Derbyshire Healthcare
NHS Foundation Trust

Meeting Council of Governors

Agenda

Date: Tuesday 25 November 2025, from 14:00-16:20 hours.

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

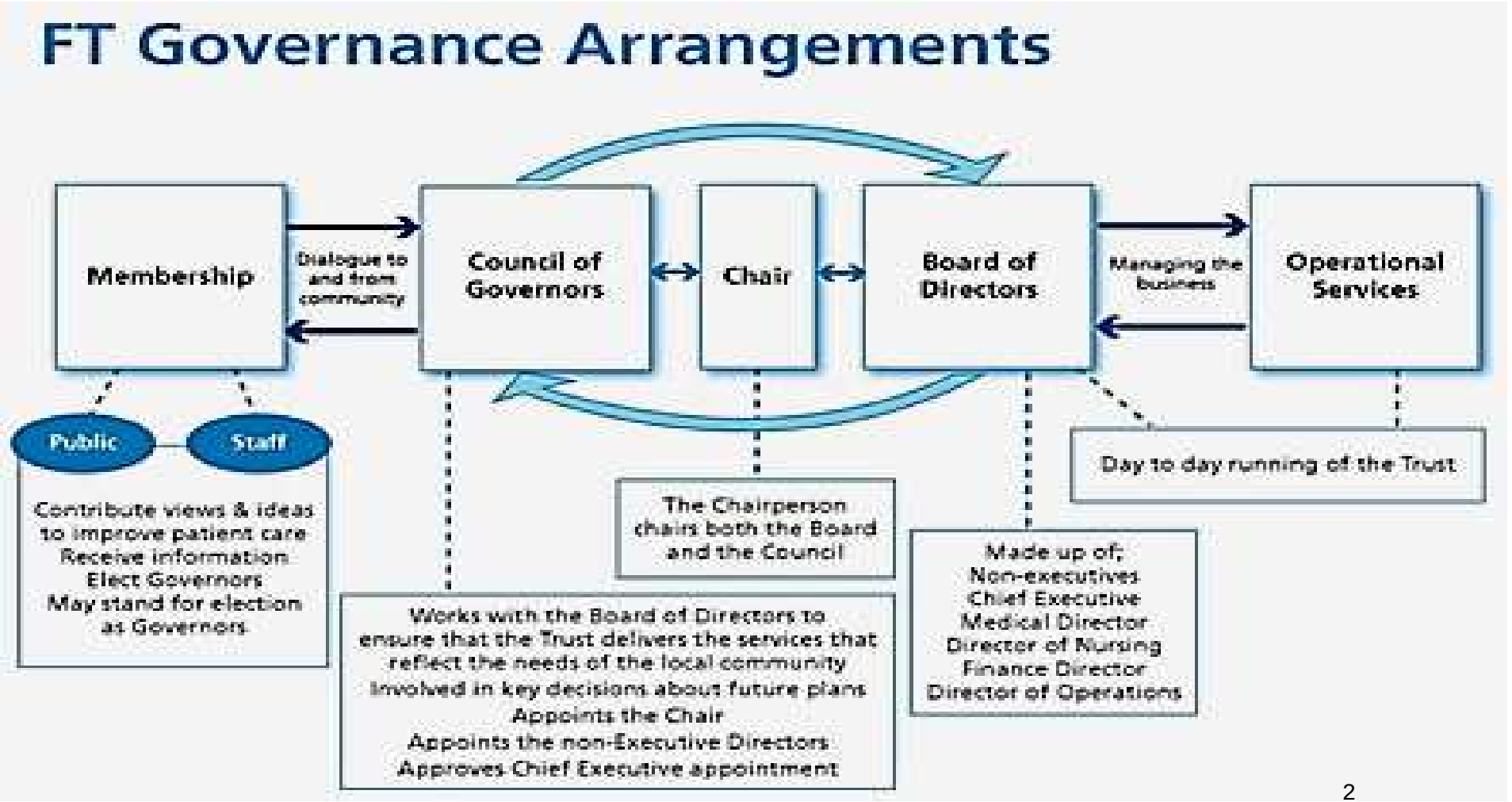
Item	Topic	Lead	Time
1.	Welcome, introductions and Chair's opening remarks, apologies and declaration of interests	Lynn Andrews	14:00
2.	Submitted questions from members of the public	Lynn Andrews	14:05
3.	Minutes of the previous meeting, held on 23 September 2025	Lynn Andrews	14:10
4.	Matters arising and actions matrix		
5.	Chief Executive's update (verbal)	Mark Powell	14:15
6.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	14:35
7.	Non-Executive Directors reports	Lynn Andrews and Deborah Good	14:45
8.	Integrated Performance Summary Report	Non-Executive Directors	15:05
Comfort break			15:30
9.	Escalation items to the Council of Governors	Lynn Andrews	15:40
10.	Report from Governance Committee 22.10.25	Denise Baxendale	15:50
11.	Annual Members Meeting feedback	Denise Baxendale	15:55
12.	Update on staff and public governor elections	Denise Baxendale	16.05
13.	Any other business	Lynn Andrews	16:10
14.	Review of meeting effectiveness		
15.	Governor meeting timetable 2025/26 and 2026/27 (for information)	Denise Baxendale	16:15
16.	Close of meeting	Lynn Andrews	16:20

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

Next meeting:	**Time:**	**Location:**
24.3.26	14:00-17:00 hours	Conference Rooms A&B, first floor, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. If you are attending virtually click here to join the meeting.

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

Getting the balance right



CHARIS consultants ltd

The implications for governors and 'holding to account'

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

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

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

Strategy on a page

Derbyshire Healthcare
NHS Foundation Trust

We make a positive difference in everything we do

Our strategic priorities

Our vision

Patient focus

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

Caring

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

Inclusive

We respect and include everyone in all we do.

Partnerships

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

Ambitious

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

WE MAKE A POSITIVE DIFFERENCE • IN EVERYTHING WE DO •

Belonging

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

People

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

Collaborative

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

Productive

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

Our values

Find out more

derbyshirehealthcareft.nhs.uk/about-us/strategy

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING HELD ON TUESDAY 23 SEPTEMBER 2025 FROM 14.00 – 16:15 HOURS HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE

PRESENT	Selina Ullah*	Trust Chair and Chair of Council of Governors
	Angela Kerry*	Public Governor, Amber Valley
	Susan Ryan*	Public Governor, Amber Valley
	Neil Baker*	Public Governor, Bolsover and North East Derbyshire
	Dave Allen*	Public Governor, Chesterfield
	Tom Bladen	Public Governor, Derby City East
	Ruth Day	Public Governor, Derby City West
	Christopher Williams*	Public Governor, Erewash
	Brian Edwards*	Public Governor, High Peak and Derbyshire Dales
	Fiona Birkbeck	Public Governor, High Peak and Derbyshire Dales
	Anson Clark	Public Governor, Rest of England
	Claire Durkin	Staff Governor, Admin and Allied Support Staff
	Marie Hickman*	Staff Governor, Admin and Allied Support
	Mathew Joseph	Staff Governor, Medical
	Sifo Dlamini*	Staff Governor, Nursing
	Sam Redfern	Appointed Governor, Derbyshire County Council
	Debra Dudley	Appointed Governor, Derbyshire Mental Health Forum
IN ATTENDANCE	Denise Baxendale*	Membership and Involvement Manager
	Justine Fitzjohn*	Director of Corporate Affairs and Trust Secretary
	Vikki Ashton Taylor*	Deputy Chief Executive/Chief Delivery Officer
	James Sabin*	Director of Finance
	Tumi Banda*	Director of Nursing, Allied Health Professionals, Quality and Patient Experience
	Lynn Andrews*	Non-Executive Director
	Deborah Good*	Non-Executive Director
	Jo Hanley*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director
	Geoff Lewins*	Non-Executive Director
DHCFT/Gov/2025/041	Bethan Vance	Audit Senior Manager, Forvis Mazars

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

APOLOGIES	Mark Powell	Chief Executive
	Jill Ryalls	Public Governor, Chesterfield
	Jane Chukwudi	Public Governor, Derby City East
	Christine Williamson	Public Governor, Derby City West
	Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor

Fiona Rushbrook	Staff Governor, Allied Health Professions
Jo Foster	Staff Governor, Nursing
Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action
David Robertshaw	Appointed Governor, University of Derby
Alison Martin	Appointed Governor, Derby City Council

DHCFT/GOV/2025/036	**WELCOME, INTRODUCTIONS AND CHAIR'S OPENING REMARKS, APOLOGIES AND DECLARATIONS OF INTEREST** Selina Ullah, Trust Chair welcomed all to the meeting, and in particular to Jo Hanley, the newly appointed Non-Executive Director who will be chairing the Finance and Performance Committee. Apologies were noted above. There were no declarations of interest.
DHCFT/GOV/2025/037	**SUBMITTED QUESTIONS FROM MEMBERS OR THE PUBLIC** The Chair confirmed that the following question had been submitted by a Trust member: "Relating to family members visiting biologically related patients who have been sectioned – are there NHS rules? If so, do these vary by Trust?" The Chair presented the following response: "There are no specific rules on biologically related patients. The patients have a right to family life and not all family is biologically related. Based on patient wishes, risk assessments, safeguarding concerns, wishes of the families, court rulings and other reasons, restrictions can be in place on visits. The visiting policy is applied the same way in this case." It was noted that it was not appropriate to comment on other trust's policies but they are likely to follow similar principles. The Membership and Involvement Manager will share the response with the member. Following on from this it was noted every service user has right of family life which is enshrined in the Human Rights Act. Reference was also made to possible security risks, which are looked at on a case by case basis alongside the policy. **ACTION: Membership and Involvement Manager will forward on the response to the member who submitted the question.**
DHCFT/GOV/2025/038	**MINUTES OF THE PREVIOUS MEETING, HELD ON 3 JUNE 2024** The minutes of the meeting held on 3 June 2025 were accepted as a correct record.
DHCFT/GOV/2025/039	**MATTERS ARISING AND ACTIONS MATRIX** **Matters arising** There were no matters arising. **Actions Matrix** Governors agreed to close all completed actions. All 'green' actions have been scrutinised to ensure they were fully complete.

	RESOLVED: The Council of Governors agreed to close all completed actions on the actions matrix.
DHCFT/GOV/2025/040	**CHIEF EXECUTIVE'S UPDATE** Vikki Ashton Taylor, Deputy Chief Executive/Chief Delivery Officer gave a verbal update in Mark Powell's absence which included: • NHS Oversight Framework (NOF) which is the new framework which sets out how NHS England (NHSE) assesses Integrated Care Boards (ICB) and providers against a range of agreed metrics, promoting improvement while helping to identify organisations needing support. The results have recently been published and the Trust's position has been confirmed as Segment 4. The Trust was disappointed with the position given as it had expected to remain in Segment 3. Vikki explained that the Trust has been informed that we moved segments because of different metrics being used, including removal of some we perform well against. Vikki also confirmed that there are a number of measures and standards needing to be improved on including length of inpatients stay and increased wait times for some community and paediatric services. Discussions are continuing to take place with the ICB on the increase in demand for some of our services; and the Trust is also looking at what actions can be taken to make to improve its position. Angela Kerry, Public Governor, referred to the possible changes in the threshold for paediatric support and asked what the impact will be on the Trust. Vikki explained that referrals are increasing partly due to the fact that school academies are no longer required to provide early intervention to pupils in school who are showing signs of autism/ADHD and these pupils are now being referred into services. She confirmed that no decisions have been made but discussions are taking place with ICB partnerships to look at the options. Brian Edwards, Public Governor recognised that there are some fantastic people working for the Trust but expressed his disappointment that the Trust is in the bottom quartile on the national league table. He is aware of the improvements being made by the Trust but being in Segment 4 is likely to have a detrimental effect on staff and the people who use our services. Vikki assured Brian that there has been no change to our reporting and the regional team have no additional concerns, but it was a change to the metrics reporting which has affected the Segment we have been placed in. NHSE will manage the oversight meetings it has with the Trust and these are likely to be more regular while in Segment 4. Brian referred to funding and stated that the government had released a statement that morning confirming that the NHS will no longer receive emergency top ups to plug deficits. Selina Ullah assured governors that the Trust does not want to be in Segment 4 and the Board has discussed this in detail. There are a lot of variables in the data which our Chief Executive has raised as an issue. However, as the NOF is an arbitrary system it is unlikely that Segment 4 will be changed. She also assured governors that there is trajectory for

	more improvement within the Trust; and our own targets will be presented to the next Public Board meeting in November. • Kingfisher House, Psychiatric Intensive Care Unit (PICU) and Audrey House (Enhance Care Unit) have opened since the Council of Governors last met in July. Governors were reminded that these are both important developments that form part of the Making Room for Dignity programme. • The Care Quality Commission (CQC) had recently visited the Trust's forensic inpatient services and shared positive feedback which commended colleagues' patient focused approach. The Trust is now awaiting publication of the report from the visit. It was also noted that an inspection is taking place on one of the Trust wards today and further information will be shared at the next meeting. • Ten international doctors have been recruited by a small team in Chennai India to work in teams where we have longstanding vacancies. The recruitment approach was undertaken in partnership with the University of Derby, and the new doctors are currently undergoing a two week training programme before joining our services. • It has been confirmed that Derby and Derbyshire NHS ICB will be part of a clustering arrangement with ICBs from Lincolnshire and Nottingham and Nottinghamshire, following approval of this arrangement by NHSE. The executive team are currently in the process of being appointed. **RESOLVED: The Council of Governors noted the update.**
DHCFT/GOV/2025/041	**PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS 2024/25 AND REPORT FROM THE EXTERNAL AUDITORS** Governors were reminded of their statutory role that they must be presented with the Trust's annual report and accounts (which are being presented at the Annual Members Meeting) and any report from the auditor on them. Bethan Vance of external auditors Forvis Mazars provided a summary of the Annual Audit Letter. She explained that the key responsibilities are to: • Give an opinion on the Trust's financial statements • Assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion). Bethan explained that the audit was completed by the deadline and presented a positive annual report letter, confirming that they had not identified any significant weaknesses which would require further work or wider reporting. Geoff Lewins, Non-Executive Director and Chair of the Audit and Risk Committee confirmed that the extensive audit process had gone extremely well. He conveyed his appreciation to Forvis Mazars and the Trust's Finance team who had worked well together to complete the end of year accounts. Brian Edwards asked how the Trust is going to manage next financial year without additional funding. Selina explained that the Trust has to adhere to its Cost Improvement Plan (CIP) and wider financial plans. James Sabin, Director of Finance confirmed that this will be a challenge. Anson Clark, Public Governor referred to the NHS net zero commitment and asked if the initial costs for achieving this goal are manageable. James

	explained that the Trust is currently working on a sustainability agenda to deliver net zero in 2040. The new builds which have now been completed will help the green agenda and running costs. He confirmed that going forwards any new facilities/refurbishments will also need to take into account the green agenda. He confirmed that the Trust is unlikely to become carbon free because of the huge cost in doing this. The Chair conveyed her appreciation to Bethan for presenting the external audit report. *(Bethan left the meeting.)* **RESOLVED: The Council of Governors noted the report.**
DHCFT/GOV/2025/042	**NON-EXECUTIVE DIRECTORS REPORT (INCLUDES ANNUAL REPORT OF AUDIT AND RISK COMMITTEE)** Geoff Lewins, as Chair of the Audit and Risk Committee, presented his report, which included the annual report of the Audit and Risk Committee, to governors. Geoff explained that the Committee oversees the production of the Annual Report and Accounts which included liaising with the external auditors Forvis Mazars. Geoff confirmed that the Audit and Risk Committee carries out a significant amount of other work during the year including reviewing the Trust's system of risk management. He also confirmed that he supports the Trust's Freedom To Speak Up Guardian (FTSUG) who enables colleagues to raise concerns. Brian Edwards referred to Geoff's support of the FTSUG and asked about the role. Geoff explained that the FTSUG who is approachable and well known within the Trust has been in post for over seven years and is contracted for 30 hours per week. Her role is to encourage and protect people in speaking up. She present reports to Board twice a year which are scrutinised. He also confirmed that the importance of speaking up is covered at each induction for new members of staff. Ralph Knibbs reiterated the importance of the FTSUG and assured governors that Tam was being supported by the Board and is involved in the Trust's cultural work. The Board sees huge value in the role and listens and supports the FTSUG in her work which can at times be difficult because of some the issues raised. Governors were keen to have an overview of the role and requested that the FTSUG be invited to present to governors. Geoff confirmed that he will be leaving the role of NED after almost eight years at the end of November. He took the opportunity to thank governors for being part of this interesting period in his life. Governors conveyed their appreciation to Geoff for his support and engagement with them. Angela Kerry noted that it was a pleasure working with Geoff who was always approachable. **RESOLVED: The Council of Governors noted the Non-Executive Director update and gained assurance from this.** **ACTION: The Freedom To Speak Up Guardian will be invited to present a summary to the Council of Governors.**

