teams. Co-create the Anti-racism Strategy to ensure team working to challenge and address racial discrimination and harassment.
- **Health and wellbeing** – Building on the current wellbeing offer, working together to strengthen and develop bespoke approaches to support the different needs of colleagues and teams, acknowledging that one approach does not meet everyone's health and wellbeing needs. Ensuring colleagues are aware of the range of support and offers available.

National Quarterly Pulse survey (NQPS)
We track each quarter for the National Quarterly Pulse survey so that we are able to highlight changes from each survey and pick up improvements where needed.

The table below shows how the Quarter 4 data for engagement and its component parts of advocacy, involvement and motivation, compares with peer and national median responses.

Component	Our score (out of 10)	Comparator average (out of 10)
Employee engagement score	6.99	6.74
Advocacy sub-score	7.08	6.8
Involvement sub-score	6.89	6.56
Motivation sub-score	7.0	6.85

We scored more than the average on all questions:

Question	Our score (out of 10)	Comparator average (out of 10)
I look forward to going to work	53.8%	52.5%
I am enthusiastic about my job	69.2%	65.6%
Time passes quickly when I am working	72.5%	69.9%
There are frequent opportunities for me to show initiative in my role	73.9%	67.4%
I am able to make suggestions to improve the work of my team / department	72%	67.8%
I am able to make improvements happen in my area of work	61%	56.1%
Care of patients / service users is my organisation's top priority	77.9%	74.6%
I would recommend my organisation as a place to work	68.4%	59.3%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	65.9%	64.2%

From Q2 we have decreased in most scores apart from ‘There are frequent opportunities for me to show initiative in my role’:

Question	Q2	Q4
I look forward to going to work	59.0%	53.8%
I am enthusiastic about my job	73.0%	69.2%
Time passes quickly when I am working	77.0%	72.5%
There are frequent opportunities for me to show initiative in my role	73.0%	73.9%
I am able to make suggestions to improve the work of my team/department	73.0%	72%
I am able to make improvements happen in my area of work	62.0%	61%
Care of patients/service users is my organisation's top priority	79.0%	77.9%
I would recommend my organisation as a place to work	71.0%	68.4%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	69.0%	65.9%

Next Steps

- Local action plans
- Engagement events/site visits
- Equality, diversity and inclusion action plan
- Focus on areas of low response rates in both surveys
- Freedom to speak up action plan.

We have started creating detailed reports outlining breakdowns by team, protected characteristics and site, in addition to the free text comments.

Some work projects which will address some of the emerging themes highlighted in this report are already underway. We will ensure that the team staff survey data and free text comments are incorporated into these projects to assist prioritisation.

We will work alongside the Divisional People Lead to identify areas of the Trust that may need additional support, and will work with the team and managers, directorate and divisional leaders to explore what this support should look like. We will also further explore areas of particular concern around raising concerns and bullying, harassment and discrimination.

2023 NHS Staff Survey
Results Summary

People Promise

NHS
Derbyshire Healthcare
NHS Foundation Trust

The national NHS Staff Survey presents feedback from colleagues aligned to the seven themes of the NHS People Promise. These themes are areas that are central to improving colleagues' experiences at work. Our Trust results are presented across these themes below, in addition to the Trust's overall scores for staff engagement and morale.

62%
Response rate
Last year: ▼48%

We are compassionate and inclusive
7.7 — FROM 2022 +0.03
HIGHER THAN THE AVERAGE COMPARATOR SCORE: 7.6

We are recognised and rewarded
6.6 — FROM 2022 +0.18
HIGHER THAN THE AVERAGE COMPARATOR SCORE: 6.4

We each have a voice that counts
7.0 — FROM 2022 0.0
EQUAL TO THE AVERAGE COMPARATOR SCORE: 7.0

We are safe and healthy
6.5 — FROM 2022 +0.05
HIGHER THAN THE AVERAGE COMPARATOR SCORE: 6.4

We are always learning
6.0 — FROM 2022 +0.3
EQUAL TO THE AVERAGE COMPARATOR SCORE: 6.0

We work flexibly
7.2 — FROM 2022 +0.21
HIGHER THAN THE AVERAGE COMPARATOR SCORE: 6.8

We are a team
7.3 — FROM 2022 +0.07
HIGHER THAN THE AVERAGE COMPARATOR SCORE: 7.2

Staff engagement
7.2 — FROM 2022 +0.05
HIGHER THAN THE AVERAGE COMPARATOR SCORE: 7.1

Morale
6.4 — FROM 2022 +0.12
HIGHER THAN THE AVERAGE COMPARATOR SCORE: 6.2

Colleagues feedback

Thank you to everyone who completed the NHS Staff Survey in 2023. The Trust is committed to making ongoing improvements in response to the feedback we have received from colleagues. Our results show that we have improved our scores from last year in 71 question and your feedback continues to rate the Trust higher than average when benchmarked against other comparable organisations. Divisions will receive a breakdown of local results, in order for teams to identify priority areas to progress in the coming year. We will also work with colleagues to identify key Trust-wide priorities in 2024.

Staff Friends and Family Test Scores

LAST YEAR ▼68% — 72%

Would recommend Derbyshire Healthcare as a place to work.

LAST YEAR ▼66.5% — 68%

Would be happy with the standard of care provided by this organisation If a friend or relative needed treatment.

Higher on both than the sector average!

We have scored each element compared to the average from the 51 other organisations in our benchmarking group

All elements are scored on a 0-10 scale, where a higher score is more positive than a lower score. The People Promise scores are generated by grouping the results from each question into sub-themes.

Equality Report – embedding equality, diversity and inclusion (EDI)

"Respect, dignity, compassion, and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported."[3]

The NHS is founded on a common set of principles and values which bind together the people it serves and the staff who work for it. The Constitution sets out the rights to which we are all entitled, and we are required in law to take these into account in our decisions and actions. Where staff are concerned, the NHS commits to every employee's legal rights which include:

- Being treated fairly, equally, and free from discrimination
- Working in an environment which is free from harassment, bullying and violence
- Encourage staff to raise concerns and, where appropriate, investigate the concerns raised

Over and above the legal rights, the NHS pledges to create supportive, open work cultures and provide all staff with the opportunities to fulfil their potential, have a voice in the organisation, and maintain their health, wellbeing, and safety. Our EDI work at the Trust is resolutely focused on making good on those rights and pledges. We know there are causes for appreciation and recognition of progress in some areas, and the need for honesty, courage, and openness where we need to improve.

Two recent national reports set out the direction to be followed by all NHS providers. Published in June 2022, the Messenger and Pollard report *Health and Social Care Review: Leadership for a Collaborative and Inclusive Future*[4] makes the case for EDI being everyone's business, woven into the day-to-day management and leadership of organisations, rather than being seen as a special interest, stand-alone topic. In 2023, the *NHS Equality, Diversity, and Inclusion Improvement Plan*[5] provides specific actions for all NHS providers to achieve over a three-year period.

Along with our strategic objectives, 'People First' and 'Great Place to Work,' recent national reports, and our constitutional obligations, we have formed an EDI Framework to bring all these elements together in a simple way that all colleagues can understand and develop individual and collective responsibility for.

A new EDI Framework
The Trust's People and Culture Committee recently approved our new EDI Framework to ensure positive progress towards an inclusive and equitable organisational culture. The framework groups together our obligations and ambitions into five domains:

- Leadership
- Addressing bullying, harassment, discrimination, and abuse
- Inclusive recruitment and retention
- Inclusive progression and promotion
- Create a culture of inclusion and belonging.

Within each domain are individual actions mandated by NHS England in addition to localised actions which meet the specific needs of the Trust.

Workplace Disability and Race Equality Standards (WDES[6] & WRES[7]) The Workforce Disability Equality Standard (WDES) and NHS Workforce Race Equality Standard (WRES) are nationally mandated tools to measure disability and race equality within NHS Trusts through the

[3] The NHS Constitution for England - GOV.UK (www.gov.uk)
[4] Health and social care review: leadership for a collaborative and inclusive future - GOV.UK (www.gov.uk)
[5] NHS England » NHS equality, diversity and inclusion (EDI) improvement plan
[6] DHCFT_WDES_Report_and_Action_Plan_2022-23_Final.pdf (derbyshirehealthcareft.nhs.uk)
[7] DHCFT_WRES_Report_and_Action_Plan_2022-23_Final.pdf (derbyshirehealthcareft.nhs.uk)

NHS contract. Both standards measure a range of indicators through numerical data and analyse progress over time towards disability and race equality. Reports are published and available on the Trust public website.

Workplace Disability Equality Standard
The WDES uses data to compare experiences of staff with a disability and their non-disabled counterparts. The headline trends are:

- A reduced disparity in the likelihood of being appointed to a position following shortlisting
- A continuing downward trend in harassment, bullying and abuse from patients, colleagues and managers and an increase in reporting where this occurs
- A continuing downward trend in staff feeling under pressure to work when they are not well enough to do so
- After a number of years of positive progress, there is a slight dip in the number of colleagues who feel we offer equal opportunities for promotion.

The published action plan is incorporated into the EDI Framework to reduce duplication of work and includes a more streamlined and easier to understand process for providing reasonable adjustments with policies which enable disabled staff to thrive at work.

Workplace Race Equality Standard
The WRES uses data to compare the experiences of Black, Asian and Minority Ethnic (BME) staff and their white counterparts. The headline trends are:

- The distribution of colleagues in different pay bands continues to show an uneven picture with BME colleagues under-represented in more senior grades (excluding medical grade staff)
- BME applicants are less likely to be appointed after shortlisting
- BME staff are 2.7 times more likely to enter the formal disciplinary process
- There has been little improvement in BME colleagues being harassed, bullied or abused by patients and members of the public although a sustained reduction in that behaviour from their colleagues and overall reductions for white staff
- There is a continuing wide disparity between BME and white staff experiencing discrimination and, notwithstanding fluctuations, very little improvement for either group over time.

As with the WDES, the published action plan is incorporated in the EDI Framework and given the lack of substantial progress on race equality at the Trust, a focused anti-racism strategy will be implemented in 2024.

Equality Delivery System
The Equality Delivery System (EDS) is the mandatory framework introduced by NHS England to help support NHS organisations demonstrate they are complying with their duties under the Equality Act 2010.

The framework provides a set of standards grouped within three domain areas. Services are required to provide evidence and assurance that these standards are being delivered for all the protected characteristics and economically and socially disadvantaged groups. Grading is set by NHS England and the full report can be found on the Trust website www.derbyshirehealthcareft.nhs.uk

- **Domain 1: Commissioned Services** – The Trust presented its work on perinatal mental health and was assessed to be developing and achieving on several outcome areas, this was corroborated by patients giving positive feedback about their use of the service
- **Domain 2: Workforce and Wellbeing** – Provision for the wellbeing of colleagues was rated as achieving and reducing bullying, harassment and discrimination is a key part of the

new EDI Framework which seeks to take this area from developing to achieving through sustained progress.

- Domain 3: Inclusive Leadership – The Board has an established practice of addressing EDI in both its public meetings and the committees of the Board and members are actively involved in accountability and governance of the formal tools for measing EDI progress. While inclusive leadership is rated as achieving, there is room for improving diverse representation at senior management level.

Anti-Racism
Through monitoring the WRES, described above, the area of widest disparity in staff experience is race. This has been the case for a number of years and requires a focused strategy. A close inspection of recent employment tribunals into race discrimination have highlighted several areas which our Trust has chosen to focus on, with a bespoke piece of work, to look at lessons learned and a strategy of prevention. This work is underway and will form part of a new Anti-Racism strategy which will be based on a wide engagement exercise, along with using recent research and best practice, to ensure equity for both our patients and our colleagues.

To help our organisation have better quality conversations about race, we have launched a series of three-hour face to face workshops which are open to all staff to attend. Feedback on the workshops have been positive feedback.