DHCFT/GOV/2025/043	**VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT** The Non-Executive Directors reminded governors that the purpose of this report is to provide an update of how the Trust was performing and included data up to the end of July 2025. The report focuses on key finance, performance, and workforce measures. Geoff Lewins, as a member of the Finance and Performance Committee gave the operations update and referred to: • Out of area placements are still a challenge but are decreasing. This is partly due to the opening of the new facilities, the ongoing work regarding recovery plans, improvement in the length of stay for inpatients and close working with system partners • The mental health support lines across England are now accessed via 111. However, our original contact number is still in operation. Compared to other trusts who have switched off their numbers this is adversely affecting performance • Wait times in some of services remain a challenge, for example, neurodevelopment and adult autism assessments. Geoff emphasised that waiting for long periods of time is unacceptable but that the Trust is commissioned to carry out 26 adult autism assessments a month and is currently receiving 96 referrals. He assured governors that the team is making improvements to see more people. Brian Edwards referred to the helpline and what quality systems are in place to support people who seek help. Tumi Banda, Director of Nursing, Allied Health Professionals, Quality and Patient Experience confirmed that the team that supports the helpline has a skill mix to ensure that people can be supported. Some people who contact the helpline are signposted elsewhere whilst others are triaged to get the support they need; there are also step up services for intervention and support. Tumi also confirmed that the helpline does offer clinical services where appropriate. Anson Clark asked if it was clear when people need to call 111 or other organisations such as the Samaritans for support. Vikki explained that all communications for service users and the general public is being led nationally by NHSE. Susan Ryan noted that the average length of stay metrics has been increasing and asked if the Trust can differentiate where the issue is. Vikki confirmed that elements of data is collected separately – one of the national metrics was around average length of stay. The new NOF collects data for those stays over 60 days and now combines adults and older adults. The lack of care home facilities that provide specific care for dementia across Derby and Derbyshire has affected the figures. Claire Durkin, Staff Governor, assured governors that people are not automatically put on a waiting list and left without further support. Each referral is vetted and prioritised depending on the need and there is a Waiting Well policy in place to support people. She assured governors that there were always appointments for urgent/priority cases; and people on the list will continue to move up.

	Brian Edwards asked why the Trust doesn't close waiting lists if it is not receiving adequate funding. Vikki explained that the Trust is actively considering whether to close some waiting lists. This needs to be carefully considered as it may be safer to have people on a two year waiting list where they are being actively monitored rather than not accepting them despite the wait. She assured governors that the ICB commissioners are aware of the situation and ongoing conversations regarding this are taking place. Vikki also confirmed that we would not only need to consider the safety of people in Derbyshire but also the impact closing the wait lists would have on partner organisations. Jo Hanley as Chair of Finance and Performance gave an update on finance and confirmed that the Trust anticipates breaking even at the end of this financial year as outlined in the CIP. As can be seen in the operational matrix out of area placements are beginning to improve. Ralph Knibbs as Chair of People and Culture Committee gave an update on people which included: • High performing areas include annual appraisals, completion of compulsory training and the annual turnover rate • Challenging areas include sickness absence, and completion of clinical and management supervision • The staff survey was launched last week and the Chief Executive is encouraging colleagues to complete it • Staff engagement sessions have been arranged focusing on the current community unrest regarding racial and immigrant protests. The Trust is in the process of signing an anti-racism statement • The Trust is going through a large operational re-organisation . There is support for people affected by the changes, but there has been a lot of concern raised by staff about this. Angela Kerry, Public Governor noted the varying results for appraisals and management and clinical supervision. Ralph gave assurance that there is a joined up process and monitoring takes place throughout the year with support if required. He explained that where some teams are short staffed (through vacancies/sickness absence) carrying out appraisals is often not prioritised. For such cases these teams are supported. The process is being changed to make the process more manageable under such circumstances. Lynn Andrews as Chair of the Quality and Safeguarding Assurance Committee gave an update on safety which included: • Complaints are being monitored closely – the Patient Experience Team recently gave a board presentation on how they will deal with compliance moving forwards • There are some challenges with patient flow • Restricted practice is expected to decrease now that the new facilities have been opened. This will be monitored going forwards • There has been a slight increase in providing care plans for people on the Care Programme Approach system. There are actions plans in place which are being scrutinised.

	Susan Ryan asked what additional support is being provided around restrictive practice to enable things to improve. Lynn explained that a new model of care has been rolled out along with bespoke training. Cases will be reviewed to ensure that the situation is improving. She also explained that the new facilities will mean that more seclusion opportunities will be available if needed which will reduce the need for restrictive practice. Brian Edwards referred to the recent statement by America's Health Minister advising pregnant women not to take paracetamol as it can lead to autism in some babies and asked if the Trust has given advice on this. Tumi Banda confirmed that Trusts are awaiting guidance from NICE. It was noted that the UK's Secretary of State for Health and Social Care has suggested that the advice from America should be ignored. **RESOLVED: The Council of Governors noted the updates from the Integrated Performance Report and were assured that the Non-Executive Directors are holding the Executive Directors to account for the performance of the Board.**
DHCFT/GOV/2025/044	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE** It was noted that there were no items escalated to the Council of Governors.
DHCFT/GOV/2025/045	**REPORT FROM GOVERNANCE COMMITTEE 19.8.25** Marie Hickman presented an overview of the matters discussed at the last Governance Committee meeting. This included: • Reviewing the Committee's terms of reference • Received an informative awareness session on Trauma informed practice • Feedback from governors' engagement activities and engagement opportunities • An update on the Annual Members Meeting • A discussion around membership data • The launch of the governor's annual effectiveness survey. **RESOLVED: The Council of Governors:** **1) Noted the contents of the report** **2) Approved the Governance Committee's terms of reference for a further year.**
DHCFT/GOV/2025/046	**ANY OTHER BUSINESS** ***Governor updates*** Denise Baxendale gave the following update: • Jo Foster, Staff Governor was congratulated on working as a nurse in the NHS for 40 years. Denise confirmed that Jo has been a staff governor since June 2018 and was re-elected for a third term of office in February this year. Denise explained that the Trust is very fortunate to have Jo representing her nursing colleagues on the Council of Governors. She is a well-liked and well respected governor who is dedicated to the role and who lives by the Trust values.

	• Jane Chukwudi who was elected in January to represent Derby City East on the Council of Governors has been successful in securing a position at the Trust. This means that as an employee of the Trust she is not eligible to continue in the public governor role. She begins her new role on 5 October so this will be her last Council of Governors meeting. On behalf of governors, Denise conveyed her appreciation to Jane for her commitment to the role and to wish her every success in her new role • Appointed governor for University of Nottingham – Denise has recently been in discussion with the Faculty of Medicine and Health Sciences Operations Director about the vacancy and what the role entails. She is hopeful that the vacancy will soon be filled. ***Annual Members Meeting (AMM)*** Denise Baxendale confirmed that the AMM has been promoted and there are hard copies of the posters available for governors to display within their communities. She encouraged governors to take copies after the meeting. Electronic copies are also available to promote on social media. It was noted that Fiona Birkbeck, Public Governor has displayed information about the Trust including the AMM in libraries and GP practises, and Hazel Parkyn, Public Governor has shared with her contacts in PLACE and Mental Health Together. Denise encouraged other governors to confirm where they have promoted the AMM so that this information can be included in the report to the Council of Governors in November. She also encouraged all governors to attend this important meeting. ***Governors Annual Effectiveness Survey*** Denise Baxendale confirmed that the survey has now been launched and encouraged all governors to complete it. It is good governance practice to reflect on the effectiveness of the Council of Governors to inform future action by the Trust in supporting governors in their role. ***Art competition*** Denise Baxendale confirmed that the finalists from the art competition 'what makes me happy' has been published on the Trust website. The winning entries will be announced at the AMM on 2 October. ***Governor meetings 2026/2027*** Denise Baxendale confirmed that the meeting dates for 2026/27 have been finalised and invites sent to all governors in their calendars. They will also be shared via *Governor Connect* and with the papers for the Governance Committee meeting in October.
DHCFT/GOV/2025/047	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** The meeting overran slightly due to the meaningful questions and thought provoking and well thought out responses. The Chair conveyed her appreciation to governors for their engagement and interest.

DHCFT/GOV/2025/048	**CLOSE OF MEETING** The meeting closed at 16.15 hours. • The next Council of Governors meeting will be held on **Tuesday 25 November 2025**, from 14:00-17:00 hours. It will be held as a hybrid meeting.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 17.11.25							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
23.9.25	DHCFT/GOV/2025/042	Non-Executive Directors Report (Includes Annual Report Of Audit And Risk Committee)	Denise Baxendale	The Freedom To Speak Up Guardian will be invited to present a summary to the Council of Governors.	25.11.25	The Freedom To Speak Up Guardian has accpeted an invitiation to attend the joint board and governors session on 27.1.26. COMPLETE	Green

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 25 November 2025

Annual Effectiveness Survey Council of Governors

Purpose of Report

To present the results of the Governors Annual Effectiveness Survey of the Council of Governors (attached as Appendix i).

Executive Summary

The Council of Governors carries out its annual effectiveness survey in line with best practice. The results are presented to the Governance Committee and then on to the Council of Governors.

Each year the Governance Committee reviews the content of the questionnaire to ensure it is still fit for purpose. They discussed the questions and agreed that they remain fit for purpose.

The questionnaire is not anonymised so that any issues or concerns raised can be discussed with individuals who have raised the issues/concerns if further information is required.

The survey was undertaken in September/October 2025 and a total of 15 governors responded, this equates to 60% (compared to 72% last year). The survey was promoted in *Governor Connect*, via governor meetings, and further emails encouraging governors to complete the survey were sent by the Membership and Involvement Manager. All governors were offered additional support if they had difficulty in completing the online form.

The following is worth noting:

- The positive response rates for the questions remains high
- Some questions include responses of 'Don't know' – some of these are from new governors not being able to fully answer the questions/for others it could identify a training need
- Those governors who have responded with 'Disagree' have been contacted by the Membership and Involvement Manager requesting further information
- The survey included sections for free text to enable governors to make suggestions and comments regarding governor training and development needs; suggestions for improvement or to raise specific issues; and comments on the effectiveness of the Council of Governors. These comments were discussed at the Governance Committee on 22 October 2025
- The Council of Governors has a regular turnover, meaning that the survey has been completed by both new and experienced governors.

Proposed Actions to continue to enhance the effectiveness of the Council of Governors are:

- Continue to develop and evolve the governor-led training and development programme

- Continue to offer hybrid meetings/face to face meetings where possible. (This year the two joint Board and CoG sessions were held face to face, and the CoG and Governor Committee meetings were held as hybrid meetings)
- Continue to build on the Board and Council of Governors relationship – through the joint Board and Governor sessions which take place in January and July of each year. This year informal sessions were organised with the Trust Chair and were held in Chesterfield, Derby and virtually via MS Teams
- Build on governors relationships – we will continue to offer governors the opportunity of getting together prior to meetings to enable them to get to know each other; and encourage governors to contact each other outside of the organised meetings
- Continue to support governors with engagement with constituents – through the Governors Membership Engagement Action Plan, encouraging governors to attend events/forums.

Governors are reminded that if there are any issues or concerns, that these can be discussed with Denise Baxendale, Membership and Involvement Manager; Susan Ryan, Lead Governor; Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary; and Selina Ullah, Trust Chair to allow these to be addressed.

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

Assurances

The results give good feedback from governors on their effectiveness and support identifying further focus for debate and training/development.

Consultation

The Governance Committee reviewed the results of the survey on 22 October 2025.

Governance or Legal Issues

It is good governance practice to reflect on effectiveness of the Council of Governors to inform future action by the Trust in supporting governors in their role.

Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation) including risks, and say how these risks are to be managed.

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

All governors were given the opportunity to complete the survey and support was offered to individuals who may need additional help. Any training sessions and training materials will be designed in an accessible format and additional support given where required.

Recommendations

The Council of Governors is requested to:

1) Note the outcome of the Council of Governors annual effectiveness survey 2025 as a positive assessment by governors of their effectiveness.
2) Agree the survey should be repeated in September 2026.

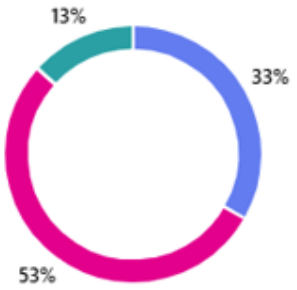
Report prepared and presented by: Denise Baxendale
Membership and Involvement Manager

Governors' annual effectiveness survey 2025 – results

1. Name

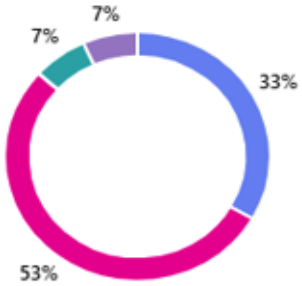
2. I feel that I am able to contribute positively to the work of the Council of Governors

Strongly agree	5
Agree	8
Don't know	2
Disagree	0
Strongly disagree	0



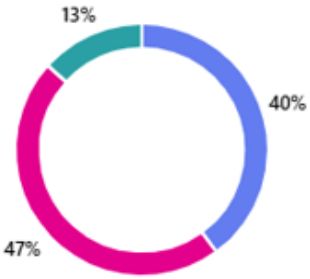
3. I have received adequate training and development opportunities to support me in my role as governor

Strongly agree	5
Agree	8
Don't know	1
Disagree	1
Strongly disagree	0



4. I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties The statutory du ties of governors are: To appoint and, if appropriate, remove the chair (Nominations and Remuneration Committee) To appoint and, if apropriate, remove the other non-executive directors (Nominations and Remuneration Committee) To decide the remuneration and allowances and other terms and conditions of office of the chairman and the other non-executive directors (Nominations and Remuneration Comm ittee) To approve (or not) any new appointment of a chief executive (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the NHS Foundation Trust's auditor To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors To hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors To represent the interests of the member of the Trust as a whole and the interests of the public To approve "significant transactions" To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. To decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions. To approve amendments to the Trust's Constitution (joint responsibility with the Board).