Staff networks
The Trust has seven staff networks:

- Armed Forces
- Black and Minority Ethnic
- Christian
- Disability and Wellbeing
- LGBT
- Muti-Faith
- Women

The networks enable staff to meet and network together based on aspects of their identity and/or life experiences and for those who wish to be allies. The networks provide both a safe space for people to be heard, get support, and share experiences as well as help the Trust to work towards its equality and inclusion objectives. The efforts of our network members have enabled our organisation to achieve accreditations and in turn, educate our colleagues on the needs of different employee and patient groups.

Educational and celebratory events
As the year progresses, the Trust marks important faith and cultural events which are included in the Chief Executive's messages to staff. This highlights opportunities to recognise the diversity of both our colleagues and the communities we serve. Engagement in awareness days is encouraged across the Trust and supported by our EDI team and staff networks. Two events which the Trust gave particular focus to over the past year were Black History Month and International Women's Day.

For Black History Month, we invited representatives from the Royal College of Psychiatrists to share with us the Act Against Racism campaign and toolkit. We also invited Equality 4 Black Nurses who told colleagues about the work they do in supporting and representing NHS staff who experience racism at work. Colleagues across the Integrated Care System were invited to attend and share information with colleagues in their respective organisations.

International Women's Day theme was "Inspire Inclusion" and the Trust invited one of our Non-Executive Directors and the Medical Director from another Midlands Trust who spoke to

colleagues about the role of organisational culture and the importance of emotional leadership in delivering services for patients and enabling women to thrive.

The Modern Slavery and Human Trafficking Act 2015
The Trust's Modern Slavery statement is published on the Trust website:
Modern_Slavery_Statement_-_2023-24.pdf (derbyshirehealthcareft.nhs.uk)

Award for walking group helping new mums with their mental wellbeing

A new walking group for mums who are struggling with their mental health has received an award for being the most innovative project of the year within the county's NHS perinatal (mother and baby) mental health services.
The weekly walking group, organised by staff within the community perinatal mental health team at the Trust, addresses the challenge that some new mothers have where they lack confidence to leave the house and meet other people. The group allows mums to meet in a safe space, without the pressures of sitting in a group, and gives mums the opportunity to walk and talk.
The group organisers help the mums with the practical side of getting up and out and preparing for being out the house. A member of staff offers an initial telephone call to support mums, and provides additional support if mums are wanting to join and their anxieties and worries are holding them back.
The walking group was chosen for the award by a judging panel made up of Experts by Experience (current and former service users) and senior nurses and was presented on 17 January at the annual Perinatal Mental Health Stakeholder Engagement Day. The Innovation award was presented at the event to two of the walking group organisers, Peer support worker, Kelia O'Brien and Nursery nurse, Ginette Varty.
Kelia O'Brien said, "The walking group is a great way for mums to receive support from staff and peers." The walk starts from a venue that is easily accessible and offers free parking and toilets. Healthcare professionals are invited along to offer extra support and share their experiences too.
"Once the course has completed, mums are given a certificate with how many steps they have walked and a list of other outdoor places to try. The group has proven to be so popular that there is often a waiting list to join!"

Disclosures set out in the Code of Governance for NHS Provider Trusts

The Trust has applied the principles of the Code of Governance for NHS Provider Trusts on a 'comply or explain' basis. The Code of Governance for NHS Provider Trusts was published in October 2022 and has been applicable since 1 April 2023. It replaced the NHS Foundation Trust Code of Governance.

The information in this report about our compliance or explanations for non-compliance with the Code of Governance is subject to review by the Trust's external auditors.

Requirements under the code for disclosure
The Trust discloses compliance with the Code of Governance where annual disclosure in the Annual Report is required. Those marked 'additional' are not in the Code but are added by the Annual Reporting Manual to supplement the requirements. Additional information has also been included as appropriate, to provide further detail on the Trust's compliance with the Code.

Reference	Summary of requirement	Disclosure/ additional information
A 2.1	The Board of Directors should assess the basis on which the Trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships.	Within the Annual Governance Statement and the Performance Section.
A 2.3	The Board of Directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the Trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the Trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Assurance through Well Led report and covered within the Staff Report.
A 2.8	The Board of Directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the Trust has entered.	Within the Performance Section and Annual Governance Report.
B 2.6	The Board of Directors should identify in the annual report each Non-Executive Director it considers to be independent.	Within the Directors' report.
B 2.13	The annual report should give the number of times the Board and its committees met, and individual director attendance.	Within the Directors' report.
B 2.17	Clear statement detailing the roles and responsibilities of the Council of Governors. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate.	Within the Accountability section of this report.
C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the Trust or individual directors.	Within the Remuneration Report.

C 2.8	The annual report should describe the process followed by the Council of Governors to appoint the Chair and Non-Executive Directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Within the Remuneration Report.
C 4.2	The Board of Directors should include in the annual report a description of each Director's skills, expertise and experience.	Within the Directors' report. For each vacancy, the Remuneration and Appointments Committee reviewed the structure, size and composition of the Board during the year to ensure that there is a broad mix of skills, knowledge, experience and diversity.
C 4.7	All Trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well Led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the Trust or individual directors.	Well Led Review completed in 2023/24.
C 4.13	The annual report should describe the work of the nominations committee(s).	Within the Remuneration Report.
C 5.15	Foundation Trust Governors should canvass the opinion of the Trust's members and the public, and for Appointed Governors the body they represent, on the NHS Foundation Trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors.	Within the Council of Governors section.
D 2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed. • an explanation of how the audit committee (and/or auditor panel for an NHS Trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans. • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	Within the Accountability section of this report and the auditor's report.

D 2.6	The Directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy.	Within Statement of CEO responsibilities as Accounting Officer.
D 2.7	The Board of Directors should carry out a robust assessment of the Trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	Within Annual Governance Statement.
D 2.8	The Board of Directors should monitor the Trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The Board should report on internal control through the annual governance statement in the annual report.	Within Annual Governance Statement.
D 2.9	In the annual accounts, the Board of Directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern.	See Going Concern Statement.
E 2.3	Where a Trust releases an executive director, e.g., to serve as a Non-Executive Director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	Not applicable in 2023/24.
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Within the Council of Governors section.
Appendix B, para 2.14 (not in Schedule A)	The Board of Directors should ensure that the NHS Foundation Trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS Foundation Trust's website and in the annual report.	Within the Council of Governors section.
Appendix B, para 2.15 (not in Schedule A)	The Board of Directors should state in the annual report the steps it has taken to ensure that the members of the Board, and in particular the Non-Executive directors, develop an understanding of the views of governors and members about the NHS Foundation Trust, e.g., through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	Within the Council of Governors section.

Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. ** As inserted by section 151 (6) of the Health and Social Care Act 2012)	Not applicable in 2023/24.

The Board of Directors confirms that in relation to those provisions within the Code of Governance for which the Trust is required to 'comply or explain,' the Trust was compliant throughout the year to 31 March 2024 in respect of those provisions of the code which had effect during that time, save exceptions and explanations outlined in the table above.

NHS Oversight Framework
NHS England's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments.'

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) Objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

b) Additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation
The Trust has been placed in segment 2.

Providers in this segment are offered support in one or more of the five themes: quality of care, access and outcomes; preventing ill-health and reducing inequalities; people; finance and use of resources; and leadership and capability, but they are not in breach of licence and NHS England considers that formal action is not needed. The support is targeted in order to help move the provider to segment 1.

This segmentation information is the Trust's position as at 31 March 2024.

Current segmentation information for NHS Trusts and foundation trusts is published on the NHS England website:

https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.

Statement of Chief Executive's responsibilities as the Accounting Officer of Derbyshire Healthcare NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require the Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- Prepare the financial statements on a going concern basis.

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

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

Mark Powell
Chief Executive
26 June 2024

Annual Governance Statement

1 April 2023 – 31 March 2024

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Derbyshire Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Derbyshire Healthcare NHS Foundation Trust for the year ended 31 March 2024 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

Leadership of Risk Management Process

Management of risk underpins the achievement of the Trust's Strategy and related objectives. The Trust believes that effective risk management is imperative not only to provide a safe environment and improved quality of care for patients and staff, but it is also significant in the business planning process where public accountability in delivering health services is required. Risk management is the responsibility of all staff and managers.

Strong leadership is provided to the risk management process though the Trust Board which has overall responsibility for managing risk in the Trust and ensuring implementation of the Risk Management Strategy. The Board monitors strategic risks through regular review of the Board Assurance Framework and receipt of reports from the Audit and Risk Committee which provides assurance to the Board with regard to the continued effectiveness of the Trust's system of integrated governance, risk management and internal control.

All Board Committees have responsibilities to monitor and review risks relevant to their remit including the extent to which they are assured by the evidence presented with respect to the management of the risks. Each committee is responsible for escalating concerns regarding the management of significant risks to the Trust Board.

There are key roles on the Trust Board in relation to risk:

- The Chief Executive Officer has overall responsibility for maintaining a sound system of internal control that supports the achievement of the Board's policies, aims and objectives, whilst safeguarding funds and assets
- The Trust Secretary supports the Chief Executive Officer in their role as the Accounting Officer of the organisation and has responsibility for risk in relation to the corporate governance framework, compliance and assurance including the Board Assurance Framework. Day to day responsibility for risk management is discharged through the designated accountability of other Executive Directors

- The Director of Nursing and Patient Experience and the Medical Director are the joint executive leads for quality and patient safety, responsible for patient involvement, safeguarding, infection control and professional standards for nursing and allied health professional staff. They have delegated responsibility for the risk management and assurance function
- The Medical Director is also responsible for the professional standards of medical staff within the Trust, serious incidents and data security and protection
- The Director of Finance has delegated responsibility for risks associated with the management, development and implementation of systems of financial risk management
- The Chief Operating Officer/ Executive Directors of Operations has delegated responsibility for risks associated with operational management including overall emergency planning and resilience and business continuity. This duty was transferred to the Interim Directors of Operations from November 2023
- The Director of Strategy, Partnerships and Transformation has delegated responsibility for risks relating to the external environment and local commissioning and partnership working, strategy and business development, and organisational transformation
- The Director of People and Inclusion has delegated responsibility for risk associated with the delivery of an effective People Services function including workforce planning, staff welfare, recruitment and retention
- The Trust Chair and Non-Executive Directors exercise non-executive responsibility for the promotion of risk management through participation in the Trust Board and the Board Committees. They are responsible for scrutinising systems of governance and have a role in this Trust as chairs of Board committees.

The Risk Management Strategy formalises risk management responsibilities for the Trust within a broad corporate framework and sets out how the public (and all stakeholders) may be assured that risks are identified and managed effectively. It guides staff in the application of that framework through the identification, evaluation and treatment of risk as part of a continuous process. The Risk Management Strategy also enables the development of a positive learning environment and risk aware culture.

Risk management training

Staff undertake a training needs analysis which considers training requirements for the Trust and results in the publication of the Trust's training directory. Staff are trained to manage risks through an embedded tiered risk management training programme comprising of the following elements:

- Trust Board – Board Assurance Framework development – annual session
- Managing Safely (Health and Safety) risk training
- Datix training for teams (Datix is the Trust's incident/risk/complaints recording system)
- Datix – new risk handlers/one to one training
- 'Bite size' sessions on how to report incidents are delivered through MS Teams to support staff.

Uptake is monitored and reported to the Health and Safety Committee and the Audit and Risk Committee and is monitored through operational lines.

In addition, many of the courses delivered by the Trust support effective risk management and delivery of the Risk Management Strategy. Examples include:

- Safeguarding – children and adult
- Safety planning and suicide awareness
- Data security and protection
- Infection control and prevention
- Medicines management courses

- Fire-awareness and fire warden
- First aid at work
- Falls prevention
- Manual handling
- ‘Positive and safe’ and ‘promoting safer therapeutic services.’

Trust wide guidance is provided to staff to encourage learning from good practice. Examples include: A ‘Blue Light’ system of alert notifications to rapidly communicate information on significant risks that require immediate action to be taken; a monthly ‘Policy Bulletin’ informing staff of key themes within new or updated policies and procedures; a ‘Data Security and Protection Bulletin’ containing information on information governance risk awareness and learning the lessons from incidents; and a ‘Practice Matters’ publication which focuses on learning and sharing best practice.

The Risk and Control Framework

Identification, evaluation and control of risks

The Risk Management Strategy details the identification of risk to the Trust and its evaluation and control and is supported by a range of policies and procedures. These include the Risk Assessment Policy and Procedures; Incident Policy and Procedure; Duty of Candour Policy and Procedures; Safety Needs Assessment and Management of Safety Needs Policy; Learning from Deaths Procedure; and Freedom to Speak Up Policy and Procedure. In addition, the Risk Management Strategy supports the implementation of the Corporate Governance Framework and Health and Safety at Work Policy. The Risk Management Strategy was formally reviewed and reissued at the end of 2022. The 2023-2025 strategy will run from January 2023 until December 2025. A progress update on achievements against the Strategy’s objectives is considered annually by the Audit and Risk Committee in October.

Risk identification is undertaken both proactively via risk assessments and reactively via incident reporting, complaints, claims analysis, internal and external inspection and audit reports. Risk evaluation is completed using a single risk matrix to determine impact and likelihood of risk realisation with grading of risk resulting from the overall matrix score. Risk control and treatment plans identify responsibility and authority for determining effectiveness of controls and development of risk treatment plans and actions.

All risks are detailed on a single electronic Trust wide risk register (Datix). The exception is for risk assessments relating to individual patients which are recorded on patient record systems, and those relating to individual staff arising from workplace assessments which are retained alongside the staff record. The Datix risk register has inbuilt ward/team, service, divisional and Trust wide level risk registers reporting from this central hub and notification through automated escalation of risks (depending on the rating of the risk identified).

The risk appetite for the Trust is clearly articulated in the Risk Management Strategy in the form of a risk appetite statement. The risk tolerance levels linked to the risk appetite are shown as ‘acceptable,’ ’tolerable in certain circumstances’ and ’unacceptable,’ and the grading for each level is mapped against the Risk Assessment Matrix. The risk appetite for risks on the Board Assurance Framework is articulated in the Risk Management Strategy.

Incident reporting is openly encouraged and supported by an online incident reporting form, accessible to all staff, which includes a link to ‘frequently asked questions.’ ‘Bite size’ sessions on how to report incidents are delivered every two weeks by the Risk Management Team through MS Teams. Incident investigation involves robust systems for reporting and investigating incidents to identify areas for organisational learning and good practice.

All serious incidents are overseen by the Executive Director led Executive Incident Group or the Operational Incident Group, dependent on the level of investigation required. The Patient Safety

Incident Response Framework (PSIRF) methodology is the adopted approach for the Trust. Summary reports are provided to the Quality and Safeguarding Committee including assurance of action plans being completed.

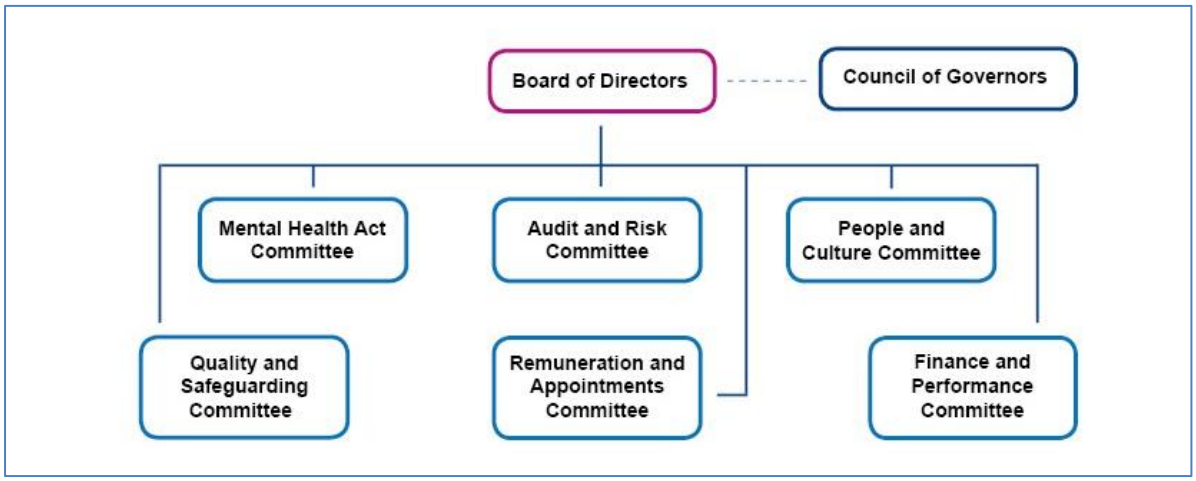
Quality governance arrangements

Overall responsibility for quality governance lies with the Trust Board, as part of its responsibility for the direction and operation of the Trust. The Board is supported in its role regarding quality governance by the Quality and Safeguarding Committee, which is constituted as a committee of the Board, led by a Non-Executive Chair and with both Executive and Non-Executive Director members.

Day to day oversight of quality governance is the responsibility of the Executive Leadership Team, with the leadership role in this area taken by the Executive Director of Nursing and Patient Experience. This is supported by the Medical Director, Deputy Medical Director, Clinical Directors, Deputy Director of Nursing and Quality Governance and the professional leads from within the nursing and patient experience teams. The Clinical and Quality Directorate supports quality governance in the Trust.

Trust governance structure

The Trust's governance structure is shown in the diagram below:



A summary of the key responsibilities of the Board committees in relation to risk management is detailed below:

The Audit and Risk Committee is responsible for providing assurance to the Board with regard to the continued effectiveness of the Trust's system of integrated governance, risk management and internal control. In particular, the committee will review the adequacy of:

- All risks and control-related disclosure statements, for example Annual Governance Statement
- The Board Assurance Framework as a robust process for monitoring, assurance, and mitigation of significant risks to the attainment of the Trust's strategic objectives.

Overall, the Audit and Risk Committee provides assurances to the Board that the organisation has sufficient controls in place to manage the significant risks to achieving its strategic objectives and that these controls are operating effectively.

All Board committees, Finance and Performance Committee, Mental Health Act Committee, People and Culture Committee, Remuneration and Appointments Committee and Quality and Safeguarding Committee, have responsibilities to monitor and review risks relevant to their remit

including the extent to which they are assured by the evidence presented with respect to the management of these risks. Each committee is responsible for escalating concerns regarding the management of significant risks to the Board and for determining areas and topics for organisational learning.

Assessment of quality performance information

Throughout 2023/24 the Board received the Integrated Performance Report (IPR) which incorporates quality indicators for specific service lines and quality metrics, as well as metrics around finance, workforce and performance.

The Quality and Safeguarding Committee and associated groups are active, and their outputs are clearly evidenced in the Trust's Annual Report. The report's accuracy is subject to review by external auditors as well as extensive consultation and feedback internally and externally on its content.

The Trust introduced a new Board Visit Programme which replaced the annual Quality Visit Programme, which includes planned visits to every ward and team in the Trust.

The Trust has continued to manage CQC action plans. During 2023/24 the Trust reviewed and strengthened arrangements for the oversight and sign-off of actions arising from CQC regulatory activity including inspections and Mental Health Act visits. This included establishing a CQC/Fundamental Standards Oversight group chaired by the Director of Nursing and Patient Experience. The Quality and Safeguarding Committee receives a report giving oversight of all CQC actions, including those from the Mental Health Act visits.

Data security risks

The Trust is committed to protecting personal information for our service users and to handle this as carefully as we would our own. The Trust is registered with the Information Commissioner's Office who oversee our compliance against the Data Protection Act 2018 and General Data Protection Regulation (GDPR) in the UK. Registration reference Z8416831.

The Board has put in place procedures to ensure that information is handled with appropriate regard to its sensitivity and confidentiality, which are available to all staff and which all staff are required to follow.

The Trust has in place the following arrangements to manage data security and protection risks:

- A Senior Information Risk Owner (SIRO) who is the Trust Secretary. The Medical Director has retained the role of Caldicott Guardian
- Annually completed Data Security and Protection Toolkit, with reported outcomes to the Audit and Risk Committee and Board
- Clear identification of information asset owners who have undergone training for their role and undertaken risk assessment for their respective assets
- Excellent compliance for mandatory Data Security and Protection training (96%)
- Data security incidents reviewed by the Data Security and Protection Committee at each meeting
- Data security policy compliance reviewed by the Data Security and Protection Committee at each meeting, consistently 100% policies reviewed and in date
- Ongoing compliance with the implementation of the General Data Protection Regulations (GDPR).

The last Data Security and Protection Toolkit Review, completed in June 2023 by internal auditors 360 Assurance, resulted in a high level of confidence in the veracity of the Trust's self-assessment. Four low level actions were recommended, all of these have been completed on time.

Major risks

Major risks to the delivery of the Trust strategic objectives are identified in the Board Assurance Framework and reporting and review processes. As at 31 March 2024 these risks are as follows:

Major Risks to Achievement of Trust Strategic Objectives 2023/24, as at 31 March 2024	
Risk Description	**Risk Rating**
There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board	**HIGH**
There is a risk that the Trust does not deliver key regulatory and strategic requirements related to dormitory eradication and Psychiatric Intensive Care Unit (PICU) and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements	**HIGH**
There is a risk that the Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage	**MODERATE**
There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility as it has not fully completed its dormitory eradication programme. This may result in regulatory action if mitigation to improve safety does not occur	**MODERATE**
There is a risk that we are unable to create the right culture with high levels of staff morale	**HIGH**
There is a risk that we do not have a diverse workforce with the right number of people with the right skills to support and deliver safe high-quality care	**HIGH**
There is a risk that the Trust fails to deliver its revenue and capital financial plans	**EXTREME**
Whilst there are significant benefits from the creation of the Integrated Care System (ICS) as an NHS body, there is a risk that the effects of the change may impact negatively on the cohesiveness of the Derbyshire health and care system	**MODERATE**
There is a risk of reputational damage if the Trust is not viewed as a strong partner	**MODERATE**
Multiple System Strategic Risk	
There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS in-patient LD bedded care	**HIGH**

In Quarter 1, 2023/24 reference to Covid related actions was updated as the Trust response was now incorporated into standard Infection Prevention controls. One key gap in controls was closed:

- There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board.

The interim Director of Nursing and Patient Experience provided the following rationale:

"We have learnt as a result of Covid-19 that health inequalities amongst communities have been revealed by the effect of the pandemic. We are now using the health inequalities approach for our communities, so the action is complete; we have learned from the monitoring of changes and patterns and negative impacts of Covid-19."

It was agreed by Board in March 2023 that a new risk should be added under strategic objective one:

- There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility as it has not fully completed its dormitory eradication programme. This may result in regulatory action if mitigation to improve safety does not occur.

In Quarter 2 the following actions to close key gaps in control were signed off by the Chief Operating Officer as the measures to close the gaps had all been completed and improvement is sustained:

- Embedded learning from CQC regulatory actions, particularly in relation to clinical standards and improvement of training governance
- The Trust has not embedded a robust system of operational management and educational governance and has not learnt lessons from the 2016 and 2020 inspections.

An action relating to working with the Integrated Care Board was also completed as the Board and relationships with Trust colleagues were established:

- Maintenance of relationships with ICB colleagues during period of change and potential instability.

In Quarter 3 the following key gaps in control were added under the risks relating to the strategic objective 'To Provide GREAT Care':

- Clinical improvement in the current use and transformation of Care Programme Approach (CPA), to support safe community practice
- Clinical improvement in the current practice standards for new mental health in-patient standards released by NHS England
- Review of the new Major Conditions Strategy and Suicide Prevention Strategy for England: to consider a reset of the Trust Strategy
- Review of Patient Carer Race Equality Framework and develop implementation plan.