Strongly agree	6
Agree	7
Don't know	2
Disagree	0
Strongly disagree	0



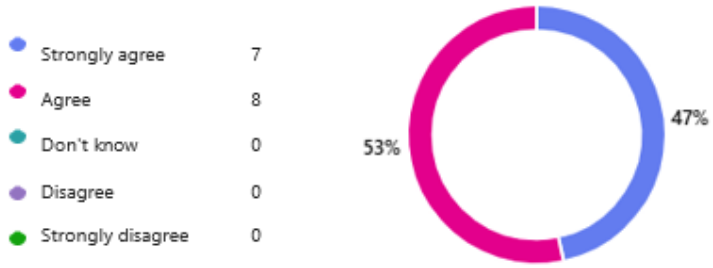
5. Please indicate in the box below any training or development needs that you would like the Trust to support you within your governor role

- Perinatal, Neuro Diversity
- To be able to access the national training for NHS Governors
- accessing the data and using it to make it useful for raising issues regarding the effectiveness
- I'd like to know a little more about the Trust, itself
- I would like to know what my expected role is at Governor visits and meetings
- A refresh of "holding to account" training - collectively for Governors, NEDs and Chair would be useful
- More training on the NHS mental health approach - for example, I have recently learned that the NHS is moving towards a trauma-orientated holistic model. Also, financial statements training would be helpful for governors.
- None at the moment
- How the trust leadership works

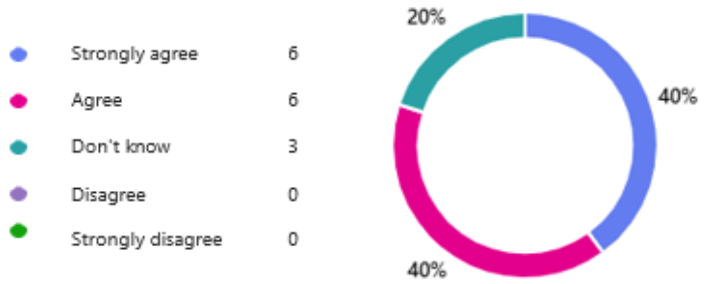
6. Please use this box to list suggestions for improvement or to raise specific issues regarding your governor role

- More data on what events are going off in our Constituencies
- The Trust needs to think about the base of its HQ and the venue for meetings now that the current site is a major clinical centre
- Extension / improvement of virtual meetings, as travel and parking on site are difficult
- Better accesses to data for board members and staff dashboard
- I've not been in the role long enough to form an opinion on this, yet
- Deeper analysis of the financial side and sustainability initiatives of the Trust would be useful

7. The Trust's values, mission and priorities have been adequately explained to the Council

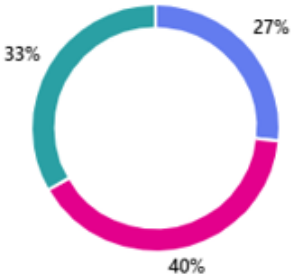


8. The Council is appropriately consulted and engaged in the Trust's strategy and development



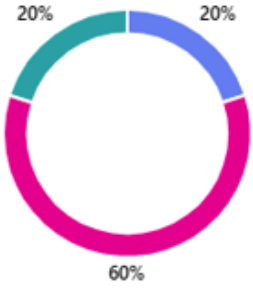
9. The Trust's strategy is informed by the input of governors

Strongly agree	4
Agree	6
Don't know	5
Disagree	0
Strongly disagree	0



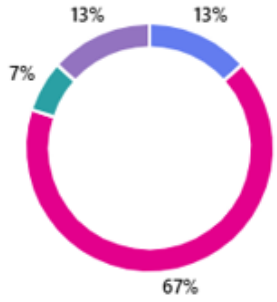
10. Governors are aware of risks to the quality, sustainability and delivery of current and future services

Strongly agree	3
Agree	9
Don't know	3
Disagree	0
Strongly disagree	0



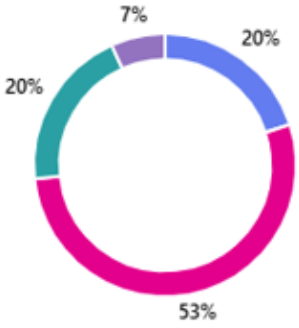
11. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage in Council meetings.

Strongly agree	2
Agree	10
Don't know	1
Disagree	2
Strongly disagree	0



12. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage in sub-committees (Governance Committee and Nominations and Remuneration Committee)

Strongly agree	3
Agree	8
Don't know	3
Disagree	1
Strongly disagree	0

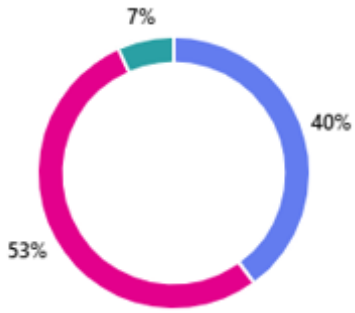


13. The Council of Governors carries out its work in an open, transparent manner

Strongly agree	9
Agree	6
Don't know	0
Disagree	0
Strongly disagree	0

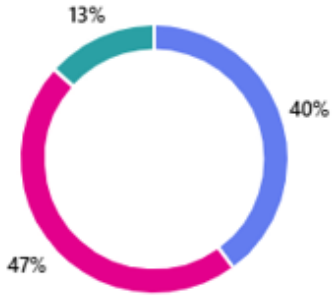
14. The Council of Governors carries out its work with quality as its focus

Strongly agree	6
Agree	8
Don't know	1
Disagree	0
Strongly disagree	0



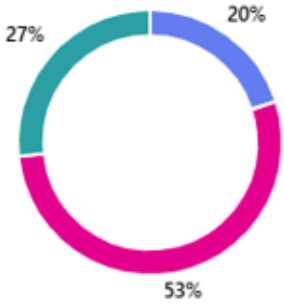
15. The relationship between the Governors and Trust Chair works well

Strongly agree	6
Agree	7
Don't know	2
Disagree	0
Strongly disagree	0



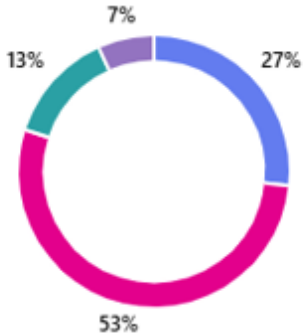
16. The Council communicates with, listens and responds to members and other stakeholders effectively

Strongly agree	3
Agree	8
Don't know	4
Disagree	0
Strongly disagree	0



17. The role of the Council of Governors is clearly defined

Strongly agree	4
Agree	8
Don't know	2
Disagree	1
Strongly disagree	0

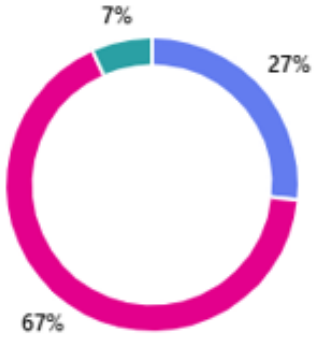


18. The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well

Strongly agree	7
Agree	8
Don't know	0
Disagree	0
Strongly disagree	0

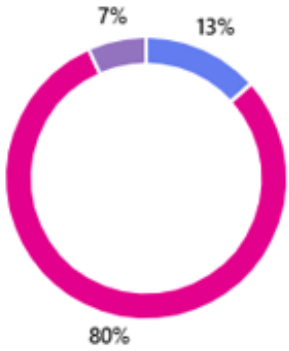
19. Governors' views are taken into account as members of the Council of Governors

Strongly agree	4
Agree	10
Don't know	1
Disagree	0
Strongly disagree	0



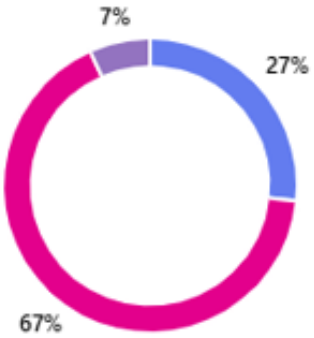
20. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors – Executive Directors

Strongly agree	2
Agree	12
Don't know	0
Disagree	1
Strongly disagree	0



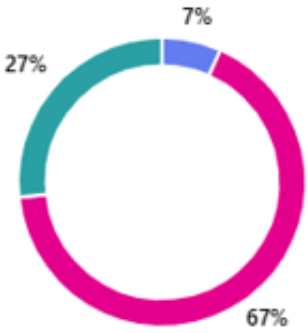
21. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors – Non-Executive Directors

Strongly agree	4
Agree	10
Don't know	0
Disagree	1
Strongly disagree	0



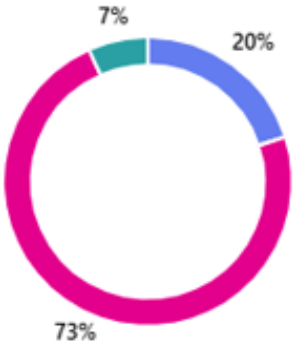
22. The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently

Strongly agree	1
Agree	10
Don't know	4
Disagree	0
Strongly disagree	0



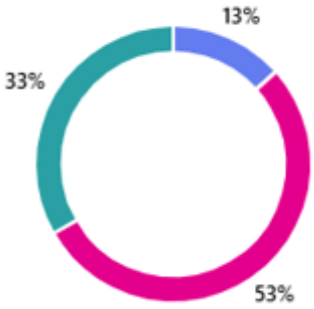
23. The Council of Governors has a strong voice

Strongly agree	3
Agree	11
Don't know	1
Disagree	0
Strongly disagree	0



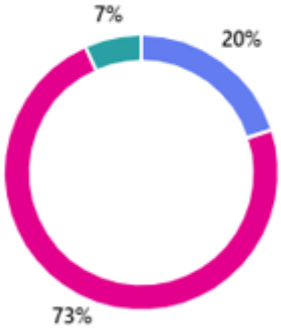
24. The Council of Governors is able to influence change

Strongly agree	2
Agree	8
Don't know	5
Disagree	0
Strongly disagree	0



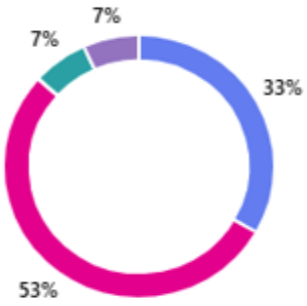
25. Council of Governor sub-committees (Nominations and Remuneration Committee and Governance Committee) are effective and provide quality update reports to the council

Strongly agree	3
Agree	11
Don't know	1
Disagree	0
Strongly disagree	0

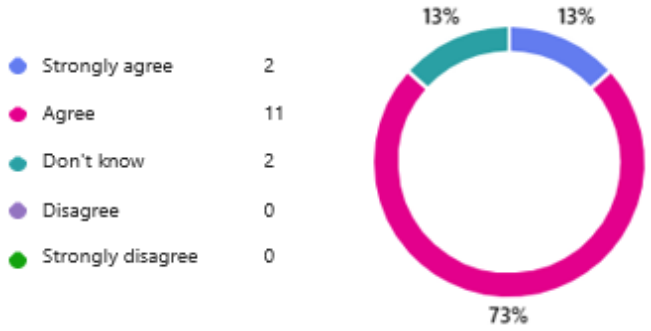


26. The Council of Governors receives sufficient information to hold the Board of Directors to account

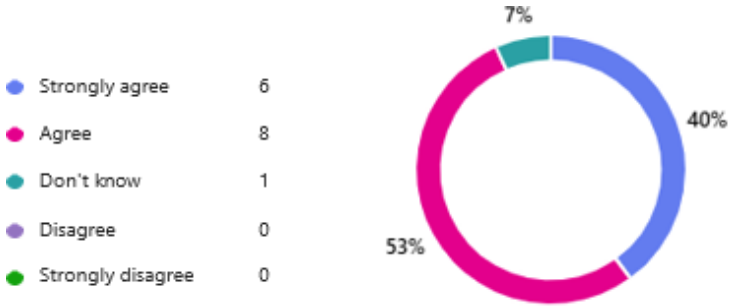
Strongly agree	5
Agree	8
Don't know	1
Disagree	1
Strongly disagree	0



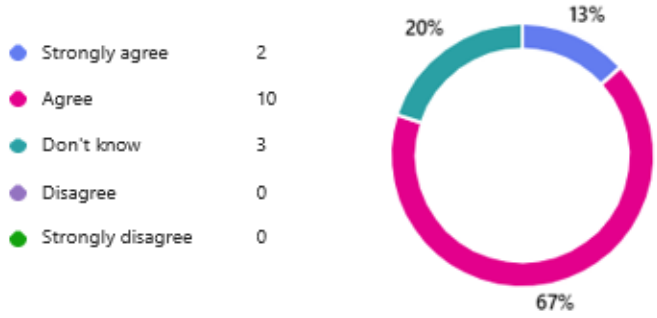
27. Governors can identify the key performance issues facing the Trust



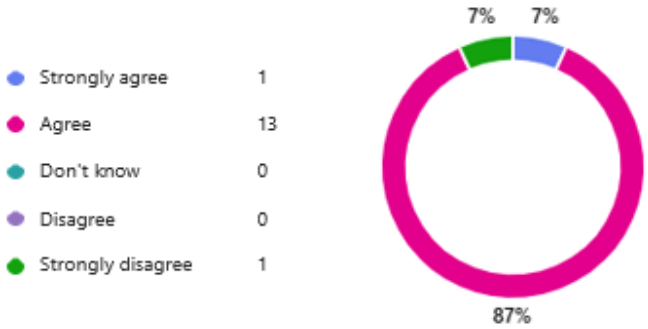
28. Governors can ask questions regarding performance reports



29. The Council has agreed a process of dialogue with the Non-Executive Directors and the Trust to enable it to carry out its general duty to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors



30. Governors ask relevant questions of the non-executive directors about challenge at Board meetings



31. Governor comments on the effectiveness of the Council of Governors

- We are always asked this after every meeting
- I guess the Governors can only do as much
- My reasons for a couple of disagree statements are that there are a couple of strong voices amongst the current governors, which might make it more difficult for quieter or newer governors to speak up
- yes
- So far, I feel it is effective, but I've not been the role long enough to form a complete picture

- 1. As usual, I am still unsure how well I communicate out to "constituents" and feel this is the most difficult part of the role to fulfil. Any tips appreciated, although time is a major factor.
  2. Given that the role of Boards of Governors is under national review, this could be an opportunity to redefine the way we work, as I think the Trust would get more out of Governors if we relaxed some of the strict "formal meeting" culture.
  3. I would also wish to see challenge when Governors use meetings to put forward issues which are not holding to account. Maybe time for a refresher of the training for us all collectively? Otherwise, all good and I have appreciated the number of face to face meetings this past year.
- I find that there are ample opportunities to ask questions, and the whole process is open and transparent. We are given a lot of information and data which we can respond to.
- I find that there are ample opportunities to ask questions, and the whole process is open and transparent. We are given a lot of information and data which we can respond to.
- feel that the Council of Governors works very well.
- The council of governors is effective in many ways and can provide a useful liaison between the board and the general population

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 25 November 2025

Non-Executive Director (NED) Report – Lynn Andrews

Purpose of Report
This paper describes the activities I have undertaken as a Non-Executive Director during the year 2024/25.

Executive Summary
I have now completed three years with the Trust with activity centred around Board committee membership as well as wider leadership roles, for example, Children's NED Champion and attendance at NHS regional and national meetings.

This report is a summary of my work with the Trust over the last 12 months.

The report indicates that I am fully compliant with training and development, fitness to practice as a Non-Executive Director member with a clinical/professional focus and that I have a current appraisal.

The following describes the current responsibilities:

- Trust Board member
- Chair of Quality and Safeguarding Committee
- Member of People and Culture Committee
- Member of Remuneration Committee
- Attendance at the Council of Governors
- Attendance at Committee Chair meetings with my NED colleagues
- NED Board Champion for Children's Services
- Member of NHS Derby and Derbyshire System Integrated Care Boards Quality and Performance Committee
- Periodic attendance at the Mental Health Act Committee and Finance and Performance Committee.

The report has a focus on the Quality and Safeguarding Committee which I have chaired, membership of other committees, and other work I have carried out for the Trust.

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

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

Risks and Assurances
The Year End review for the Quality and Safeguarding Committee was carried out in April 2025. The committee considered the year end report on its activity and effectiveness and confirmed that it had fulfilled its terms of reference. The report demonstrated the extensive matters covered and evidenced that the Committee had worked effectively. The terms of reference were reviewed and agreed with no material changes.