The following key gap in controls was also added to a risk relating to the strategic objective 'To Be a GREAT Partner':

- Internal ICB capacity changes to achieve revised expenditure requirements in 20023/24 and 2024/25 may impact on capacity and capability to deliver key deliverables such as system planning, and programmes of transformation.

In Quarter 4 an improved rating was applied to the following risk, going from high to moderate:

- There is a risk of reputational damage if the Trust is not viewed as a strong partner.

The full details of these risks, including the controls and assurances in place and the actions identified and progress made in mitigating the risk, are shown in the Board Assurance Framework, which was reported to the Audit and Risk Committee and Board four times during 2023/24.

Major risks proposed for the Board Assurance Framework for 2024/25:

Major Risks to Achievement of Trust Strategic Objectives 2024/25	
Risk Description	**Risk Rating**
There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board	**HIGH**
There is a risk that the Trust does not deliver key regulatory and strategic requirements related to dormitory eradication and Psychiatric Intensive Care Unit (PICU) and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements	**HIGH**
There is a risk that the Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage	**MODERATE**
There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility as it has not fully completed its dormitory eradication programme. This may result in regulatory action if mitigation to improve safety does not occur	**MODERATE**
There is a risk that we are unable to create the right culture with high levels of staff morale	**HIGH**
There is a risk that we do not have a diverse workforce with the right number of people with the right skills to support and deliver safe high-quality care	**HIGH**
There is a risk that the Trust fails to deliver its revenue and capital financial plans	**EXTREME**
Whilst there are significant benefits from the creation of the Integrated Care System (ICS) as an NHS body, there is a risk that the effects of the change may impact negatively on the cohesiveness of the Derbyshire health and care system	**MODERATE**
There is a risk of reputational damage if the Trust is not viewed as a strong partner	**MODERATE**
Multiple System Strategic Risk	
There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disability (LD) Transforming Care Partnership and in ICS in-patient LD bedded care	**HIGH**

All operational risks on the Trust wide risk register with a residual risk of 'high' or 'extreme' are cross-referenced to the associated strategic risk in the Board Assurance Framework.

The full details of individual risks associated with these themes are shown in the operational risk registers and are reviewed and updated by the Risk Handlers.

Assessment against NHS Improvement Well Led Framework

The last external assessment under the above framework was undertaken in 2023 by the Office of Modern Governance. The assessment of the Trust's governance arrangements as set out in the report was a positive one. During the course of the review the Office of Modern Governance indicated they observed many elements of good or leading-edge leadership and governance practice. This was balanced by the highlighting of areas where a sharpening or subtle refocusing of the Trust approach will accelerate the journey of improvement the Trust is on. These areas were reflected in the recommendations and have been built into the action plan, delivery of which is being monitored by the Audit and Risk Committee.

The Board continues to receive regular updates on the robustness of the Trust's corporate governance processes. The Board has continued to receive assurance through its committee structure. The committees have in turn received assurance on governance through a variety of internal and external sources, such as the Head of Internal Audit Opinion and the external audit of the Annual Governance Statement, overseen by the Audit and Risk Committee.

Embedding of risk management

Risk management systems and processes are embedded throughout a wide range of Trust activities, with significant risks reported through the risk register systems and processes. Risks reported include clinical risks (for example points of ligature, therapeutic activities, infection control), health and safety risks (for example lone working, work related stress), business continuity risks, data security risks and commissioning risks.

The Trust is a learning organisation, where staff are encouraged to report incidents honestly and openly through an online incident reporting form, with incidents escalated and managed depending on their grade and subject category. Learning is evidenced at team, service and Trust wide level through feedback on incident forms, serious incident investigation reports and 'Blue Lights' (staff communications for urgent risks).

The Trust uses an Equality Impact Assessment (EIA) tool as the evidence-based framework to proactively and consciously engage and consider the impact of 'due regard' (legal duty as set out in the Equality Act 2010) on all key decisions, proposals, policies, procedures, services and functions that are relevant to equality. The tool is used to identify relevance to equality and potential inequalities, barriers to access and outcomes arising out of our processes, decisions, services and employment. If there is an adverse effect on people with protected characteristics, the Trust seeks to mitigate or minimise those effects.

EIA is embedded in all Trust policies and through cover sheets for reports for Trust Board and committees which requires the authors of the papers to identify equality related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

Public stakeholders' involvement in managing risks

The Trust proactively seeks and welcomes feedback from and involvement of stakeholders in relation to the provision of services and the management of risk which may impact on them. Ways in which public stakeholders are involved include:

- Range of processes for receiving and learning from patients and carer feedback including from the EQUAL Forum, a Trust patient and carers committee
- Council of Governors and its governance structure
- The Trust's engagement with Overview and Scrutiny Committees and Healthwatch
- Cohesive work with partners in the Derbyshire health and care system and with the Integrated Care System (ICS)
- Trust membership and Annual Members Meeting.

Safe, sustainable and effective staffing

The Board approved the formal 2023 NHSI Workforce Safeguards submission at its meeting in May 2023. A self-assessment confirmed that the Trust is compliant and has retained compliance during the year. The Trust will continue to refine the reporting and monitoring of the standards through the People and Culture Committee.

Compliance with CQC registration

The Trust's last comprehensive inspection from the CQC took place during 2019/20 and resulted in an overall rating of 'Good'. In 2023/24 the CQC carried out an unannounced inspection in one of the Trust's acute wards, this inspection was not rated but the Trust was issued with a number of 'must do' and 'should do' requirements, these have been built into the master CQC action plan to ensure completion and progress.

Both of these reports are available on the CQC website.

The Foundation Trust is fully compliant with the registration requirements of the CQC.

Managing conflicts of interest
The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

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

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

Carbon reduction delivery plans
The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources
The Trust Board carries the final overall corporate accountability for its strategies, policies and actions as set out in the codes of conduct and accountability issued by the Secretary of State.

The Trust has a robust committee governance structure in place with the following committees reporting into the Board:

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

Terms of reference for all committees have been approved by the Board. A review of effectiveness is undertaken and annual reports from the committees are received at Board during the year. Work is well underway on the annual reports from committees for 2023/24.

The Trust continues to review its operational efficiency metrics throughout the year via the Integrated Performance Report.

Improvements in triangulation of data continues to take place across the Board sub-committees and are escalated as part of the sub-committee reporting into Board.

Internal audit services provide the Trust with an independent and objective opinion on the effectiveness of the systems in place for risk management, control and governance.

The Audit and Risk Committee approves the annual audit plan, which is set using a risk management approach. The annual clinical audit plan is approved by the Quality and Safeguarding Committee.

External audit services report on the accuracy and appropriateness of the Trust statutory reports (Annual Report and Accounts).

The Trust has not achieved an outturn in line with the original financial plan but has met its reset forecasted position as part of wider system performance for the year as described in the financial performance section of the Annual Report. Finance and Performance Committee scrutinise the financial performance and financial risks throughout the year.

Overall, the Trust remains in segment two of NHSI's National Oversight Framework (where one indicates highest level of Trust autonomy and four indicates that the Trust is in special measures).

Information governance
Between 1 April 2023 and 31 March 2024 one incident was reported to the Information Commissioner's Office (ICO) by our Trust. The incident involved a complaint from a service user about not receiving a full copy of their health records held by our Trust. A full investigation took place to review the request and confirmation given redactions has been appropriately applied to remove third party information and information which may cause further harm. No further action was necessary.

There have been a further six incidents reported externally via the Data Security and Protection Toolkit.

Two of these met the threshold for further escalation to the ICO who in turn responded to confirm no further action was necessary. The two incidents further reported to the ICO were external to Trust. The Trust reported locally and also externally for transparency and confirmed other organisations involved also correctly responded and managed the incident process.

Two further incidents external to Trust were reported externally but did not meet the threshold to be escalated to the ICO.

The other two incidents were internal to the Trust, both of these have been investigated and resolved, with data being securely destroyed, records reconciled, training provided, patients contacted, and apologies given as appropriate.

Data quality and governance
The Trust recognises the need to understand how it is performing and to ensure that performance data and information is accurately reported. Data quality kite marks continue to be part of the Integrated Performance Report, and in-house validation work provides assurance to the Finance and Performance Committee on the validity of the majority of operational indicators. Overall responsibility for data quality has been confirmed as part of the remit of the Audit and Risk Committee during the year with routine reporting for 2023/24 on the committee forward plan. The Operational Indicators Data Validation Report was submitted to the Audit and Risk Committee. Any issues identified are captured and corrections are made to the policies, systems and processes to provide the Board with assurances that it can rely upon the information.

Review of effectiveness
As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also

informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and the Quality and Safeguarding Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes applied in maintaining and reviewing the effectiveness of the system of internal control are:

The Board of Directors

- Responsible for approving and monitoring the systems in place to ensure there are proper and independent assurances given on the soundness and effectiveness of internal control.
- The Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The Audit and Risk Committee

- Responsible for independently overseeing the effectiveness of the Trust's systems for internal control and for reviewing the structures and processes for identifying and managing key risks.
- Responsible for reviewing the establishment and maintenance of effective systems of internal control.
- Responsible for reviewing the adequacy of all risk and control-related statements prior to endorsement by the Board.
- In discharging its responsibilities takes independent advice from the Trust's internal auditor 360 Assurance, and external auditors, Mazars.

Internal Audit
The headline internal audit opinion provided by the Trusts internal auditors 360 Assurance is as follows:

Overall Opinion
I am providing an opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and controls are generally being applied consistently. **Strategic risk management and Board Assurance Framework** – I am providing an opinion of significant assurance. **Internal Audit outturn** – I am providing an opinion of significant assurance. It should be noted that this opinion is based on a relatively small internal audit plan. We have issued one core review with moderate assurance and one risk based review with limited assurance. Implementation of Internal Audit Actions – I am providing an opinion of significant assurance. **Third party assurances** - The CQC inspected the Radbourne Unit (Ward 35 - Acute ward for adults of working age and psychiatric intensive care unit) with the report issued in November 2023. This identified eleven actions that the Trust must take to comply with its legal obligations. A more recent unannounced visit was undertaken in April 2024 and the Trust received a Section 31 Notice of Decision to impose conditions on the Trust's registration as a service provider in respect of its regulated activities.

The basis for forming this opinion is informed by the completion by the Trust's internal auditors of six audits undertaken in 2023/24; they were issued the following assurance ratings:

Significant assurance:

- Bank and agency staffing – report issued February 2024
- Financial ledger and reporting – report issued March 2024
- Accounts receivable – report issued March 2024

Moderate Assurance

- Safeguarding – report issued June 2024

Limited assurance:

- Supervision of staff – report issued May 2024

Substantial assurance, issued by NHSE:

- Data Security and Protection Toolkit – report issued June 2023

The following gaps in control and governance were identified as key findings:

Data Security and Protection Toolkit
Control
The Trust has a Social Media policy which includes the requirement to have a safe and secure password. However, it does not refer to the need to have a high strength password. The Network Access and Security policy does not specifically refer to:

- Where and how users may record passwords to store and retrieve them securely
- Which passwords they really must memorise and not record anywhere.

Processes have been determined for key systems and are awaiting formal approval. A high security alert patch not patched within 14 days was formally signed off by the SIRO.

Governance
The Trust's Incident and Reporting and Investigation Policy and Procedure does not include the requirement to undertake root cause analysis.

Bank and Agency Staffing
Control
The E-Rostering system needs to be fully implemented in order to maximise the potential benefits of its operation in reducing the need to place reliance on agency staff.

Governance
The Trust needs to formalise all arrangements in place controlling the use of and payment for temporary staff into a formal Policy.

Financial Ledger and Reporting
Control
Journal entries are not always supported by adequate working papers.