Consultation
This report has been prepared solely and specifically for the Council of Governors.

Public Sector Equality Duty & Equality Impact Risk Analysis
In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

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

The Quality and Safeguarding Committee is required within its terms of reference to ensure that consideration has been given to equality impact related risks and explore aspects of Health Inequalities within subject areas.

Recommendations
The Council of Governors is requested to:

- Consider the content of this report and seek clarification or further information where required
- Take significant assurance that I am competent to undertake the responsibilities of the Non-Executive Director role and function within the key areas of designated responsibilities
- Note that I act in accordance with the Trust values and behaviours.

Report prepared and presented by: Lynn Andrews
Non-Executive Director/Deputy Chair

Council of Governors – November 2025
Non-Executive Report – Lynn Andrews

Purpose of Report

This paper provides a description of my activities as a Non-Executive Director (NED) with Derbyshire Healthcare Foundation Trust since my last report in November 2024 and information covering the Quality and Safeguarding Committee (Q&S) for which I am Chair.

Background

This is my third year in term of office as a Non-Executive Director (NED). I commenced in post on 5 September 2022 in shadow form until the 11 January 2023. I have developed in my role as NED and Chair of the Quality and Safeguarding committee through Board Development opportunities, networking with NEDs outside the organisation and 360^0 appraisal feedback.

Contractual obligations

In the NED role there is an expectation that you will devote the necessary time to undertake Trust business which is notionally a minimum of four to five days per month. I am expected to attend all Public Trust Board meetings and Quality and Safeguarding Committee as chair. I have had 100% attendance at these meetings in the last 12 months. I devote the time necessary to undertake my role in line with the role responsibilities and my appraisal objectives.

I completed my annual Fit and Proper Persons declaration confirming that I am meeting my contractual obligations as a Non-Executive Director in compliance with Care Quality Committee Regulations 5 Fit and Proper Person requirements. I had a positive annual appraisal with the Trust Chair in March 2025. I am fully compliant with all the training identified as role specific for NEDs. In addition, I have attended NED development sessions delivered by NHS Provides.

In my NED capacity I have the lead responsibility for assuring quality and safety of the care provided and for making sure that care meets the regulations of the Health and Care Act 2022. I do this through the Chair of the Quality and Safeguarding Committee; being a member of other key related meetings and service visits.

Board Committee Member

- Trust Board
- Chair of Quality and Safeguarding Assurance Committee
- Member of People and Culture Committee
- Remuneration and Appointments Committee

Meetings

- Council of Governors
- Committee Chair meetings with my NED colleagues
- NHS Derby and Derbyshire System Integrated Care Boards Quality and Performance Committee (part year)

In Attendance

- Mental Health Act Committee
- Finance and Performance Committee

Quality and Safeguarding Committee – Chair

The Quality and Safeguarding Committee meets ten times a year (with an August and January break). The purpose of the Committee is to obtain assurance that the Trust is providing high standards of care, promote safety, ensure risks are managed and that we are complying with Schedule 4 (Quality) of the NHS contract. The Committee is also responsible for ensuring the Trust meets its statutory responsibility for Safeguarding to ensure better outcomes for children and vulnerable adults.

Each month the Committee reviewed the Board Assurance Framework (BAF) to consider the current status of the risks for which it holds responsibility and whether any new risks have been identified through assurance processes. This is a live document reflecting the risk profile of quality and safety issues within the Trust. Since the implementation of the Trust Strategy 2024-2028 the BAF has been reviewed and updated to reflect the controls, gaps in assurance and actions to close the gaps.

The Committee has an extensive agenda covering all aspects of safety, effectiveness and patient experience. It also reviews Care Quality Commission recommendations and progress with implementing the actions. Reports are received quarterly for Adult and Children's Safeguarding activity.

The Quality and Safeguarding Assurance Dashboard developed a couple of years ago has advanced in its offer of assurance and progress updates. The dashboard is reviewed in depth at meetings quarterly. Patient experience feedback and its use in continuous improvement across the organisation is an area which requires more focus and further development over the coming year.

The Committee also has the responsibility for the assurance that we comply with the national Learning from Deaths process and reviews and ensuring our doctors in training receive the appropriate support and training which is reported through the Guarding of Safe Working.

In addition to the many items covered within the forward plan the Quality and Safeguarding Committee has had a particular focus in four key areas with the following impact:

- The **Fundamental Standards of Care** and compliance with Care Quality Commission regulations. Following a core inspection of inpatient services the committee monitored completion and embeddedness of actions and the implementation of a structured programme of Fundamental Standards visits. The learning is now being rolled out across community and other trust services. The Committee's view is that programme of Fundamental Standards visits has significantly strengthened quality of care and offered significant assurance of improvements.
- **Assertive Outreach and Community Mental Health Treatment** following the tragic events in June 2023 and the investigation into the care and treatment of Valdo Calocane within Nottinghamshire Healthcare NHS Foundation Trust. The Trust has completed a self-assessment outlining current practice and areas for improvement as part of the ongoing assurance and in response to national expectations set out in a NHSE letter (February 2025). The committee is assured that the plans reviewed workforce planning and management of cases to ensure safe, effective care and continue to work with the ICB to reach care in line with national recommendations.

- We have had close and detailed consideration of **Patient Care Planning** and **Care Programme Approach** (CPA) compliance. This has been slow to progress and a challenging position. The scrutiny brought to this issue has seen an improved compliance and identified how system users enter care plan information in different ways leading to reports not capturing all data. The leadership and oversight by the Director of Nursing has enabled the committee to be assured that appropriate actions are being taken to reach sustainable compliance. The Trust awaits a national decision on policy change surrounding CPA with a view to implementing Person Centred Care once launched nationally.
- We have continued to monitor the **Making Room for Dignity** programme ensuring policies, procedures and the clinical model of care were prepared, approved and implemented. The coming year will seek assurance that the model of care is being effective once it has had time to embed.

Other activities outside of the Quality and Safeguarding Committee:

People and Culture Committee
I am a member of this Committee and many of the agenda items are cross related in terms of the workforce and how they are supported with training and development to enable the provision of quality, safe and effective care. It has been very useful to be able to triangulate issues, such as leadership, supervision and training and is a reminder of the challenges clinicians face every day in keeping our service users safe. The Making Room for Dignity programme assurance for workforce and clinical transformation is also discussed here.

Remuneration Committee Member
Along with all NEDS I am a member of the Remuneration Committee which has addressed Board Recruitment, Executive and very senior management pay awards, Director appointments and succession planning. We continue to strengthen our skills matrix, succession and talent management plans.

Committee Chairs Member
This is a valuable forum for cross-Committee discussion and action.

Other activities
A key theme of my role is to understand and seek assurance on quality issues within the Trust, across services and providers. The meetings I am a member of support this responsibility. I am a strong advocate for service visits to meet staff, talk with patients and carers and sense the culture climate in the organisation. I undertake services visits regularly (at least one a month). Where possible I also attend staff award events and key celebration dates e.g. World Mental Health Day.

I continue to develop the role of Children's Services Board Champion. This role enables me to raise the profile of the excellent work of Children's services within the Trust and externally. I meet with the Geneal Manager monthly and visit different areas, meeting staff and hearing about their challenges and success to ascertain where I can be of greatest support to them.

I attend the Finance and Performance committee and Mental Health Act committee from time to time to keep abreast of key issues.

I have also been a member of stakeholder groups and interview panels for selection of key appointments.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 25 November 2025

Non-Executive Director (NED) Report – Deborah Good

Purpose of Report
This paper describes the Board and Sub-Committee and wider activities I have undertaken during the last year.

Executive Summary
I am now in my second term of office with the Trust which commenced in March 2025. Unfortunately, I was absent from Trust activity for a few months during the first part of the year because of ill health but was able to return in the summer with activity centred around Board and committee membership as well as wider leadership roles, for example, in relation to Carer engagement.

The following describes current responsibilities:

- Chair of Mental Health Act Committee
- People and Culture Committee member
- Audit and Risk Committee member
- Member of Remuneration Committee

I also attend Board Meetings and Board Development Sessions and have recently been attending Quality and Safety Committee during the period that newly recruited NEDs are settling into their roles. Along with other Board members I have welcomed involvement in the schedule of visits to services and the opening of our wonderful new facilities as part of the conclusion of the Making Room for Dignity programme.

I act as the Non-Executive Director (NED) lead for Carers attending regular Forums and events and am looking forward to providing greater support for service user involvement and engagement more widely to further develop positive relationships and outcomes.

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

Strategic Considerations	
1) **Patient Focus**: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.	X
2) **People**: we will attract, involve and retain staff creating a positive culture and sense of belonging.	X
3) **Productive**: We will improve our productivity and design and deliver services that are financially sustainable,	X
4) **Partnerships:** We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X

Assurances

- The Audit and Risk Committee has regularly reviewed and used the Board Assurance Framework and has carried out a significant amount of other work during the year reviewing the Trust's system of risk management.
- The Mental Health Act 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 the Code of Guidance are upheld.

Consultation

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

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

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

All committees are required within their terms of reference to ensure that consideration has been given to equality impact related risks.

Recommendations

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

Report prepared and presented by: Deborah Good, Non-Executive Director

Council of Governors – 25 November 2025
Non-Executive Director Report – Deborah Good

Purpose of Report

This paper provides a description of my activities in the Trust over the last year. In addition to Board meetings, Council of Governors, Board Development days and Remuneration Committee I attend the following meetings.

Mental Health Act Committee

I have been Chair of the Mental Health Act Committee since September 2024. The 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 (MHA) and the Code of Guidance are upheld. An early priority was to revise the Terms of Reference and activity of the Committee to ensure a sharper focus on compliance going forward.

A recent focus of the Committee has been on compliance with 'reading of rights' which was showing inconsistent performance as a result of changes to timeframes, and the impact of recent ward moves. The Committee escalated this issue to the Trust Delivery Group to ensure this important area of MHA compliance was given priority focus. Performance is now showing steady improvement.

The new Mental Health Bill, which aims to reform the Mental Health Act 1983, is currently going through the various committee stages in Parliament. Key aims include giving patients more say in their care, ending the detention of people with autism or learning disabilities solely for those conditions and addressing racial disparities in detentions. The Bill will not come into force all at once and full implementation is estimated to take several years. The Mental Health Act Committee has approved an outline governance structure that will be used within the Trust to implement the Bill.

Audit and Risk Committee Member

This is the principal committee for seeking independent assurance on the general effectiveness of the Trust's internal control and risk management systems. My membership of the Committee has enabled me to continue to triangulate the work of the other committees and to continue to gain greater insight into how risk is effectively handled in the Trust. The Committee has a key role in overseeing the Board Assurance Framework (BAF) and commenting on whether it is fit for purpose. It also considers the Annual Report and Accounts, Annual Governance Statement as well as progress with internal and external audit plans. The Committee has an important role in seeking assurance about speaking up processes with regular updates from the Trusts Freedom to Speak Up Guardian.

People and Culture Committee Member

This Committee supports the Trust 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.

The final People Plan for the period 2025-2028 was received by the Committee in October. It aligns with the national NHS Long Term Plan, our Trust Strategy and the people element of the Four Ps: Patient, People, Productive and Partnerships. It provides a framework for attracting and retaining the best colleagues, supporting professional development and leadership, embedding an inclusive and values driven culture and promoting staff wellbeing.

Other activities

In addition to formal committee work I also act as the NED lead for Carers attending the monthly Carers Engagement meeting and relevant Forums and events where possible. I meet regularly with the Care Standards Co-ordinator and advocate for the role of Carer champions across all services and the importance of achieving the Triangle of Care accreditation standards awarded by the Carers Trust. Carers Champions have been appointed in the new wards and ongoing monitoring with Carers Champions reflects they are now getting the protected time that has been agreed with operational managers.

The review of the senior management structures across the Trust has provided a much sharper focus and priority to positive patient and carer experience outcomes with much clearer lines of accountability and responsibility. I look forward to seeking assurance that the Trust is achieving greater impact in these areas over the next year.

In other recent activity I attended a Board visit to the psychological services (South/City teams and North teams) in Ilkeston along with Rebecca Oakley (Director of People, Organisational Development and Inclusion) and Governor, Sifo Dlamini. I was impressed by highly engaged and motivated individuals who were able to highlight several achievements including a significant improvement in recruitment and reduction in vacancies across the teams. Members of the teams also discussed challenges including practical issues of room availability especially in Ashbourne, Chesterfield, North East Derbyshire and High Peak which impacts on ability to provide clinical service and reduce waiting times. This is being taken forward as an action to review with James Sabin, Director of Finance, and as part of the wider estate strategy.

The Board visit was also supported by a meeting with the Older Adult Psychology team at Markeaton Park. This was a great opportunity to meet and to walk and talk with staff in a different setting.

Personal Profile – Deborah Good (NED since March 2022)

I have spent most of my career in the social housing sector, working to improve the quality of services for local communities. After achieving a post graduate Diploma in Housing from the London School of Economics I worked for a number of London based organisations including the homeless charity, St Mungo's and the London Boroughs of Hammersmith and Fulham and Tower Hamlets.

I returned to Derby in the early 1990s where I held various management roles with Derby City Council before joining the Audit Commission as a Housing Inspector and eventually Head of Housing. After a spell as a consultant with the Chartered Institute of Housing I was appointed as Executive Director of

Customer Experience and Business Support at Solihull Community Housing. I have also held positions as a Non-Executive Director at Derwent Living and Berneslai Homes.

I am currently a Trustee of Artcore, a multi-cultural arts charity based in Derby. It has a thriving community hub based in one of the most deprived areas of Derby (Charnwood Street) and also gallery and activity space in the centre of Derby offering a number of creative activities for adults and young people from all backgrounds and abilities. It recently hosted a very successful Diwali celebration on behalf of Derby City Council.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 25 November 2025

Integrated Performance Report

Purpose of Report

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

Executive Summary

The report provides oversight of performance against a number of key long term plan, NHS oversight framework, and internal operational measures.

Operational

Notable changes since the last report:

- **Inappropriate out of area (OoA) placements:** there has been a significant reduction from a high of 28 back in January, to the position of four in September: one acute and three female Psychiatric Intensive Care Unit (PICU)
- **Early intervention in psychosis:** two-week referral to treatment is now back on target for people waiting for treatment and is now close to target for completed treatments.

Top three things to note from this report:

1. **NHS Oversight Framework (NOF) challenges**

   Please note, the NOF scores and segmentations are measured and published on a quarterly basis by NHS England, with the quarter 2 (Q2) results expected to be published in late November. Performance improvement plans are in progress for all the challenging areas of the framework and are summarised in the main body of the report.

   Proportion of people waiting over 52 weeks for Community services: new data is available for this metric owing to the data being submitted manually by providers to NHSE each month. In September, the position increased to 68% of children waiting over 52 weeks. The majority of these long waits are for Community Paediatrics, mainly for Autistic Spectrum Disorder (ASD) or Attention Deficit Hyperactive Disorder (ADHD) assessments. Advice from NHSE on application of the national dataset standards for neurodevelopmental activity and waits has supported a shift in data submission from the Community services dataset towards the Mental Health services dataset. This will offer published data within a reporting route that is more consistently applied by peer providers. The Information Management, Technology and Records team (IMT&R) is currently exploring the route and timeline to effect this change prior to a formal decision being considered by the Executive Leadership Team (ELT). From a NOF perspective, removing the neurodevelopmental waits would reduce the waits over 52 weeks from 65% down to around 19%. In Q1 this would have dropped the Trust from second highest to 14th highest but remained well within quartile 4: the threshold for quartile 3 was 6%. The NHSE ranking score for this measure would have reduced and the overall Trust score would have reduced. This would still place in segment 4 overall but would have ranked just one place above the segment 3 threshold.

   Crisis response: the requirement is for patients referred as “urgent” to be seen face to face within 24 hours. In Q1 the Trust was around 6% below the provider median for this metric.

A performance improvement plan is in place and being implemented. Internal data indicates that this is making steady improvements which should be reflected in a much-improved position in the official NHSE data by Q3.

Proportion of Acute inpatients discharged with a length of stay of 60 plus days: the rolling three months' position has improved for the last two months but remains higher than desired. Currently 33% (52) of Adult Acute inpatients have a length of stay to date of 60 plus days. Three of these patients would have had a length of stay under 60 days if discharged when clinically ready. A performance improvement plan is in progress with improvement expected by Q3 end.

Children and young people accessing Mental Health services: this is a measure of the annual change in the number of children and young people accessing mental health services. In quarter 1 the Trust's position increased by 0.57% compared with the previous year, which placed in the lowest 25% of providers. The provider median was an increase of 7%. This financial year in order to cut waiting times the Integrated Care Board (ICB) has invested in Children and Adolescent Mental Health services (CAMHS). This is recurrent investment and is the first year of a three-year service improvement programme. The investment will enable recruitment of more children and young people's mental health practitioners, with the aim of reducing waiting times to four weeks over the course of the programme and will positively impact on the access metric. A performance improvement plan is in progress.

2. High performing areas

The areas where a consistently high level of performance can be seen include access to Perinatal Mental Health services, individual work placement support access, children and young people eating disorder referral to treatment waiting times, inpatient discharges followed up within 72 hours, dementia diagnosis, and adult ASD assessments completed per month.

3. Challenging areas

The other areas where standards are not currently being achieved include the adult ASD assessment waiting list (although the Trust continues to significantly exceed commissioned activity levels), and the Mental Health Helpline performance against speed of answering calls, and proportion of calls abandoned. Performance improvement plans have been formulated for the most challenging areas and are summarised in the main body of the report.

Financial

At the end of September, there is an overall deficit of £1.7m, which has been adjusted for the Private Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change, bringing the adjusted financial position to a deficit of £1.3m, which is better than plan by £0.2m.

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

- Delivery of efficiencies in full. Currently efficiencies are ahead of plan at the end of month 6 by £0.2m, delivering savings of £6.6m and are forecasting full delivery of £14.8m by the end of the financial year. There has been a further change in the forecast between recurrent and non-recurrent schemes, which reflects the reduced savings from the operating model in year which is being mitigated by non-recurrent one-off benefits
- Adult Acute OoA placements. Expenditure is currently above plan by £2.1m year to date (YTD) and is forecast to be above plan by £3.4m. The forecast assumed current levels for October and then a reducing trajectory in line with the plan plus an additional five placements
- Usage of bank and agency above planned levels. Currently agency and bank are within planned levels and are forecast to remain below the plan at the end of the financial year.

People

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

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

Quality

High performing areas: the areas where targets are consistently achieved or are improving include a reduction in the number of patients absconding from Inpatient wards, the rate of restrictive interventions per 1,000 bed day and an improvement in compliance with Care Programme Approach (CPA) reviews across the Trust.

Challenging areas: the areas where performance is most challenging include inpatients who are clinically ready for discharge, incidents of moderate to catastrophic harm, the use of restrictive interventions and falls on Inpatient wards.

Strategic Considerations	
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.	X
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.	X
Productive: We will improve our productivity and design and deliver services that are financially sustainable.	X
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

None.

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

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

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

Recommendations

The Council of Governors is requested to:

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

Report presented by: **Vikki Ashton-Taylor**
Deputy Chief Executive and Chief Delivery Officer

James Sabin
Director of Finance

Rebecca Oakley
Director of People, Organisational Development and Inclusion

Tumi Banda
Director of Nursing, AHPs, Quality and Patient Experience

Report prepared by: **Pete Henson**
Head of Performance and Delivery

Rachel Leyland
Deputy Director of Finance

Liam Carrier
Assistant Director of Workforce Transformation

Joseph Thompson
Assistant Director of Clinical Professional Practice

Derbyshire Healthcare
NHS Foundation Trust

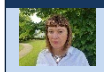
Integrated Performance Report

November 2025

www.derbyshirehealthcareft.nhs.uk

DHCFT DERBYSHCFT NHS_DERBYSHIREHEALTHCARE

OPERATIONAL PERFORMANCE



Deputy Chief Executive/ Chief Delivery Officer:
Vikki Ashton Taylor

Responsible Committee: **Finance and Performance Committee**

Executive Summary

Inflow

- **Percentage of patients in crisis to receive face-to-face contact within 24 hours:** NHS England has introduced this metric this financial year which is a measure of the proportion of urgent referrals made to Crisis teams and Mental Health Single Points of Access, who were seen face to face within 24 hours. In the latest NOF ratings (Q1) the Trust achieved 51%, against the provider median of 57%. The Trust's Adult Single Points of Access provide planned care and are not an urgent or crisis provision, and should not be receiving urgent referrals, which indicates a categorisation error on some referrals received. This will be addressed through data quality improvement. In the most recently published monthly data[1] (Aug-2025) the Trust ranked 31st out of 46 NHS mental health providers, achieving 53% against the provider median of 57.5%. A performance improvement plan is in place with significant improvement expected from November 2025.
- **Mental health helpline:** From the latest official statistics in development that have been published by NHS England (Aug-2025), the Trust's Mental Health Helpline is reported as performing less favourably when compared with other providers in the Midlands regarding the proportion of calls abandoned after call steering interactive voice response: 50%. In comparison, the national average for calls abandoned was 27%. Demand on the helpline has been increasing through various extensions of the service offer over the last three years to include Street Triage, Mental Health Response Vehicle, shift to include mental health related activity from 111 (helpline now being the NHS 111 Mental Health Option 2) and Right Care Right Place (RCRP) as well as still providing the original service from when the line was established which includes urgent care and mental health wellbeing support. Despite the significant evolution of changes and demand on the helpline, all of this has come without any additional funding. A performance improvement plan has been developed and is in progress.

Outflow

- **Inappropriate out of area (OoA) Adult Acute placements:** there has been a significant reduction from a high of 28 back in January to the current position of four: two acute and two female Psychiatric Intensive Care Unit (PICU). The new male PICU for Derbyshire opened in Jul-2025 and all the new wards are in operation, which should further positively impact. A comprehensive inappropriate out of area placements performance improvement plan has been implemented.
- **Proportion of Adult Acute inpatients discharged with 60 days plus length of stay:** In Q1 the national median was 25% and the threshold for the lowest 25% of providers was 21%. The average length of stay of the current Adult Acute inpatients is 60 days, with 50 patients (30%) having a length of stay over 60 days. This means that when the long stayers get discharged over future months the reported position is likely to get worse before it can start to get better. The new build Adult Acute Inpatient Units are now open. The units will play a major part in the provision of trauma-informed and sensory-informed care to patients, in a therapeutic environment, supporting reduced length of stay. In the most recently published monthly data[1] the Trust ranked 10th highest out of 46 NHS mental health providers, with performance of 28% against the provider median of 24%. A comprehensive performance improvement plan is in place with recovery expected by the end of Dec-2025.
- **Average length of stay for Adult Acute, Older Adult and PICU mental health beds:** length of stay continues to be inflated by delayed discharges - the average length of stay to *discharge ready* for the three months to Sep-2025 was below target at 50.4 days. In the most recently published monthly data[1] the Trust ranked 21st highest out of 46 NHS mental health providers, with performance of 60 days against the provider median of 58.
- **Three day follow-up:** the national standard for follow-up continues to be exceeded.

[1] Mental Health Services Monthly Statistics - NHS England Digital

Elective/access

- **Women accessing specialist Perinatal Mental Health service**: increasing numbers of women are being supported by the service, which in the latest NHSE data ranks 3rd highest in the region against the national access standard.
- **Adult autistic spectrum disorder assessment (ASD):** activity levels continue to exceed the commissioned target for assessments, with the full year target almost exceeded after just 6 months. Waiting times remain high at around 56 weeks, with demand far exceeding capacity. The waiting list has reduced by 27% over the last 12 months but remains high at over 1,300 people. Negotiations are still continuing with the ICB around a new model of service delivery.
- **Community waits over 52 weeks:** In September the position increased to 68% of children waiting over 52 weeks to be seen. The majority of these long waits are for Community Paediatrics, mainly for ASD or ADHD assessments. Advice from NHSE on application of the national dataset standards for neurodevelopmental activity and waits has supported a shift in data submission from the Community services dataset towards the Mental Health services dataset. This will offer published data within a reporting route that is more consistently applied by peer providers. The Information management, Technology and Records team (IMT&R) is currently exploring the route and timeline to effect this change prior to a formal decision being considered by the Executive Leadership Team. From an NOF perspective, removing the neurodevelopmental waits would reduce the waits over 52 weeks from 65% down to around 19%. In Q1 this would have dropped the Trust from second highest to 14th highest but remained well within quartile 4: the threshold for quartile 3 was 6%. The NHSE ranking score for this measure would have reduced, and the overall Trust score would have reduced. This would still place in segment 4 overall but would have ranked just one place above the segment 3 threshold.
- **Early intervention in psychosis:** the early intervention services assess people who are suspected of experiencing a first episode of psychosis. The national standard is to undertake an assessment within two weeks of people being referred into the service (target 60%). Historically, the target had consistently been exceeded. However, since Apr-2025 the target has not been achieved. A performance improvement plan is in place, with anticipated recovery by Dec-2025. The positive impact of the plan can already be seen - two-week referral to treatment is now back on target for people currently waiting for treatment and performance is now close to target for waiting time to completed treatment.
- **Children and young people mental health access:** This is a measure of the annual change in the number of distinct children and young people having at least one contact with Mental Health services. In the latest published data[2] (Aug-2025) the Trust's position had increased by 1.8% compared with 12 months ago, which placed 27th out of 50 when benchmarked against the other NHS mental health providers. The national median was an increase of 4%. This financial year the ICB has invested in CAMHS in order to reduce waiting times. This is recurrent investment and is the first year of a three-year service improvement programme. The investment will enable recruitment of more children and young people's mental health practitioners, with the aim of reducing waiting times to four weeks over the course of the programme and will positively impact on the access metric. A performance improvement plan is in progress.

Collaboratives

- **Transforming care programme:** all but one of the eight targets for improving care for people with learning disabilities, autism or autistic spectrum conditions have been achieved, and the remaining target is close to being achieved, which is the number of children and young people in specialised or secure inpatient care (target three, actual four).

[2] Mental Health Services Monthly Statistics - NHS England Digital

Measure	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	
Long term plan 2025/26														
Inappropriate adult acute & PICU mental health out of area placements at month end^	5	33	44	45	44	25	23	19	32	13	8	13	4	
Women accessing specialist perinatal mental health services (rolling 12 months)* ^^	1242	1280	1325	1340	1335	1340	1345	1340	1350	1390	1390	1395		
Perinatal access rate (ICB)*	10%	11.9%	12.2%	12.4%	12.3%	12.4%	12.4%	12.3%	12.5%	12.8%	12.9%	12.9%		
Individual work placement support access (rolling 12 months)*	690	700	675	665	660	700	715	715	715	745	765	760		
Average length of stay for adult acute, older adult & PICU mental health beds**	55	52	58	62	65	67	66	63	59	64	61	60	59	
NHS oversight framework 2025/26														
Proportion of people waiting over 52-weeks for community services*	0%	48%	50%	56%	58%	61%	63%	62%	64%	65%	64%	65%	68%	
Children and young people accessing NHS-funded MH services - annual change*	15.9%	2.4%	1.6%	0.3%	0.0%	0.0%	0.3%	-1.1%	-2.0%	0.6%	0.7%	1.8%		
Proportion of acute inpatients aged 18-64 discharged with 60 days plus length of stay**	20.6%	18%	25%	25%	24%	27%	23%	21%	18%	31%	33%	27%	27%	
Percentage of patients in crisis to receive face-to-face contact within 24 hours*	65.4%	32%	42%	44%	44%	47%	53%	57%	50%	47%	52%	53%		
Key operational measures														
Children & young people eating disorder routine referrals seen within 4 weeks*	95%	100%	100%	100%	94%	95%	95%	100%	100%	100%	100%	100%	100%	
Children & young people eating disorder urgent referrals seen within 1 week*	95%	100%	100%	#N/A	#N/A	#N/A	#N/A	#N/A	100%	#N/A	#N/A	#N/A	#N/A	
Inpatient discharges followed up within 72 hours	80%	91%	90%	80%	92%	87%	88%	90%	89%	90%	87%	88%	92%	
Dementia diagnosis rate (ICB)*	68%	68.8%	69.0%	68.9%	68.4%	68.5%	68.8%	69.0%	69.3%	69.2%	68.9%	68.6%		
Early intervention in psychosis 2 week waits from referral to treatment - complete	60%	68%	92%	71%	54%	76%	65%	56%	47%	43%	37%	39%	52%	
Early intervention in psychosis 2 week waits from referral to treatment - incomplete	60%	100%	77%	53%	81%	80%	56%	48%	46%	46%	50%	58%	75%	
Adult ASD assessment – number of people waiting at month end	219	1821	1685	1596	1709	1602	1495	1472	1399	1382	1356	1365	1332	
Adult ASD assessment – average wait (weeks)	18	56	58	60	54	54	57	55	56	54	56	53	56	
Adult ASD assessment – number of assessments completed per month	26	93	85	61	75	93	67	59	55	61	64	29	36	

^ The ICB now only accept a maximum of 3 PICU placements as continuity of care

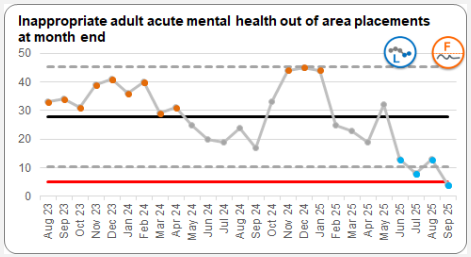
* Data source = NHS England. Expected publication date of September data (October data re dementia diagnosis) is 20 November 2025

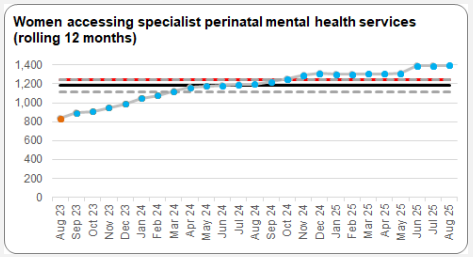
^^ Perinatal and maternal mental health services

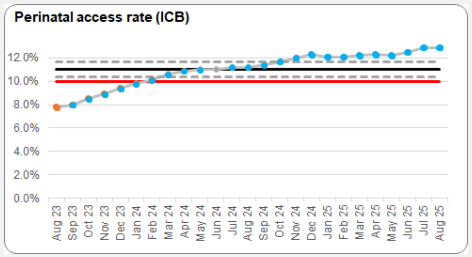
** Rolling 3 months, length of inpatient spell of patients discharged

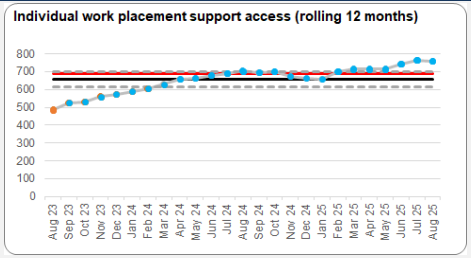
NHS oversight framework targets = minimum level required to have been placed in the top quartile in quarter 1

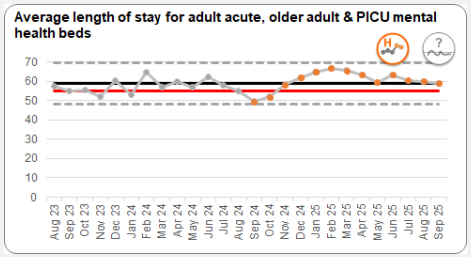
Operational Key Performance Indicators – Statistical Process Control Charts