Supervision of Staff

Control

The Trust needs to review minimal supervision expectations and how these are allocated throughout the year and update reporting to reflect this requirement to assess compliance

Governance

The Trust needs to review:

- The Supervision Policy and consider whether a full review/refresh is required based on the findings in this report and the responses to the survey of Trust staff
- Arrangements for documenting and recording supervision to ensure these are clearly outlined within the policy and ensure these responsibilities and communicated and compliance is monitored
- Training arrangements for supervisors
- Governance arrangements in place to monitor supervision compliance to ensure forums are in receipt of sufficiently detailed reports to oversee and scrutinise performance of all types of supervision
- The actions in place to improve supervision and the performance reporting in place to ensure these are consistent across Operational and Corporate Services
- Reporting across the Trust covers all areas of supervision required as outlined within the Trust's policy.

Safeguarding

Control

The Trust needs to put in place a systematic process for the distribution of the Safeguarding Information Document within divisions. Training needs to include more focus so staff understand safeguarding terminology 'Think Family' and escalation of potential safeguarding concerns, including suspicions of domestic violence.

My review is also informed by:

- Registration with the CQC
- Regular CQC Mental Health Act visits and CQC meetings
- The Board's declaration against Continuation of Services Condition 7 of the Trust's Licence on the availability of resources
- Compliance with NHS England's National Oversight Framework
- Audit reports received during the year following on from the internal audit and external audit plans and fraud risk assessment agreed by the Trust's Audit and Risk Committee

Conclusion

No significant internal control issues have been identified.

Signed

Mark Powell
Chief Executive Officer
Date:26 June 2024

Annual Accounts 2023/24

Derbyshire Healthcare NHS Foundation Trust

Annual Accounts for the year ending 31 March 2024

Foreword

Presented to Parliament pursuant to Schedule 1, prepared in accordance with paragraphs 24 & 25 of Schedule 7 of the National Health Service Act 2006 by Derbyshire Healthcare NHS Foundation Trust.

Independent auditor's report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Derbyshire Healthcare NHS Foundation Trust ('the Trust') for the year ended 31 March 2024 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2023/24 as contained in the Department of Health and Social Care Group Accounting Manual 2023/24, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2024 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 2023/24; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report & Accounts, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and,

except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Chief Executive's responsibilities as the Accounting Officer, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2023/24 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

To help us identify instances of non-compliance with these laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- inquiring with management and the Audit and Risk Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;

- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, recognising expenditure in the correct financial year and the completeness and valuation of year-end accruals, and significant one-off or unusual transactions.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit and Risk Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing;
- testing expenditure transactions in the pre and post year end period to ensure they have been recognised in the right year; and
- testing year end accruals to confirm they are complete and are recorded at the correct value.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit and Risk Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in February 2023.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2024.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in May 2024.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2023/24; and

- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2023/24; or

- the Annual 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; or

- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or

- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

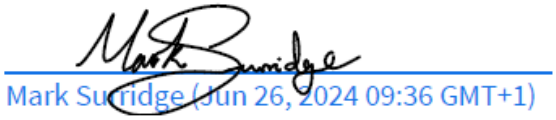
Use of the audit report

This report is made solely to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust

those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of Derbyshire Healthcare NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



Mark Surridge

Key Audit Partner
For and on behalf of Forvis Mazars

2 Chamberlain Square, Birmingham B3 3AX

26 June 2024

STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED 31 MARCH 2024

	NOTE	**2023-24** **£000**	2022-23 £000
Operating income from continuing operations	4 & 5	**218,298**	205,809
Operating expenses of continuing operations	7	**(220,153)**	(199,091)
OPERATING SURPLUS/(DEFICIT)		**(1,855)**	6,718
FINANCE COSTS			
Finance income	11	**2,497**	916
Finance expense - financial liabilities	13	**(6,519)**	(2,453)
PDC Dividends payable		**(3,949)**	(2,711)
NET FINANCE COSTS		**(7,971)**	(4,248)
SURPLUS/(DEFICIT) FOR THE YEAR		**(9,826)**	2,470
Other Gains and Losses	12	**781**	172
Gains/(losses) from transfers by absorption		**0**	0
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR		**(9,045)**	2,642
Other Comprehensive Income/(Expenditure)*		**1,899**	4,746
TOTAL COMPREHENSIVE INCOME(EXPENSE) FOR THE YEAR		**(7,146)**	7,388

***** Other Comprehensive Income/(expenditure) relates to the revaluation of the Land and Buildings that has been adjusted through the revaluation reserve.

The notes on pages 6 to 54 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2024

	NOTE	**31 March 2024** **£000**	31 March 2023 £000
Non-current assets:			
Intangible assets	15	**4,067**	5,217
Property, plant and equipment	14	**222,091**	155,416
Right of use assets	16	**7,867**	8,964
Trade and other receivables	20	**1,682**	2,372
Total non-current assets		**235,707**	171,969
Current assets:			
Inventories	19	**258**	255
Trade and other receivables	20	**5,611**	10,770
Cash and cash equivalents	23	**33,638**	53,895
Total current assets		**39,507**	64,920
Current liabilities			
Trade and other payables	25	**(35,182)**	(43,999)
Borrowings	26	**(2,683)**	(2,338)
Provisions	31	**(432)**	(348)
Other liabilities	27	**(8,417)**	(5,678)
Total current liabilities		**(46,714)**	(52,363)
Total assets less current liabilities		**228,500**	184,526
Non-current liabilities			
Borrowings	26	**(41,117)**	(28,968)
Provisions	31	**(1,934)**	(2,019)
Total non-current liabilities		**(43,051)**	(30,987)
Total Assets Employed:		**185,449**	153,539
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital		**123,159**	72,896
Revaluation reserve		**59,910**	58,011
Other reserves		**8,680**	8,680
Income and expenditure reserve		**(6,300)**	13,952
Total Taxpayers' Equity:		**185,449**	153,539

The financial statements on pages 2 to 5 were approved by the Audit and Risk Committee on behalf of the Board on the 26 June 2024 and signed on its behalf by:

Signed: Mark Powell - Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE PERIOD ENDED 31 MARCH 2024

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2023	**72,896**	**58,011**	**8,680**	**13,952**	**153,539**
Surplus/(deficit) for the year	**0**	**0**	**0**	**(9,045)**	**(9,045)**
IFRS Application to PFI Liability	**0**	**0**	**0**	**(11,207)**	**(11,207)**
Revaluations	**0**	**1,899**	**0**	**0**	**1,899**
Public Dividend Capital Received	**50,263**	**0**	**0**	**0**	**50,263**
Taxpayers Equity at 31 March 2024	**123,159**	**59,910**	**8,680**	**(6,300)**	**185,449**

STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE PERIOD ENDED 31 MARCH 2023

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2022	26,129	53,265	8,680	11,310	99,384
Surplus/(deficit) for the year	0	0	0	2,642	2,642
Net Impairments	0	(172)	0	0	(172)
Revaluations	0	4,918	0	0	4,918
Public Dividend Capital Received	46,767	0	0	0	46,767
Taxpayers Equity at 31 March 2023	72,896	58,011	8,680	13,952	153,539

Information on reserves

Public dividend capital (PDC) - is a type of public sector equity finance which the Trust has received to fund capital projects

Revaluation reserve - Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other Reserves – This reserve was created when two trusts merged and the accounts were consolidated. This will represent there merged I&E and Revaluation Reserves at the point or merger and will remain unchanged.

Income and expenditure reserve - The balance of this reserve is the accumulated surpluses and deficits of the trust.

STATEMENT OF CASH FLOWS FOR THE PERIOD ENDED 31 MARCH 2024

	NOTE	**2023-24** **£000**	2022-23 £000
Cash Flows from operating activities			
Operating Surplus/(Deficit) from continuing operations		**(1,855)**	6,718
Operating Surplus/(Deficit)		**(1,855)**	6,718
Non cash income and expenses			
Depreciation and Amortisation		**7,062**	6,614
Impairments		**1,487**	401
(Increase)/Decrease in Inventories		**(3)**	(48)
(Increase)/Decrease in Trade and Other Receivables		**5,248**	(7,496)
Increase/(Decrease) in Trade and Other Payables		**(6,535)**	5,716
(Increase)/Decrease in Other Current Liabilities		**2,739**	672
Increase/(Decrease) in Provisions		**(55)**	(911)
Net Cash Inflow/(Outflow) from Operating Activities		**8,088**	11,666
Cash flows from investing activities			
Interest Received		**2,497**	916
Purchase of intangible assets		**0**	(658)
Purchase of Property, Plant and Equipment		**(72,312)**	(42,222)
Sales of Property, Plant and Equipment		**0**	172
Net Cash Inflow/(Outflow) from Investing Activities		**(69,815)**	(41,792)
Cash flows from financing activities			
PDC Capital Received		**50,263**	46,767
Capital Element of Private Finance Lease Obligations		**(1,398)**	(934)
Interest Element of Private Finance Lease Obligations		**(1,511)**	(2,167)
Interest Element of Finance Lease Obligations		**(1,846)**	(1,406)
PDC Dividend paid		**(4,038)**	(2,628)
Net Cash Inflow/(Outflow) from Financing Activities		**41,470**	39,632
Net increase/(decrease) in cash and cash equivalents		**(20,257)**	9,506
Cash and Cash Equivalents at Beginning of the 1 April		**53,895**	44,389
Cash and Cash Equivalents at 31 March	23	**33,638**	53,895

NOTES TO THE ACCOUNTS

1. Accounting policies and other information

NHS England has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) which shall be agreed with the HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be the most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with the terms considered material in relation to the accounts.

1.1 Going Concern

The annual report and accounts have been prepared on a going concern basis. An NHS foundation trust's assessment of whether the going concern basis is appropriate for its accounts is solely based on whether it is anticipated that the services it provides will continue to be provided with the same assets in the public sector. In addition, in making their going concern assessment each year, Trust management consider all available information about the future prospects of the Trust which enables them to consider and confirm the declaration regarding whether there is any material uncertainty to the trust continuing to be a going concern.

1.2 Accounting convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

These accounts have been prepared using the going concern convention.

1.3 Consolidation

The Trust does not have any subsidiary, associate company or joint venture or joint operations arrangements.

Charitable funds are managed by Derbyshire Community Health Services NHS Foundation Trust on behalf of the Trust and do not have to be consolidated into the accounts.

1.4 Critical judgments in applying accounting policies

The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Asset lives

The Trust has to make assumptions and judgments when determining the length of an asset's estimated useful life. This will take into account the view provided during the professional valuation and also the Trust's assessment of the period over which it will obtain service potential from the asset.

In determining the estimated useful lives of assets the Trust has taken into consideration any future lifecycle replacement that will enhance and prolong the life of the asset; specifically in relation to assets capitalised under PFI contract arrangements.

Intangible assets are amortised over their expected useful economic lives on a straight line basis in a manner consistent with the consumption of economic or service delivery benefits.

PFI

The PFI scheme has been reviewed under IFRIC 12 and it is deemed to meet the criteria to include the scheme on balance sheet.

1.5 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimating uncertainty at the end of the reporting period, which have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Property Valuation estimation

Assets relating to land and buildings were subject to Indexation during the financial year ending 31 March 2024. This resulted in an increase in asset valuations of £1.9m, reflecting the trend in market prices. The valuation was based on prospective market values at 31 March 2024, which has been localised for the Trust’s estate. Note 14.4 outlines the changes from this report. The Trust also commissions formal valuations for assets that have been classified as "available for sale" during the period, note 24, we do not have any assets held for sale in this accounting period.

1.6 Revenue

Where income is derived from contracts with customers, it is accounted for under IFRS 15.

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust’s entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The main source of income for the Trust is contracts with Commissioners for health care services. The Trust's income is largely received from commissioners via block contracts for the provision of services. These service requirements are agreed on an annual basis, with

no carry-over to future years. Block contract income is received each month for the services that have been provided that month.

Education and Training income mainly relates to salary of trainees and placement tariff for undergraduates and is received on a quarterly basis, recognised on a monthly basis, to contribute to the salaries and other expenditure paid in that period. Income received in relation to future training provision is deferred as per the requirements of IFRS15.

Income from Pharmacy sales is accounted for in the period the items that have been sold in.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

1.7 Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

NHS Pensions

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The Schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

NEST

The Trust offers a second NEST pensions scheme for employees who do not want to be in the NHS Pension Scheme but want to be auto enrolled in a pension. This pension is free for employers to use and the employee pays a 1.8% contribution charge and a management charge of 0.3% a year. The scheme then invests the employee's contribution to support the pension payments on their retirement.

1.8 Expenditure on other goods and services

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable for those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property plant and equipment.

1.9 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.10 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and
- The item has an individual cost of at least £5,000 or collectively, a number of items have a cost of at least £5,000 and individually have cost more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential

but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their re-valued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Revaluations of property plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period, in years where a revaluation does not take place, an indexation factor is applied.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Depreciation, amortisation and impairments

Freehold land, properties under construction, and assets held for sale are not depreciated. Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset.

This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

In accordance with the *GAM*, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the “Statement of Comprehensive Income” as an item of “other comprehensive income”.

De-recognition

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use.

This condition is regarded as met when the sale is highly probable the asset is available for immediate sale in its present condition and management is committed to the sale, which is

expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to the income and expenditure reserve. Following reclassification, the assets are measured at the lower of their existing carrying amount and their “fair value less costs to sell”. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment that are due to be scrapped or demolished do not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.11 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust’s business or which arise from contractual or other legal rights. They are recognised only when:

- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- where the cost of the asset can be measured reliably, and
- Where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at cost. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Assets are capitalised in the month following the completion of the project, allowing time for final invoices to be received and accurate costs to be capitalised.

Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.12 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the Trust. The underlying assets are recognised as property, plant and equipment, together with an equivalent PFI liability measured in alignment with the principles of IFRS 16 from 1 April 2023 as mandated by the FReM.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary

- Payment for the fair value of services received
- Repayment of the finance lease liability, including finance costs, and
- Payment for the replacement of components of the assets during the contract 'Lifecycle replacement'

Services received

The cost of services received in the year us recorded under the relevant expenditure headings with 'operating expenses'.

PFI assets, liabilities and finance costs

The PFI assets are initially measured using the principles of IFRS 16. Subsequently, the assets are measured at current value in existing use per the policies applied under IAS 16.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

Where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments, including for example a change to reflect changes in market rental rates following a market rent review. The entity remeasures the PFI liability to reflect those revised payments only when there is a change in the cash flows (i.e. when the adjustment to the payments takes effect). The entity shall determine the revised payments for the remainder of the PFI arrangement based on the revised contractual payments. As subsequent measurement of the PFI asset is per IAS 16 than IFRS 16, the opposite entry to adjustment of the PFI liability for such remeasurements is charged to Finance Costs. Given this represents a change in the measurement basis of the PFI liability for 1 April 2023, PFI liabilities have been remeasured to include all the index linked changes relating to the capital element of the contract which would have taken place since the arrangement commenced. The entity has remeasured this using a cumulative catch up approach by which the cumulative effect of the change in measurement of the PFI liability is recognised as an adjustment to the opening balance of retained earnings (or other component of equity as appropriate). Comparative information has not been restated

Lifecycle replacement

Components of the asset replaced by the operator during the contract ("lifecycle replacement") are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a "free" asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. When the

asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

There are further expedients or election that have been employed by The Trust in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 [the entity] has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.14.1 The Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting

policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive [Income / Net Expenditure].

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16 and new leases in 23.24 at 3.51%.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset, The Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified The Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by The Trust.

1.15 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash and bank balances are recorded at current vales.

1.16 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of 2.45% (2022-23: 1.70%) in real terms.

1.17 Clinical negligence costs

NHS Resolution, formerly NHS Litigation Authority operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all

clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 31 to the Trust accounts, however, is not recognised.

1.18 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.19 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 32.1, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in note 32.2 where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.20 Financial Assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques, see IFRS 9 B5.1.2A

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at fair value through other comprehensive income

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

Financial assets at fair value through profit and loss

Financial assets at fair value through profit and loss are held for trading. A financial asset is classified in this category if it has been acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.21 Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged – that is, the liability has been paid or has expired.

Financial liabilities at fair value through profit and loss

Derivatives that are liabilities are subsequently measured at fair value through profit or loss, Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.22 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the secretary of State can issue new PDC to, and require repayments of the PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities except for:

(i) donated assets (including lottery funded assets)
(ii) average daily cash balances held with the Government Banking Services and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relates to short-term working capital facility
(iii) PDC dividend receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occurs as a result of the audit of the annual accounts.

1.23 Foreign currencies

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March.

Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise. Foreign currency transactions are negligible.

1.24 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in note 37 to the accounts.

1.25 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note 38 is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.26 Accounting Standards that have been issued and have not yet been adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2023-24. These Standards are still subject to HM Treasury FReM adoption, with

- IFRS 17 Insurance Contracts – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM which is expected to be from the 1 April 2025. Early adoption is not permitted

2. Operating segments

The Trust has only one operating segment; that is the provision of healthcare services.

The total amount of income from the provision of healthcare services during the accounting period is £218,298k, including £172,910k from Integrated Care Boards (ICB's).

	2023-24	2022-23
	£000	£000
Clinical Income	**205,682**	192,829
Non Clinical Income	**12,616**	12,980
Pay	**(165,858)**	(155,334)
Non Pay	**(54,295)**	(43,757)
Operating Surplus/(deficit)	**(1,855)**	6,718

The Trust generated over 10% of income from the following organisations:

	2023-24 £000	2022-23 £000
NHS Derby and Derbyshire ICB	**171,053**	117,538
NHS Derby and Derbyshire CCG	**0**	36,755

Clinical Commissioning Groups ceased to exist on the 1 July 2022 when Integrated Care Boards were established.

3. Income generation activities

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

The Trust undertakes some minor income generation activities with an aim of achieving profit, which is then used in patient care, although those activities do not provide material sources of income or have a full cost of over £1m.

4. Income

4.1 Income from patient care activities (by type)

	2023-24 £000	2022-23 £000
NHS England*	**12,508**	15,736
Integrated Care Boards	**171,294**	118,427
Clinical Commissioning Groups	**0**	36,888
Local Authorities	**17,790**	18,227
Foundation Trusts	**3,946**	3,467
NHS Other	**144**	84
	205,682	192,829

Clinical Commissioning Groups ceased to exist on the 1 July 2022 when Integrated Care Boards were established.

*Included in the figure with NHS England is £6,674k (2022-23 £5,929k) of notional income for the additional 6.3% Pensions Contribution.

4.2 Income from patient care activities (class)

	2023-24	2022-23
	£000	£000
Block Contract income	**168,703**	153,375
Community income	**24,758**	24,288
Services delivered as part of a mental health collaborative	**3,594**	3,223
Income for commissioning services from other providers as a mental health collaborative lead provider	**1,458**	0
Other clinical income	**7,169**	11,943
	205,682	192,829

During 2023-24 it remained that contract income for patient care services was all paid under block contract arrangements.

4.3 Income from Commissioner Requested Services

Out of the services provided by the Trust through the main Commissioner contract for Mental Health including Child and Adolescent Mental Health Services (CAMHS), Learning Disabilities and Children's Services a significant proportion (61%) are deemed through the contract to be Commissioner Requested Services. The value of the income for those Commissioner Requested Services is £133m. All other income stated in the accounts is generated from non-Commissioner Requested Services.

	2023-24	2022-23
	£000	£000
Commissioner Requested Services	**133,661**	126,496
Non-Commissioner Requested Services	**84,637**	79,313
Total Income	**218,298**	205,809

The classification of commissioning requested services (CRS) is based on a review that was carried out by commissioners in 2016-17. The change in value of CRS is due to new investments and service developments.

4.4 Overseas Visitors

The Trust has not invoiced or received any income from overseas visitors.

5. Other operating income

	2023-24	2022-23
	£000	£000
Research and Development	**521**	692
Education and Training	**7,307**	7,602
Staff Costs	**134**	93
NHS Property Agreement	**0**	382
Contributions to Centrally Issued Supplies	**3**	33
Covid Vaccination Reimbursement	**0**	125
Other Revenue	**4,651**	4,053
	12,616	12,980
Other revenue includes:		
PFI Land contract	**61**	61
Catering	**244**	160
Pharmacy Sales	**1,081**	1,220
Services to specialist schools	**315**	195
Services to other NHS Providers	**2,306**	1,834
Transport	**291**	326
Other income elements	**353**	257
	4,651	4,053

5.1 Additional information on revenue from contracts with customers recognised in the period

	2023-24	2022-23
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	**2,665**	1,673
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	0	0

6. Income

	2023-24	2022-23
	£000	£000
From rendering of services	**218,298**	205,809
From sale of goods	**0**	0

7. Operating Expenses

	2023-24	2022-23
	£000	£000
Services from NHS Bodies	**4,173**	4,997
Purchase of healthcare from non NHS bodies	**14,676**	12,044
Mental Health collaborative – purchase of healthcare from NHS bodies*	**2,356**	0
Employee Expenses - Non-executive directors	**137**	135
Employee Expenses - Staff and Executive Directors	**165,721**	155,199
Drug costs	**4,369**	4,799
Supplies and services - clinical (excluding drug costs)	**343**	236
Supplies and services - clinical (centrally issued)	**3**	33
Supplies and services - general	**1,095**	999
Establishment	**5,219**	3,990
Research and development	**6**	0
Transport	**2,764**	2,087
Premises - business rates payable to local authorities	**889**	800
Premises	**5,217**	3,947
Lease Expenditure	**742**	910
Increase / (decrease) Provision	**357**	(707)
Depreciation on property, plant and equipment	**6,321**	5,913
Amortisation of intangible assets	**741**	701
Impairments of property, plant and equipment	**1,487**	401
Audit services- statutory audit	**98**	92
Internal Audit	**64**	60
Clinical Negligence Costs	**873**	613
Legal fees	**454**	380
Training, courses and conferences	**820**	987
Car parking & Security	**42**	32
Hospitality	**18**	69
Insurance	**123**	37
Other services, e.g. external payroll	**292**	223
Losses, ex gratia & special payments	**81**	9
Other	**672**	105
	220,153	199,091

* The Trust became the lead provider for the Perinatal Collaborative in October 2023.

8. Employee costs and numbers

8.1 Employee Costs	**2023-24**	2022-23
	Total	Total
	£000	£000
Salaries and Wages	**122,189**	116,707
Social Security Costs	**12,645**	11,235
Apprenticeship Levy	**624**	533
Employer Contributions to NHS Pension Scheme	**15,295**	13,594
6.3% Pension Costs paid by NHS England	**6,674**	5,929
Temporary Staffing (Agency and Contract)	**8,825**	7,596
Termination benefits	**0**	1
Employee benefits expense	**166,252**	155,595
Of the total above:		
Charged to Capital	**531**	396
Employee benefits charged to revenue	**165,721**	155,199
	166,252	155,595

There have been 7 cases of early retirements due to ill health in year at a value of £1,062k (2022-23 – 6 cases at £539k).

9. PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

10. The Late Payment of Commercial Debts (Interest) Act 1998

There was one payment that was made in respect of the Late Payment of Commercial Debt (Interest) Act 1998 for £1,390.63 (one in 2022-23 for £187.63).

11. Finance Income

Finance income was received in the form of bank interest receivables totalling £2,497k (2022-23 £916k).

12. Other gains and losses

There have been £781k of gains reported in 2023-24 (2022-23 £172k), £781k of this related to technical adjustments on Right of Use Leases. There were no losses in 2023-24 (2022-23 £0k).