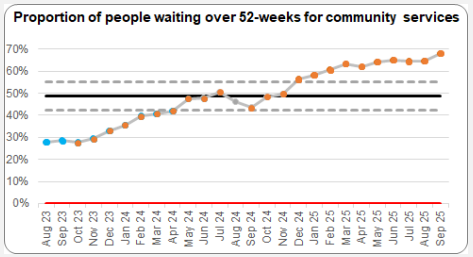


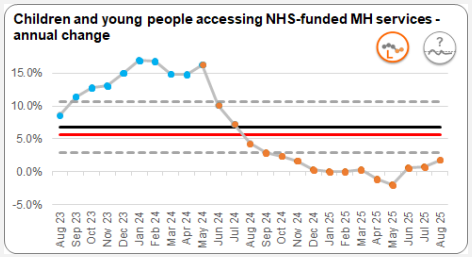


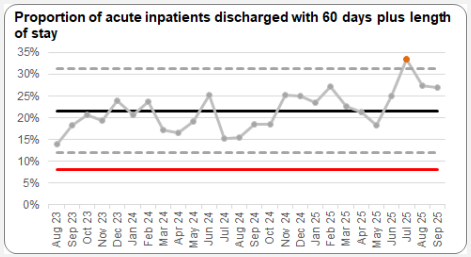


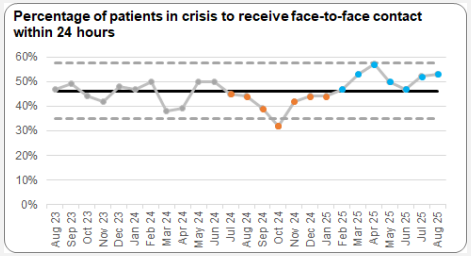


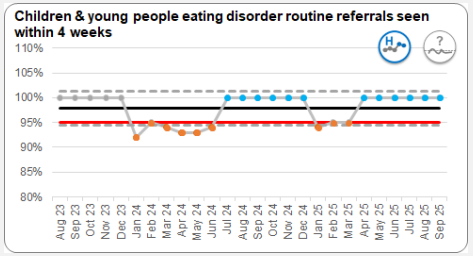


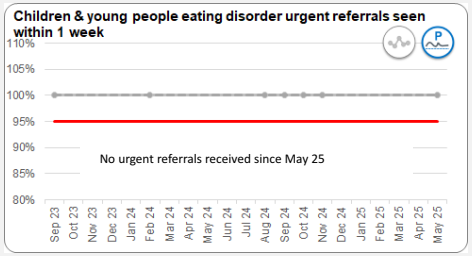


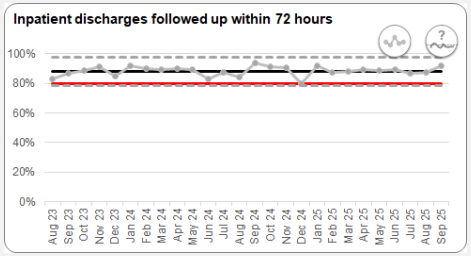


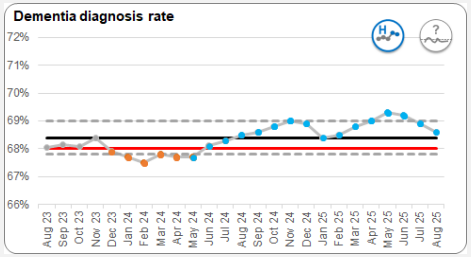


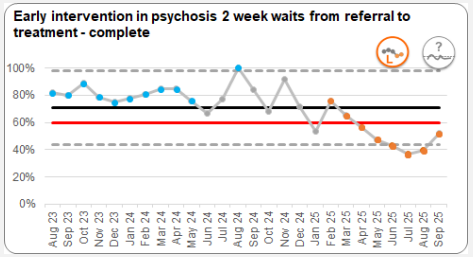


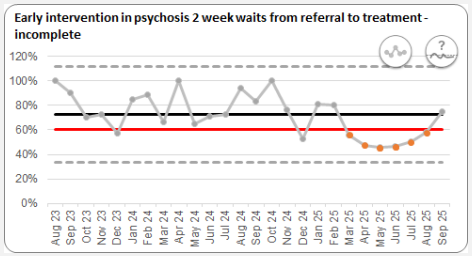


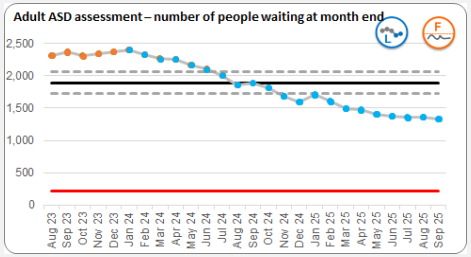


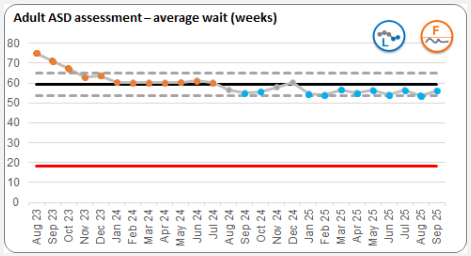


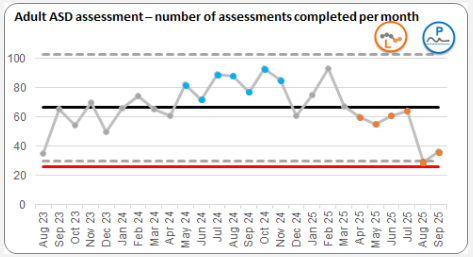


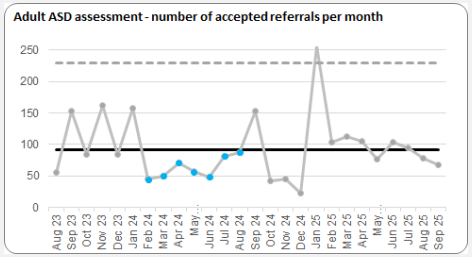












TRANSFORMATION AND IMPROVEMENT

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

FLOW PATHWAY

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

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

Interventions:

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

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

Opportunities for further intervention identified through the JUCD Men-SAT review supported by the NHSE Mental Health Improvement Support Team have been incorporated to the action plan. We are also fully engaged with the new Midlands Learning and Improvement Network, through which there is a focus on shared learning to deliver improved length of stay.

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

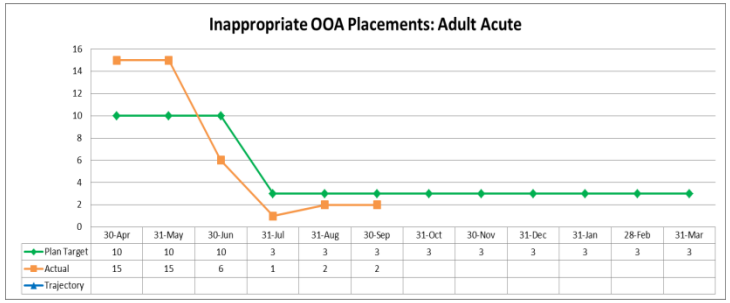
Action is currently focused on design of a strategic approach for integration and localisation of services in alignment with the 10 Year Health Plan ambition to transform mental health services into 24/7 neighbourhood care models; with a Board development session hosted on 15-Oct to define strategic intent.

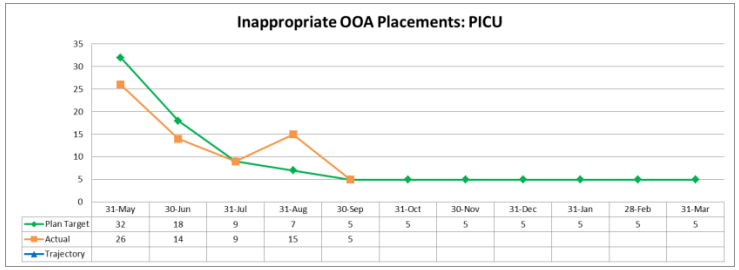
A workshop approach is being implemented with frontline teams, applying intelligence and insights in development of the model, pathway and strategic Inflow implementation plan for delivery from Q4 and into 2026/27. The first workshop was hosted on 26-Sep-2025 with a further two scheduled over coming months.

Impact:

Delivery of the improvement trajectory over Q1 was impacted by delays against the anticipated opening dates of both acute units and associated transitional challenges requiring operation within a more limited bed base.

Accelerated focus through the rapid improvement plan has supported recovery, with the out of area placement position on 30 September 2025 below the month end trajectory.





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

The Operational Plan ambition that follows achievement of reduced out of area placements is phased withdrawal from the privately commissioned beds. A revised trajectory has been agreed for this in Q3, reflecting delays against the anticipated opening dates across the new units.

TRANSFORMATION AND IMPROVEMENT

NHS Derbyshire Healthcare NHS Foundation Trust

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

COMMUNITY AND CRISIS

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

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

Interventions:

Impact:

Metric: Access standards for Mental Health Helpline An improvement plan is in place comprising operational, improvement, and transformational solutions over 11 work streams that include: One access point though 111 mental health option and closure of the 0800 number; Addressing technical telephony system issues; Demand and capacity modelling; Developing the professional line; Enhanced data reporting through SystmOne; Resolution of NHSE data reporting; Resourcing of helpline and Mental health response vehicle; Triage process; High intensity users: and design of the strategic service model.	**Metric: Access standards for Mental Health Helpline** Phased recovery: Phase 1 – Operational and technical issues by 01-Nov-2025 Phase 2 – Service model (to include demand and capacity modelling) and staffing by 01-Apr-2026
Metric: People in mental health crisis seen face to face within 24 hours For crisis services an improvement plan is in place comprising operational, improvement and transformational solutions over eight work streams that include: Accurate triage and logging; Consistent overnight staffing; Review of triage functions; Modelling of demand and capacity; Streamlining administrative tasks; Weekly cross check meetings; Development of data reporting for emergency duty; Digital pilot for use of ambient voice technology. For community services a plan is in design to include Revision of the standard operating procedure for response to urgent referrals; and development processes for review and correction of referral urgency level to drive accurate data capture.	**Metric: People in mental health crisis seen face to face within 24 hours** Recovery anticipated by Nov-2025.
Metric: Early intervention in psychosis two-week referral to treatment An improvement plan is in place comprising operational, improvement and transformational solutions over eight work streams that include: Enhanced operational controls and breach analysis to inform learning and improvement action; Demand and capacity modelling; Workforce review; Pathway development in partnership with crisis service with potential prescribing before assessment and diagnoses; Review of assessment and allocation processes; and Review of flow along the pathways with the aim of ensuring effective deployment of all available capacity within the service.	**Metric: Early intervention in psychosis two-week referral to treatment** Recovery anticipated by Dec-2025.

TRANSFORMATION AND IMPROVEMENT

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

ELECTIVE ACCESS

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

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

Interventions:

Metric: Waits over 52 weeks for community services

Neurodevelopmental hubs have been established working with community services for earlier upstream triage. This is delivering positive impact, reducing the average number of new referrals received to around 250 in recent months.

An improvement and transformation plan is in design to further address the imbalance to include:

1. Addressing the referral pathway and reviewing processes with all partners.
2. Enhancing internal efficiency and productivity through optimisation of assessment processes and workflows.
3. Exploring options to increase capacity through recruitment, partnership and alternative workforce/ service models.

Metric: Children and young people accessing community mental health services

Performance against the new oversight framework metric measuring contacts vs 12 months prior has been impacted a time limited waiting list initiative in 2024/25 which successfully reduced the backlog through additional capacity that was not subject to recurrent funding. Current performance is being measured against waiting list initiative performance and this will correct from Aug-2025.

Following submission of a business case to expand capacity in routine CAMHS services through reducing wait times, enhancing timely access, improving service flow, and increasing participation, the ICB has recently committed £0.986k in recurrent system development funding to DHcFT in order to expand capacity within routine CAMHS.

Metric: Adult autistic spectrum disorder assessment service

The service is commissioned to deliver 26 assessments per month but receives around 95 referrals with demand outstripping capacity.

A new model has been implemented to increase productivity and volume of assessments that can be completed within commissioned resources, and for the last 19 months the waiting list has been reducing month on month. Digital solutions to further improve productivity and the volume of assessments that can be delivered within current capacity are currently being explored.

Impact:

Metric: Waits over 52 weeks for community services

Neurodevelopmental waits are not expected to be recoverable without significant additional investment; however the data quality improvement work should result in a significant reduction in the proportion waiting over 52 weeks.

Advice from NHSE on application of the national dataset standards for neurodevelopmental activity and waits has supported a shift in data submission from the community services dataset towards the mental health services dataset. This will offer published data within a reporting route that is more consistently applied by peer providers. The IMT&R team is currently exploring the route and timeline to effect this change prior to a formal decision being considered by ELT.

Metric: People in mental health crisis seen face to face within 24 hours

Annual issue with comparative capacity will correct from Aug-2025.
Agreed investment will support achievement of a 4-6 week waiting period for comprehensive assessment and an additional 4-6 weeks to access care co-ordination or treatment by Feb-2027.

Metric: Adult autistic spectrum disorder assessment service

Trajectory is on track to achieve national standard for referral to assessment within three months (13 weeks) by Jun-2027.

TRANSFORMATION AND IMPROVEMENT

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

JOINED UP PATHWAYS AND SERVICES: EAST MIDLANDS ALLIANCE

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

Interventions:	**Impact:**
East Midlands IMPACT Collaborative St Andrews has been issued with a Care Quality Commission (CQC) Notice of Proposal for civil enforcement action. All 'placing' commissioners have been notified in line with the request from NHSE. Financial stability for providers and reconfiguration of services to balance demand and capacity is an ongoing priority for 2025/26. Women's Enhanced Medium Secure Service decommissioning is extended by six months until Sep-2025. Proposals with respect to male medium secure capacity remain under discussion by the Chief Executive Group.	**East Midlands IMPACT Collaborative** There is a reducing IMPACT inpatient population and despite increases in the general population of the region, fewer people per capita are being hosted in secure care now since the Provider Collaborative started in 2020. In 2024/25 there were 3,750 less occupied bed days than the prior year. A new male low secure 10-bedded ward opened on 1-Jun at St Andrews to support shift of activity from Part 1 providers to Part 2.
East Midlands CAMHS Collaborative The Patient Safety Incident Investigation following an unexpected patient death at St Andrews in Oct-2024 has been completed and improvement action planned. Safeguarding reviews are delayed whilst the incident is out with police. The Collaborative escalated St Andrews Healthcare to intensive quality assurance and improvement level of surveillance in August. Admissions into Inpatient services reduced in Q1 in comparison to Q4 and are below average for the year. There is an increasing trend of admissions of patients in the Transforming Care cohort over the last four quarters. The Task and Finish Group completed development of the day service specification, and this has been presented to and agreed by the Provider Collaborative Programme Board.	**East Midlands CAMHS Collaborative** Business case for the expansion of the Family Ambassador Programme into the CAMHS Enhanced Community offer was approved by the relevant governance in May 2025. The CAMHS Provider Collaborative have been shortlisted for the HSJ Awards for Provider Collaborative of the Year.
East Midlands Adult Eating Disorders (AED) Collaborative Lincolnshire Partnership Trust has experienced difficulties associated with the unplanned absence of the Consultant Psychiatrist. The Lincolnshire System has recently reached out to Medical Directors and the Provider Collaborative for support. Following the increase in activity Q4, there has been a significant decrease in Q1, resulting in reduced out of area admissions and a slight decrease in activity on Welford Ward. Due to decreased activity in Q1, it is looking likely there will be sufficient surplus in 2025/26 to fund Waterlily in full into 2026/27.	**East Midlands AED Collaborative** A contract has now been awarded for the new adult eating disorder unit, Nova Ward at Cygnet Elowen in Shipley, increasing inpatient capacity within the East Midlands by 12 beds. The ward is due to open to admissions on 25-Aug. Welford Ward is trialling a new application (AIRMID) for sharing some clinical records with patients.
East Midlands Perinatal Provider Collaborative There are no performance or quality concerns for escalation. Interim mitigations remain in place with regards to high room temperatures at The Beeches whilst awaiting installation of air conditioning. Admissions and occupied bed days in Q1 have been consistent with Q4, although there has been a steady decrease in activity of patients originating from the East Midlands patients over the last 12 months.	**East Midlands Perinatal Provider Collaborative** Perinatal learning events are continuing, with good attendance from both Inpatient and Community teams at the event held on 2-Jul. The learning at the event was based on recommendations from the Mothers and Babies: Reducing Risk through Audits and confidential Enquiries (MBRACCE) report 2024.
East Midlands Gambling Harm Service In anticipation of additional funding associated with the gambling levy, the service is developing an expanded model of care to increase its reach across the East Midlands. The service has increased its annual referral target by 10% in response to higher demand with this on track to be achieved by year end. There are no waiting lists, and access remains within agreed timeframe protocols. The service is adopting more suitable clinical measures to better track patient progress throughout treatment.	**East Midlands Gambling Harm Service** The service is enhancing understanding of how medications and health conditions influence gambling-related behaviours, using SystmOne insights to shape wider clinical practice. Patient feedback continues to demonstrate the positive and tangible difference the service makes in people's lives.

FINANCIAL PERFORMANCE

Director of Finance:
James Sabin

Responsible Committee: **Finance and Performance Committee**

Executive Summary

Overall

At the end of September there is an overall deficit of £1.7m, which has been adjusted for the Private Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change, bringing the adjusted financial position to a deficit of £1.3m, which is ahead of plan by £0.2m.

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

- Delivery of efficiencies in full
- Adult Acute out of area placements
- Usage of bank and agency above planned levels.

Efficiencies

The plan includes an efficiency requirement of £14.8m with the plan assuming 82% is delivered recurrently. At the end of September, efficiencies delivered over plan by £0.2m delivering savings of £6.6m. The forecast assumes the full efficiency plan is met in full. There has been a further change in the forecast between recurrent and non-recurrent schemes, which reflects the reduced savings from the operating model in year being mitigated by non-recurrent one-off benefits.

Agency

Agency expenditure at the end of September is £1.4m, which equates to 1.2% of the total pay expenditure, and is below plan by £0.3m. Forecast agency expenditure is £2.5m which is below plan by £0.9m. The two highest areas of agency usage continue to relate to consultants and nursing staff.

Adult Acute Out of Area (OoA) Placements

The biggest area of risk is in relation to Adult Acute OoA placements, with expenditure being above plan by £2.1m YTD and is forecast to be above plan by £3.4m. The forecast assumed current levels for October and then a reducing trajectory in line with the plan plus an additional five placements.

Capital Expenditure

Capital is below plan at the end of Sep £1.4m. The plan included a 5% over planning assumption. It has been agreed for all organisations to remove the over planning assumption from the forecast at month 6. Therefore, our capital expenditure is now forecast to be under plan by £105k.

Cash

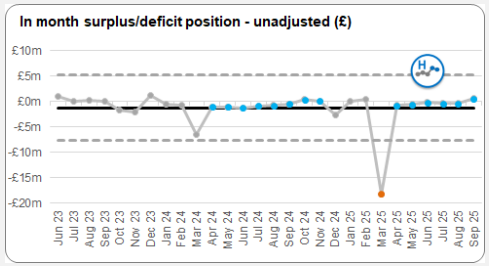
Cash at the end of Sep is at £25.1m, which is higher than plan by £4.6m due to the timing of receipts. Cash levels at the end of Mar-2026 are forecast to be £23.9m, which is £1.5m below plan. Cash is forecast to be below plan due to some of the non-recurrent efficiencies being delivered through non-cash related benefits. There are no concerns in relation to debt recovery.

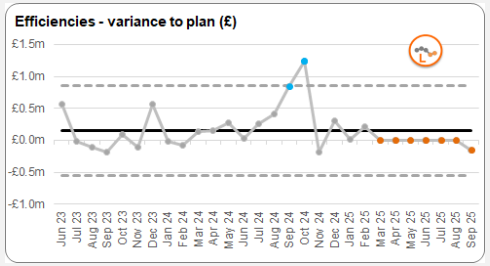
Better Payment Practice Code

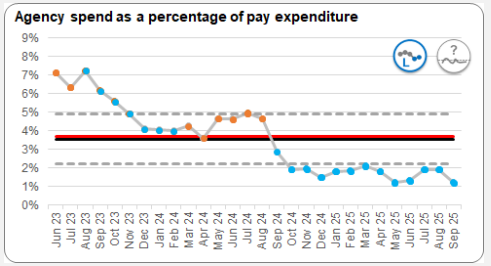
The Better Payment Practice Code (BPPC) sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices. At the end of Sep, both the value and volume of invoices exceeded the target at 99% and 97% respectively.

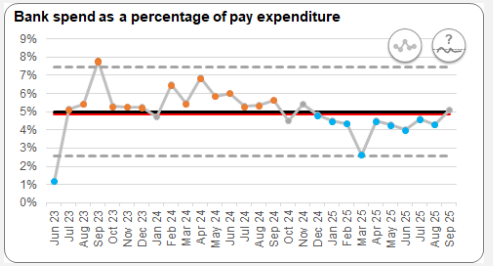
Measure	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	
Financial Performance														
In month surplus/deficit position - unadjusted (£)	-	£ 352,759	£ 105,217	-£ 2,657,992	-£ 27,320	£ 505,698	-£ 18,160,011	-£ 759,497	-£ 618,647	-£ 181,431	-£ 356,503	-£ 340,743	£ 546,298	
Efficiencies - variance to plan (£)	-	£ 1,244,087	-£ 192,100	£ 307,496	£ 11,618	£ 209,050	£ -	£ -	£ -	£ -	£ -	£ -	-£ 153,000	
Agency spend as a percentage of pay expenditure	3.7%	1.9%	1.9%	1.5%	1.8%	1.8%	2.1%	1.8%	1.2%	1.3%	1.9%	1.9%	1.2%	
Bank spend as a percentage of pay expenditure	4.9%	4.5%	5.4%	4.8%	4.5%	4.4%	2.6%	4.5%	4.3%	4.0%	4.6%	4.3%	5.1%	
Adult acute out of area expenditure (£000)	-	£ 666	£ 1,095	£ 1,012	£ 1,062	£ 889	£ 654	£ 799	£ 1,110	£ 977	£ 839	£ 618	£ 660	
Capital expenditure variance to plan (£)	-	£ 2,260,000	£ 1,304,000	-£ 1,047,000	-£ 1,969,000	-£ 3,798,000	-£ 6,307,000	-£ 953,000	-£ 1,907,000	-£ 107,000	-£ 333,000	-£ 640,000	-£ 917,000	
Better Payment Practice Code (BPPC) by volume	95%	97.4%	96.9%	97.0%	96.9%	97.0%	97.6%	97.6%	97.2%	97.5%	97.6%	97.4%	97.4%	
Better Payment Practice Code (BPPC) by value	95%	97.9%	97.3%	97.4%	97.7%	97.7%	99.8%	98.2%	98.4%	98.7%	99.0%	99.2%	98.9%	
Cash (£000)	-	£ 26,380	£ 34,412	£ 31,559	£ 26,415	£ 24,296	£ 19,071	£ 20,204	£ 17,589	£ 17,175	£ 25,805	£ 29,130	£ 25,167	
Liquidity (days)	-	-17	-13	-19	-23	-25	-12	-13	-14	-19	-16	-16	-16	
NHS oversight framework 2025/26														
Planned surplus/deficit year to date - adjusted (£)	£ -	-£ 4,773,453	-£ 5,228,326	-£ 5,540,510	-£ 5,813,263	-£ 6,154,302	-£ 6,383,704	-£ 643,118	-£ 1,289,243	-£ 1,442,742	-£ 1,714,677	-£ 1,986,468	-£ 1,521,049	
Variance year to date to financial plan - adjusted (£)	tbc	£ 1,289,294	£ 2,066,357	-£ 52,346	£ 420,664	£ 1,466,422	£ 6,384,643	£ 26,588	£ 43,183	£ 76,791	£ 63,671	£ 65,060	£ 207,015	
Relative difference in costs	<100%						93.76%							

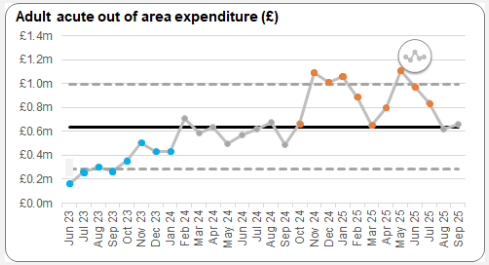
Financial Key Performance Indicators – Statistical Process Control Charts

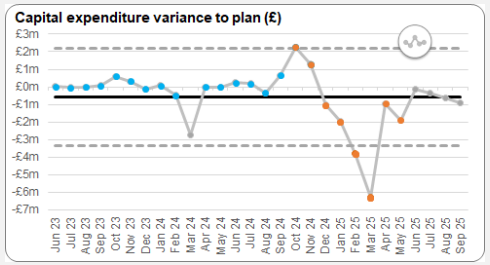


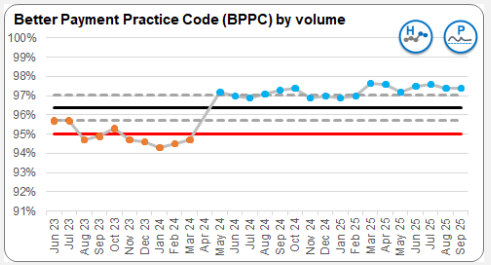


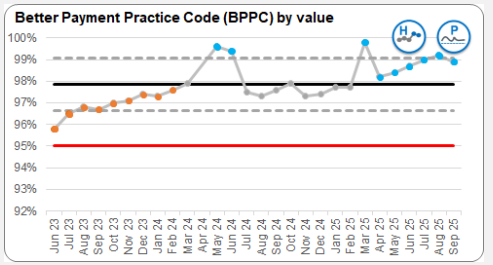


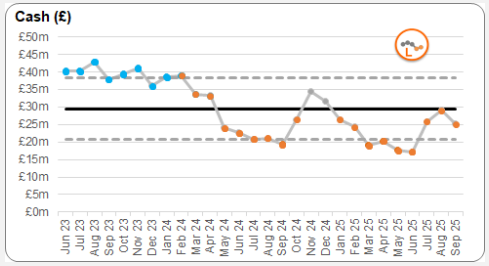


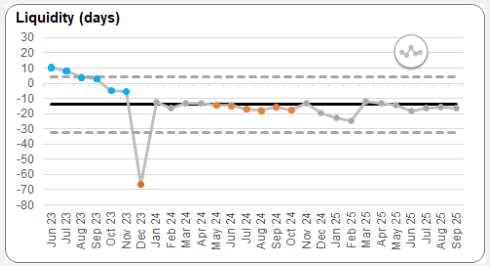


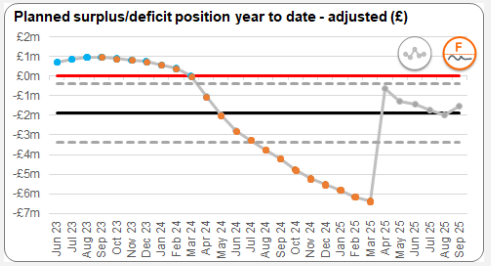


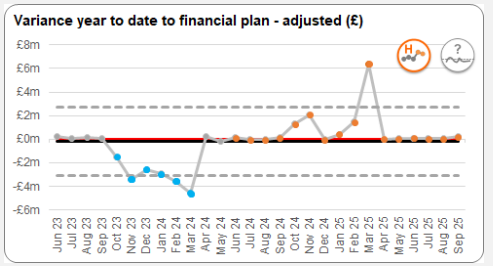




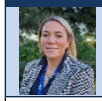








PEOPLE PERFORMANCE



Director of People, Organisational Development and Inclusion:
Rebecca Oakley

Responsible Committee: **People and Culture Committee**

Executive Summary

Update

Annual appraisals: continue to remain high at 93% and has surpassed the 90% Trust target for the last five consecutive months. Incremental increase in compliance continues to occur in addition to maintaining high compliance rates. Efforts to address both appraisals that are out of date and those approaching renewal continues.

Annual turnover: remains in line with national and regional comparators and has remained below the Trusts 12% upper tolerance limit for the last year.

Compulsory training: compliance continues to remain high at 95% and has surpassed the 85% target for several years. Incremental increase in compliance continues to occur in addition to maintaining high compliance rates.

Sickness absence: for the month of Sep-2025 is running at 5.80%, an increase of 0.18% compared to the same period last year. The annual sickness absence rate is running at 5.69%, a reduction of 0.41% compared to the same period last year. Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by other musculoskeletal problems. Following formation of the absence oversight group, the focus will be on development of its delivery plan. A high-level overview has been produced which focuses on monitoring absence, policy compliance, hot spot areas, support for managers and support for our people. A Quality Improvement approach will continue to be taken to assist with reducing absence levels.

Filled posts: by contracted staff at the end of Sep was 91% of funded posts. At the start of the financial year new investment is released which creates brand new vacancies, initially reducing the percentage of funded posts filled. This year continues to see a staged adjustment to vacancies throughout the year as service developments and cost improvement programmes are delivered.

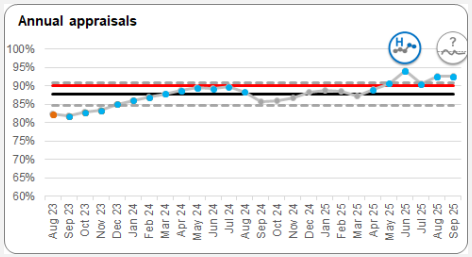
Agency usage: has reduced significantly over recent months. The authorisation panel to oversee agency requests across the Trust continues to remain in place.

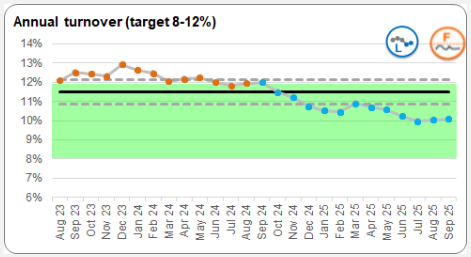
Supervision: compliance continues to remain a challenge in both clinical supervision at 83% and management supervision at 87%. Whilst there has been incremental improvement in compliance, efforts continue to work with Teams with low compliance and rates are expected to increase further over the coming months.