13. Finance costs

	2023-24	2022-23
	£000	£000
Interest in right of use lease obligations	**97**	237
Other Finance Lease Costs	**0**	0
Interest on obligations under PFI contracts:		
- main finance cost	**1,846**	1,119
- contingent finance cost	**0**	1,048
- Remeasurement of PFI	**4,522**	0
Unwinding of discount on provisions	**54**	49
Total interest expense	**6,519**	2,453

14. Property, plant and equipment

2023-24	Land	Buildings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation:								
At 1 April 2023	**14,635**	**77,604**	**59,481**	**2,199**	**593**	**4,980**	**3,700**	**163,192**
Additions	0	666	69,177	30	42	758	47	**70,720**
Revaluations	0	1,899	0	0	0	0	0	**1,899**
Impairments	0	(980)	(354)	0	0	(153)	0	**(1,487)**
Reclassifications	0	2,555	(2,646)	52	0	125	178	**264**
Disposals	0	0	0	0	0	(696)	(10)	**(706)**
At 31 March 2024	**14,635**	**81,744**	**125,658**	**2,281**	**635**	**5,014**	**3,915**	**233,882**
Depreciation								
At 1 April 2023	**0**	**3,426**	**0**	**525**	**221**	**2,117**	**1,487**	**7,776**
Provided During the Year	0	3,589	0	129	80	679	389	**4,866**
Reclassifications	0	(145)	0	0	0	0	0	**(145)**
Disposals	0	0	0	0	0	(696)	(10)	**(706)**
At 31 March 2024	**0**	**6,870**	**0**	**654**	**301**	**2,100**	**1,866**	**11,791**
Net Book Value at 31 March 2024	14,635	74,874	125,658	1,627	334	2,914	2,049	**222,091**

Net book value	Land	Buildings	Assets under Construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	14,635	30,033	125,658	1,627	334	2,914	2,049	**177,250**
PFI	0	44,841	0	0	0	0	0	**44,841**
Total at 31 March 2024	14,635	74,874	125,658	1,627	334	2,914	2,049	**222,091**

14.1 Revaluation reserve balance for property, plant & equipment

	Land	Buildings	Total
	£000	£000	£000
At 1 April 2023	12,906	45,105	58,011
Movements	0	1,899	1,899
At 31 March 2024	12,906	47,004	59,910

14.2 Property, plant and equipment

2022-23	Land	Buildings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation:								
At 1 April 2022	**14,456**	**84,938**	**8,001**	**1,748**	**444**	**4,799**	**3,228**	**117,614**
Reclassification of Finance Lease	0	(1,523)	0	0	0	0	0	**(1,523)**
Additions	0	445	53,644	134	38	413	50	**54,724**
Revaluations	179	4,629	0	0	0	0	0	**4,808**
Revaluation – Roll up of Depreciation to cost	0	(10,773)	(414)	0	0	0	0	**(11,187)**
Impairments	0	(172)	0	0	0	0	0	**(172)**
Reclassifications	0	568	(1,750)	317	119	324	422	**0**
Disposals	0	(508)	0	0	(8)	(556)	0	**(1,072)**
At 31 March 2023	**14,635**	**77,604**	**59,481**	**2,199**	**593**	**4,980**	**3,700**	**163,192**
Depreciation								
At 1 April 2022	**0**	**11,210**	**419**	**382**	**163**	**1,821**	**1,138**	**15,133**
Reclassification of Finance Lease	0	(164)	0	0	0	0	0	**(164)**
Provided During the Year	0	3,493	0	143	66	632	349	**4,683**
Impairments	0	168	(5)	0	0	220	0	**383**
Revaluation – Roll up of Depreciation to cost	0	(10,773)	(414)	0	0	0	0	**(11,187)**
Disposals	0	(508)	0	0	(8)	(556)	0	**(1,072)**
At 31 March 2023	**0**	**3,426**	**0**	**525**	**221**	**2,117**	**1,487**	**7,776**
Net Book Value at 31 March 2023	14,635	74,178	59,481	1,674	372	2,863	2,213	**155,416**

	Land	Buildings	Assets under Construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
Net book value	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	14,635	36,753	59,481	1,674	372	2,863	2,213	**117,991**
PFI	0	37,425	0	0	0	0	0	**37,425**
Total at 31 March 2023	**14,635**	**74,178**	**59,481**	**1,674**	**372**	**2,863**	**2,213**	**155,416**

14.3 Revaluation reserve balance for property, plant & equipment

	Land	**Buildings**	**Total**
	£000	**£000**	**£000**
At 1 April 2022	**12,727**	**40,538**	**53,265**
Movements	**179**	**4,567**	**4,746**
At 31 March 2023	**12,906**	**45,105**	**58,011**

14.4 Valuation

In year the buildings were revalued using indexation, there was an increase in value of £1,899k

DVS Property Specialists provided an additional desktop review on the PFI assets due to major refurbishment work in one of the five buildings, which led to an impairment of £980k. Assets are valued at depreciated replacement cost for specialised buildings.

There was a full review by DVS Property Specialists in 2019-20 and the next review is planned for 2024-25.

14.5 Economic life of property, plant and equipment

The following table shows the range of estimated useful lives for property, plant and equipment assets

	Max Life Years	Min Life Years
Buildings excluding dwellings	99	1
Plant & machinery	60	5
Transport equipment	15	5
Information technology	15	5
Furniture & fittings	25	2

14.6 Property Plant and Equipment: Commissioner Requested Services

No Commissioner Requested Services properties were sold in 2023-24.

15. Intangible Assets

2023-24	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2023	1,778	5,497	442	7,717
Reclassifications	0	0	(442)	(442)
At 31 March 2024	1,778	5,497	0	7,275
Amortisation				
At 1 April 2023	1,035	1,432	33	2,500
Provided During the Year	157	584	0	741
Reclassifications			(33)	(33)
At 31 March 2024	1,192	2,016	0	3,208
Net Book Value at 31 March 2024	586	3,481	0	4,067

All Intangible assets are classed as owned and are amortised between 5 and 10 years.

15.1 Intangible Assets

2022-23	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2022	2,101	7,038	1,004	10,143
Additions Purchased	0	0	0	0
Impairments	0	0	0	0
Reclassifications	0	562	(562)	0
Revaluations	0	0	0	0
Disposals	(323)	(2,103)	0	(2,426)
At 31 March 2023	1,778	5,497	442	7,717
Amortisation				
At 1 April 2022	1,179	3,013	33	4,225
Provided During the Year	179	522	0	701
Disposals	(323)	(2,103)	0	(2,426)
At 31 March 2023	1,035	1,432	33	2,500
Net Book Value at 31 March 2023	743	4,065	409	5,217

All Intangible assets are classed as owned.

16. Right of Use Assets

	2023-24	**2023-24**	2022-23	2022-23
	Property (land and buildings) £000	**Of which: leased from DHSC group bodies £000**	Property (land and buildings) £000	Of which: leased from DHSC group bodies £000
Valuation at 1 April	**10,376**	**4,900**	10,266	4,900
Additions	750			
Rent Remeasurement	496	336	0	0
Revaluations	0	0	110	0
Reclassifications	(182)	0	0	0
Lease Termination	(1,043)	(360)	0	0
Valuation/gross cost at 31 March	**10,397**	**4,876**	10,376	4,900
Valuation at 1 April	**1,412**	**730**	164	0
Provided during the year	1,455	744	1,230	730
Reclassifications	(182)	0	0	0
Lease Termination	(155)	(48)	0	0
Impairments	0	0	18	0
Accumulated depreciation at 31 March	**2,530**	**1,426**	1,412	730
Net book value at 31 March	**7,867**	**3,450**	8,964	4,170
Net book value of right of use assets leased from other NHS Providers		**344**		687
Net book value of right of use assets leased from other DHSC group bodies		**3,106**		3,483

17. Impairments

Impairments of £1,487k have arisen in year, which included overspecification of work in progress and an impairment for improvement works on one of the Trusts inpatient units which was revalued by the Valuer before being brought back into use.

	Note	**£000**	£000
		2023-24	2022-23
Impairments for Property, Plant and Equipment		**1,487**	235
Impairments for Right to Use Assets		**0**	18
Reversal of Impairments for Property, Plant and Equipment		**0**	(20)
Change in Market Price		**0**	340
Total Impairments written to I&E		**1,487**	573
Impairments written to I&E	7	**1,487**	401
Impairments written to Revaluation Reserve	14	**0**	172
		1,487	573

Impairments written to I&E		
Over Specification of assets – Property, Plant and Equipment	**507**	233
Changes in market price	**0**	168
Other – Construction Remeasurement	**980**	0
Total	**1,487**	401

18. Commitments

18.1 Capital commitments

The Trust does not have any capital commitments as at 31 March 2024.

19. Inventories

19.1 Inventories

	2023-24 £000	2022-23 £000
Finished goods	**258**	255
Total	**258**	255
Of which held at net realisable value:	**0**	0

19.2 Inventories recognised in expenses

	2023-24 £000	2022-23 £000
Inventories recognised as an expense in the period	**2,219**	3,250
Total	**2,219**	3,250

20. Trade and other receivables

20.1 Trade and other receivables

	2023-24 £000	2022-23 £000
Current		
Contract receivables	**4,638**	9,387
Allowance for impaired contract receivables/assets	**(432)**	(211)
Prepayments (non-PFI)	**689**	1,154
PDC dividend receivable	**238**	149
VAT receivable	**395**	272
Other receivables	**83**	19
Total current trade and other receivables	**5,611**	10,770

Non-current		
PFI lifecycle prepayments	**1,682**	2,372
Other	**0**	0
Total non-current trade and other receivables	**1,682**	2,372
Of which receivables from NHS and DHSC group bodies:		
Current	**3,772**	7,516
Non-current	**0**	0

20.2 Allowances for credit losses

	2023-24 Contract receivables and contract assets £000	2022-23 Contract receivables and contract assets £000
Allowances brought forward	**211**	219
Changes in Year		
New allowances arising	**221**	0
Reversals of allowances	**0**	(8)
Allowances as at 31 March	**432**	211

21. Other financial assets

There are no other financial assets as at 31 March 2024.

22. Other current assets

There are no other current assets as at 31 March 2024.

23. Cash and cash equivalents

	31 March 2024	31 March 2023
	£000	£000
Balance at 31 March	**53,895**	44,389
Net change in period	**20,257**	9,506
Balance at period end	**33,638**	53,895
Made up of		
Cash with Government banking services	**33,589**	53,830
Commercial banks and cash in hand	**49**	65
Cash and cash equivalents as in statement of cash flows	**33,638**	53,895

24. Non-current assets held for sale

The Trust has no Assets Held for Sale as at 31 March 2024.

25. Trade and other payables

	Current 2023-24 £000	Current 2022-23 £000
NHS payables	**1,346**	918
Trade payables - capital	**13,908**	16,190
Trade payables - Non NHS	**5,954**	7,328
Accruals	**6,114**	11,240
Annual Leave Accrual	**2,010**	2,735
Taxes payables	**1,602**	1,361
Social Security costs	**1,519**	1,537
Other payables	**2,729**	2,690
Total	**35,182**	43,999

The Trust does not have any non-current liabilities.

Other Payables include:

£2,150k outstanding pensions contributions at 31 March 2024 (31 March 2023 £1,902k). These were paid in April 2024.

26. Borrowings

	Current 2023-24 £000	**Non-current 2023-24 £000**	Current 2022-23 £000	Non-current 2022-23 £000
Right of Use Leases*	**1,358**	**6,575**	1,408	8,362
PFI liabilities	**1,325**	**34,542**	813	20,723
Total	**2,683**	**41,117**	2,221	29,085

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire during 2039. The increase in the PFI costs relate to a change in accounting policy in relation to IFRS 16.

27. Other liabilities

	Current	Current
	2023-24	2022-23
	£000	£000
Deferred income	**8,417**	5,678
	8,417	5,678

The Trust has no other liabilities.

28. Right of Use lease obligations

28.1 – Maturity of Right to use Leases

Details of the lease charges are below:

	2023-24	2022-23
	£000	£000
Not later than one year	**1,518**	1,408
Later than one year, not later than five years	**4,359**	4,447
Later than five years	**2,300**	5,361
Sub total	**8,177**	11,216
Less: interest element	**(244)**	(1,446)
Total	**7,933**	9,770

The Trust is committed to pay per the above table.

28.2 Reconciliation of liabilities arising from right to use assets

	2023-24	2022-23
	£000	£000
Carrying value at 1 April	**9,770**	2,196
Cash Movements		
Financing cashflows - interest	**(1,511)**	(1,406)
Non Cash Movements		
Implementation of IFRS 16 as at 1 April	**0**	8,743
Interest charge arising in year	**97**	237
Lease Additons	**750**	0
Lease Remeasurement	**496**	0
Interest charge arising in year	**(1,669)**	0
Total Non Cash movements	**(326)**	8,980
Total	**7,933**	**9,770**

28.3 Finance lease receivables

The Trust does not have any finance lease arrangements as a lessor.

29. Private Finance Initiative contracts

29.1 PFI schemes on-Statement of Financial Position

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire in 2039.

Under IFRIC 12, the asset is treated as an asset of the Trust; that the substance of the contract is that the Trust has a finance lease and payments comprise two elements - imputed finance lease charges and service charges.

Details of the imputed finance lease charges are shown in the table below:

Total obligations for on-statement of financial position PFI contracts due also below:

	2023-24	2022-23
	£000	£000
Not later than one year	**3,088**	1,886
Later than one year, not later than five years	**12,898**	7,377
Later than five years	**36,710**	22,819
Sub total	**52,696**	32,082
Less: interest element	**(16,829)**	(10,546)
Total	**35,867**	21,536

29.2 Charges to expenditure

The total charged in the period to expenditure in respect of the service element of on-statement of financial position PFI contracts was £1,393k (prior year £1,219k). In year £1,153k was released from the Lifecycle prepayment to revenue (£34k in 2022-23).

At present value the Trust is committed to the following charges:

	2023-24	2022-23
	£000	£000
Not later than one year	**1,401**	1,224
Later than one year, not later than five years	**5,671**	4,957
Later than five years	**14,642**	14,115
Total	**21,714**	20,296

The Trust's PFI model is updated for inflation each year, the 2023-24 figures below shows the Trust's commitments if a 2.5% RPI increase is applied each year:

	2023-24 £000	2022-23 £000
Not later than one year	**1,436**	1,255
Later than one year, not later than five years	**6,188**	5,409
Later than five years	**19,063**	18,619
Total	**26,687**	25,283

29.3 Future Unitary Payments

The table below shows the Trust's total commitments for the PFI scheme until 2039 including 2.5% Inflation.

2023-24	**Within 1 Year £000**	**2-5 Years £000**	**Over 5 Years £000**	**Total £000**
Operating Costs	1,436	6,188	19,063	**26,687**
Financing Expenses	1,821	6,938	10,231	**18,990**
Capital Repayments	1,344	7,145	36,631	**45,120**
Lifecycle Costs	1,105	4,014	7,157	**12,276**
Total	**5,706**	**24,285**	**73,082**	**103,072**

2022-23	Within 1 Year £000	2-5 Years £000	Over 5 Years £000	Total £000
Operating Costs	1,255	5,409	18,619	25,283
Financing Expenses	2,107	8,669	28,332	39,108
Capital Repayments	813	3,493	17,230	21,536
Lifecycle Costs	836	3,761	7,292	11,889
Total	5,011	21,332	71,473	97,816

29.4 Impact of change in PFI accounting from change in accounting policy to IFRS 16

Unitary payment payable to Service concession operator	IFRS 16 Basis (New Standard) 2023-24 £000	IAS 17 Basis (Old Standard) 2023-24 £000	Impact of Change 2023-24 £000
Interest Charge	1,846	1,073	773
Repayment of Balance sheet obligation	1,398	813	585
Service Element	1,393	1,393	0
Contingent Rent	0	1,358	(1,358)
Addition to Lifecycle payments	929	929	0
	5,566	5,566	0

29.5 Impact of the change in accounting policy on financial statement line items

2023/24 impact of change in PFI accounting policy - SoFP at 31 March 2024	2023-24 £000
Increase in PFI / LIFT and other service concession liabilities	**(15,144)**
Decrease in PDC dividend payable / increase in PDC dividend receivable	**461**
Increase in cash and cash equivalents (impact of PDC dividend only)	**0**
Impact on net assets as at 31 March 2024	**(14,683)**
2023/24 impact of change in PFI accounting policy - SoCI:	
PFI liability remeasurement charged to finance costs	**(4,522)**
Increase in interest arising on PFI liability	**(773)**
Reduction in contingent rent	**1,358**
Reduction in PDC dividend charge	**461**
Net impact on surplus / (deficit)	**(3,476)**
2023/24 impact of change in PFI accounting policy - SoCIE:	
Adjustment to reserves for the cumulative retrospective impact on 1 April 2023	**(11,207)**
Net impact on 2023/24 surplus / deficit	**(3,476)**
Impact on equity as at 31 March 2024	**(14,683)**
2023/24 impact of change in PFI accounting policy - SoCF:	
Increase in cash outflows for capital element of PFI / LIFT	**(585)**
Decrease in cash outflows for financing element of PFI / LIFT	**585**
Net impact on cash flows from financing activities	**0**

30. Other financial liabilities

The Trust has no other financial liabilities.

31. Provisions

	Current 2023-24 £000	**Non-Current 2023-24 £000**	Current 2022-23 £000	Non-Current 2022-23 £000
Pensions relating to former directors	**0**	**0**	0	0
Pensions relating to other staff	**173**	**1,709**	183	1,899
Legal claims	**93**	**0**	99	0
Redundancy	**0**	**0**	0	0
Other	**166**	**225**	66	120
Total	**432**	**1,934**	348	2,019

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2023	165	1,917	99	186	2,367
Arising during the period	24	201	53	250	528
Change in Discount Rate	(3)	(106)	0	(23)	(132)
Used during the period	(28)	(145)	0	(8)	(181)
Reversed unused	(5)	(185)	(59)	(21)	(270)
Unwinding of discount	4	43	0	7	54
At 31 March 2024	157	1,725	93	391	2,366
Expected timing of cash flows:					
Within one year	28	145	93	166	432
Between one and five years	105	546	0	135	786
After five years	24	1,034	0	90	1,148
	157	1,725	93	391	2,366

The Trust holds a provision for pensions and by its nature this includes a degree of uncertainty in respect of timings and amount, due to the uncertainty of life expectancy. Future liability is calculated using actuarial values.

Other provisions – This includes other general Trust provisions relating to employee claims and Clinicians Pension Reimbursement.

£1,980k is included in the provisions of the NHS Resolution at 31 March 2024 in respect of clinical negligence liabilities of the Trust (31 March 2023 £692k).

32. Contingencies

32.1 Contingent Liabilities

There are no contingent liabilities as at 31 March 2024.

32.2 Contingent Assets

There are no contingent assets as at 31 March 2024.

33. Financial Instruments

33.1 Carrying Values of Financial Assets

	2023-24 Held at Amortised Cost £000	2022-23 Held at Amortised Cost £000
Trade Receivables	**4,285**	9,195
Cash at bank and in hand	**33,638**	53,895
Total at 31 March	**37,923**	63,090

Trade Receivables are net of the credit loss allowance

33.2 Carrying value of financial liabilities

	2023-24 Held at Amortised Cost £000	2022-23 Held at Amortised Cost £000
Trade Payables	**30,051**	41,101
PFI and finance lease obligations	**43,800**	31,306
Total at 31 March	**73,851**	72,407

IFRS 7 requires the Foundation Trust to disclose the fair value of financial liabilities. The PFI scheme is a non-current Financial Liability where the fair value is likely to differ from the carrying value. The Trust has reviewed the current interest rates available on the market and if these were used as the implicit interest rate for the scheme the fair value of the liability would range from £14,549k to £21,819k.

33.3 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Derbyshire Healthcare NHS FT is not, therefore, exposed to significant interest rate risk.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2024 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's cash flows are mainly stable and predictable. Operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament.

The Trust funds its business- as-usual capital expenditure from internally generated sources. The Trust is part of the national dormitory eradication programme and has been allocated national PDC funding for that purpose. The Full Business Case were approved part way through 2022-23 and funding has been received for the year 2023-24. Cashflow and liquidity are fully considered as part of the process. Given the Trust's current level of cash reserves it is not exposed to significant liquidity risks at this stage of the process. Future building cost inflation and associated affordability as well as cashflow implications are a key part of the business case considerations, in order to manage any future potential liquidity risks.

34. Events after the reporting period

There are no events after the reporting period 31 March 2024.

35. Audit Fees

The analysis below shows the total fees paid or payable for the period in accordance with the Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008 (SI 2008/489).

	2023-24	2022-23
	£000	£000
External audit fees		
Statutory audit services	**98**	92
Non audit services	**0**	0
Total	**98**	92
Other audit fees		
Internal audit services	**64**	60
Counter fraud	**17**	15
Total	**81**	75

The auditor's liability for external audit work carried out for the financial year 2023/24 is unlimited.

The External Audit Fees figure above includes VAT as under the NHS VAT regime it cannot be reclaimed.

36. Related party transactions

Derbyshire Healthcare NHS Foundation Trust is a public benefit corporation authorised by NHS England - the Independent Regulator for NHS Foundation Trusts. All NHS Foundation Trusts are independent bodies which are not controlled by the Secretary of State. The Trust has considered whether or not the working relationships it has with any NHS bodies and Government departments and agencies meet the definition of a related part under IAS 24.

The value of transactions with government bodies and other related parties with which the Trust has had material dealings and which therefore require disclosure are:

2023-24	**Income £000**	**Expenditure £000**	**Receivables £000**	**Payables £000**
Related Parties with other NHS Bodies	**192,319**	**11,459**	**3,534**	**6,678**
2022-23				
Related Parties with other NHS Bodies	180,608	10,617	7,516	6,023

No Board Members of Derbyshire Healthcare NHS Foundation Trust have had related party relationships with organisations where we have material transactions and could have a controlling interest.

The Department of Health is regarded as a related party, as they are the Parent Department for Foundation Trusts. During the period Derbyshire Healthcare NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

NHS Derby and Derbyshire Integrated Care Board
University Hospitals of Derby and Burton NHS Foundation Trust
Derbyshire Community Health Services NHS Foundation Trust
NHS England
Chesterfield Royal Hospital NHS Foundation Trust
Sheffield Health and Social Care NHS Foundation Trust
NHS Business Authority
NHS Shared Business Services
NHS Providers
Oxehealth Ltd
National Mental Health Directors Forum
Arkwright Society

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Derby City Council and Derbyshire County Council.

The Trust has also received payments from a number of charitable funds. The members of the NHS Trust Board are also the Trustees for the Charitable Funds held in trust for Derbyshire Healthcare which is managed by Derbyshire Community Health Services NHS Foundation Trust. The audited accounts for the Funds Held on Trust are available from the Communications Department.

The Register of Interests is available from the Legal Department.

37. Third party assets

The Trust held £72k cash and cash equivalents as at 31 March 2024 (£67k 31 March 2023) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

The Trust deposit accounts on behalf of the patients have been transferred into the Trust GBS accounts as they were attracting monthly charges and were no-longer beneficial to be held in individual accounts. The balance remains at £28k (£28k 31 March 2023).

38. Losses and special payments

There were 35 cases of losses and special payments worth £81k (2022-23 - there were 25 cases totalling £17k).

	2023-24 Total number of cases Number	2023-24 Total value of cases £000	2022-23 Total number of cases Number	2022-23 Total value of cases £000
Loss of Stock	**12**	**34**	**12**	**12**
Bad Debts	**8**	**42**	**0**	**0**
Special Payments				
- Loss of Personal effects	**15**	**5**	**12**	**4**
- Special Severance Payments	**0**	**0**	**1**	**1**
	35	**81**	**25**	**17**

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases accounted for in 2023-24 period where the net payment exceeded £300,000.

The above have been reported on an accruals basis and exclude provisions for future losses.

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