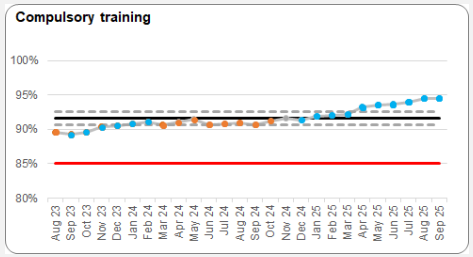
Measure	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	
People Performance														
Annual appraisals	90%	86%	87%	88%	89%	89%	87%	89%	91%	94%	91%	93%	93%	
Annual turnover (target 8-12%)	12%	11%	11%	11%	11%	10%	11%	11%	11%	10%	10%	10%	10%	
Compulsory training	85%	91%	92%	91%	92%	92%	92%	93%	94%	94%	94%	95%	95%	
Filled posts	100%	85%	85%	86%	87%	88%	88%	88%	89%	89%	90%	90%	91%	
Bank staff use	5%	5.4%	5.2%	5.4%	4.3%	4.5%	4.4%	4.5%	4.0%	4.1%	3.9%	4.5%	5.1%	
Agency staff use	1.9%	1.0%	0.7%	0.6%	0.6%	0.7%	0.7%	0.3%	0.4%	0.3%	0.4%	0.5%	0.4%	
Management supervision	100%	85%	85%	87%	87%	86%	86%	84%	85%	86%	86%	85%	87%	
Clinical supervision	100%	84%	85%	85%	85%	84%	83%	81%	83%	82%	82%	82%	83%	
NHS oversight framework 2025/26														
Sickness absence rate	5%	6.3%	6.1%	6.5%	6.8%	5.8%	5.1%	5.4%	4.9%	5.3%	5.8%	5.5%	5.8%	
Annual NHS Staff Survey - raising concerns sub-score*	7.0	6.81	6.81	6.76	6.76	6.76	6.76	6.76	6.76	6.76	6.76	6.76	6.76	
Annual NHS staff survey engagement theme score*	7	7.23	7.23	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.07	
National Education and Training Survey overall satisfaction score (C.)**	76.2%	79.5%	79.5%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	

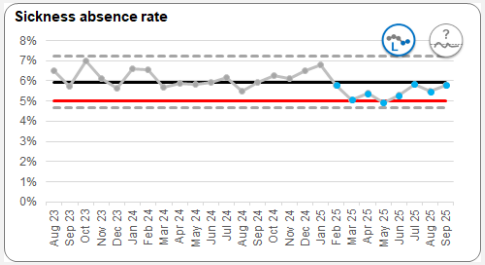
*2025 results are due to be published in March 2026
**2025 survey is currently in progress closing 2 December 2025, with the results to be published next year

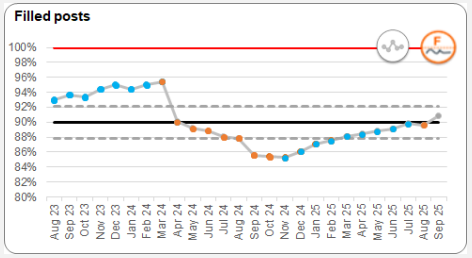
People Key Performance Indicators – Statistical Process Control Charts

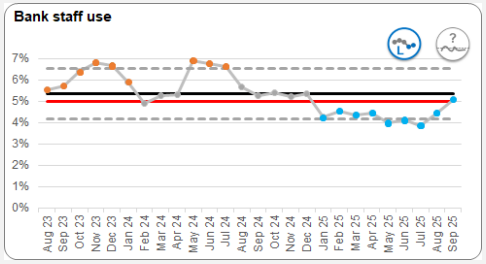


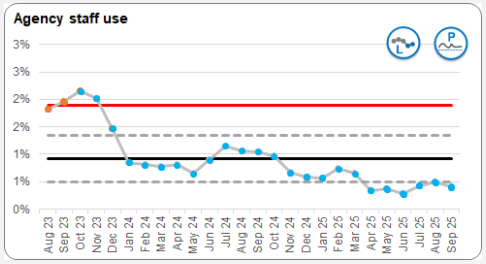


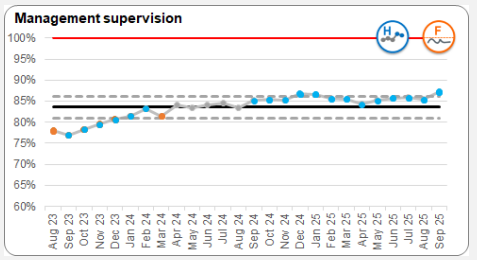


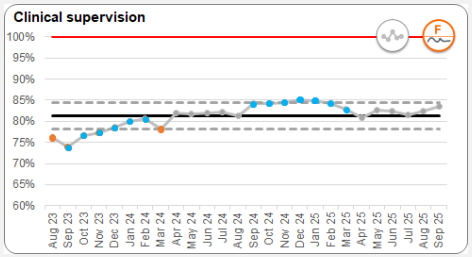


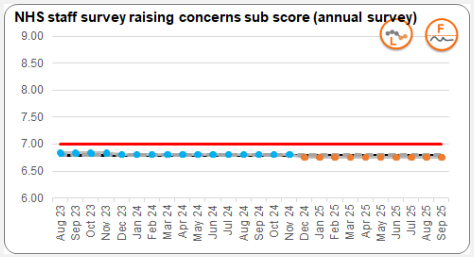


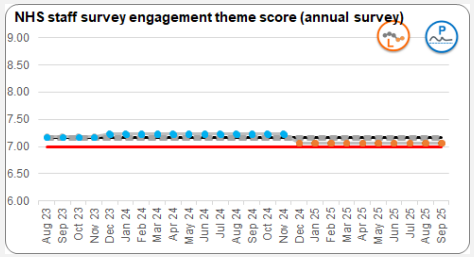


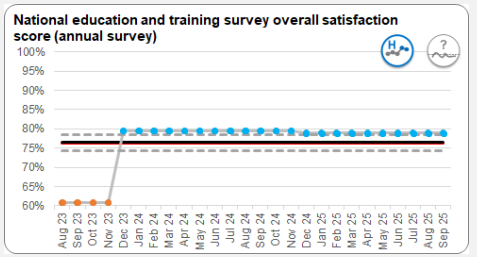












QUALITY PERFORMANCE

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

Responsible Committee: **Quality and Safety Committee**

Executive Summary

Update

Quick resolution (QR) complaints: remain within acceptable limits and are following a pattern of expected variation.

Closer look (CL) (formal investigations): CL complaints have increased, likely linked to new service's opening. Themes continue to be monitored and escalated through governance committees.

Clinically ready for discharge (CRfD): common cause variation pattern has continued. Discharge delays are primarily owing to housing, funding, and care placement barriers. Twice-weekly multi-agency discharge event (MADE) meetings and a new 72-hour admission review have now been implemented to support intervention and escalation.

Care programme approach (CPA): current compliance has improved 81% against a 95% target, with the exclusion of Inpatient services as any patient on CPA would also be open to a Community team and therefore, would be counted twice. Due to a combination of vacancy and long-term and short-term sickness within services, improvements have not been made as quickly as expected. However, targeted improvement plans and weekly "cross check" meetings are underway and digital support is being provided to support the accuracy of recording and the improvements have been sustained and continue to be seen.

Incidents meeting Duty of Candour (DoC) threshold

An increase was noted between July and Sep-2025 in incidents that met the threshold for DoC disclosure. The duty was discharged in all cases and any DoC incident is reviewed within the twice weekly Trust Serious Incident Groups. This is expected to reduce by the next report.

Moderate/catastrophic harm incidents: increased trajectory over past three months due to sustained reporting linked to self-harm in Adult and Older People's services. The sustained increase in incidents has also been influenced by the opening of the Enhanced Care Unit (ECU) and Psychiatric Intensive Care Unit (PICU) in Jul-2025. To highlight incidents of racism, from Sep-2025 these incidents are logged as major on Datix to ensure they are seen by senior management. Although the classification is subsequently changed by the Patient Safety team this is likely to increase the numbers of major Datix reported by the Trust.

Restrictive practices

- **Prone restraint:** above Trust margin (12 incidents); related to opening of ECU and PICU in Jul-2025 continued to follow a common cause variation pattern but increased in line with the increase in episodes of seclusion between Jul and Aug-2025
- **Physical restraint:** above margin (45 incidents); continued to follow a pattern of common cause variation and average increase expected due to opening of ECU and PICU
- **Seclusion episodes:** remain above threshold (14), influenced by new seclusion facility at Derwent Unit and opening of ECU and PICU in Jul-2025. Average increase expected in relation to opening of new facilities.

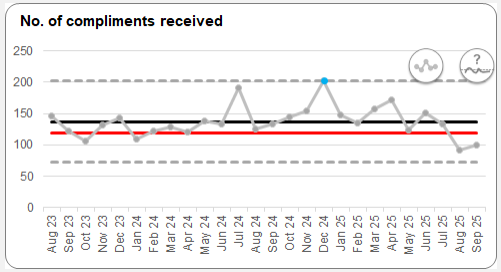
Falls Incidents: still above margin of 25. Mostly minor/no harm. Linked to frailty, ward occupancy and multiple incidents linked to small number of individuals. Individual risk management plans, use of bed sensors and bi-weekly reviews with shared learning in place to support reduction of numbers but overall average expected to rise due to edition of Bluebell Ward.

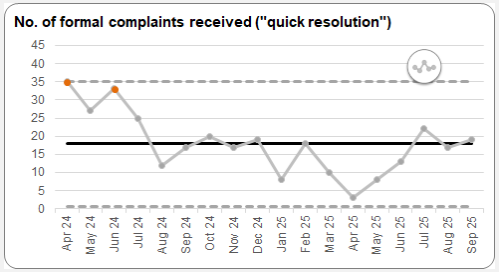
Care hours per patient day: below national averages: 9.34 hours v national 11.5. This includes lower figures for both registered Nurses (3.86 v 3.9) and Support Workers (5.22 v 7.5), indicating staffing challenges.

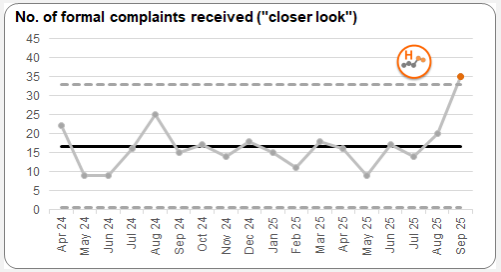
Measure	Target	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	
Quality performance														
No. of compliments received	119	145	155	203	148	135	157	172	124	149	120	92	100	
No. of formal complaints received ("quick resolution")		20	17	19	8	18	10	3	8	13	21	17	19	
No. of formal complaints received ("closer look")		17	14	18	15	11	18	17	9	14	11	20	35	
Proportion of patients clinically ready for discharge	4%	11%	11%	10%	10%	10%	9%	11%	10%	11%	10%	11%	11%	
Proportion of patients on CPA >12 months who have had their care plan reviewed	95%	75%	75%	75%	73%	73%	76%	80%	81%	79%	80%	79%	78%	
Patients who have their employment status recorded as "in employment"		12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	13%	13%	
Patients who have their accommodation status recorded as "settled"		49%	49%	49%	48%	47%	47%	48%	49%	49%	50%	51%	52%	
Number of medication incidents		55	45	71	62	55	92	69	63	71	95	98	98	
No. of incidents of moderate to catastrophic actual harm	48	68	67	57	59	63	51	66	56	76	91	62	111	
No. of incidents requiring Duty of Candour	1	0	1	0	0	0	1	0	1	1	1	2	4	
No. of incidents involving prone restraint	12	19	8	8	5	8	14	7	5	10	14	25	18	
No. of incidents involving physical restraint	46	103	92	52	67	114	103	65	73	81	114	144	100	
No. of new episodes of patients held in seclusion	14	14	10	14	9	9	25	14	20	8	18	39	23	
No. of falls on inpatient wards	30	37	39	40	22	36	40	45	37	58	38	46	57	
NHS oversight framework 2025/26														
Annual community mental health survey satisfaction rate (out of 10)*	6.7	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	6.50	
CQC safe inspection score (if awarded within the preceding 2 years)		not applicable - last rated in 2019												

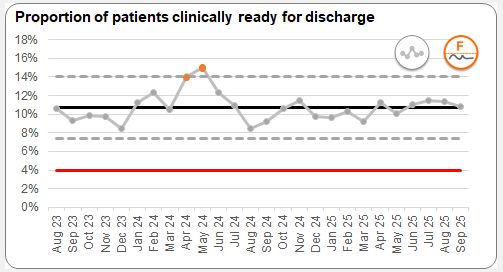
*the 2025 results are due to be published in Spring 2026

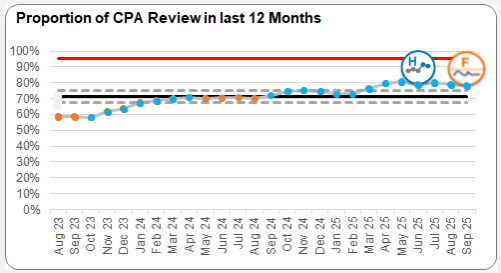
Quality Key Performance Indicators – Statistical Process Control Charts

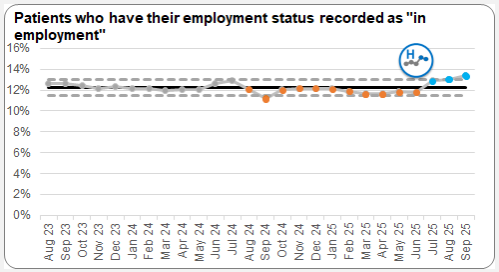


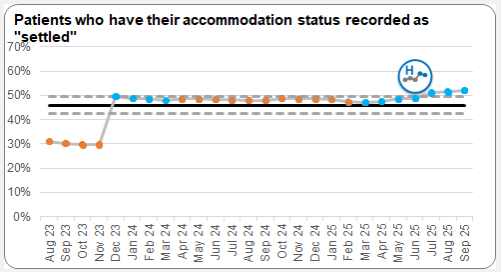


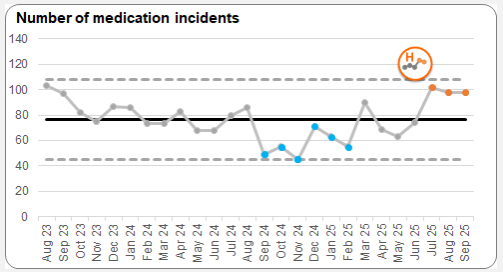


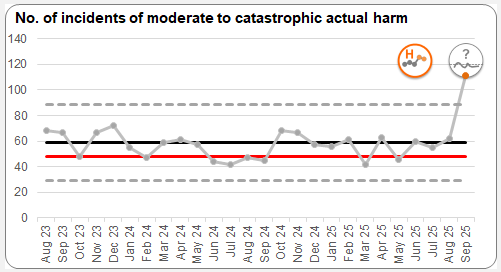


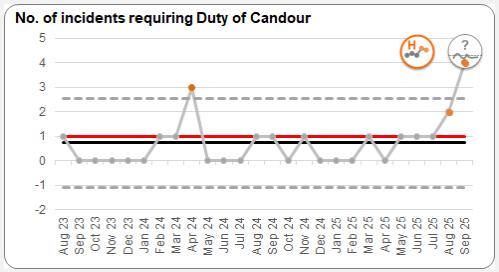


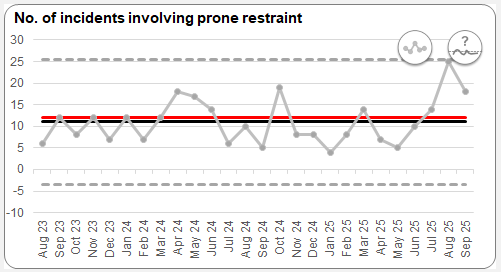


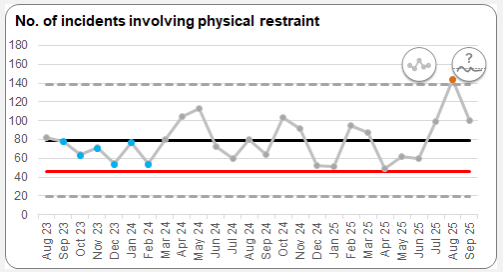


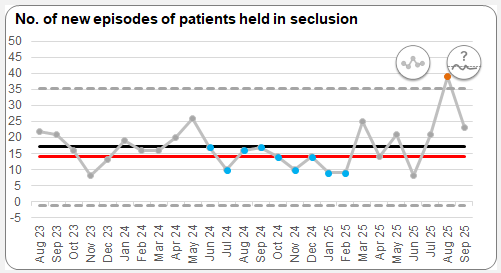


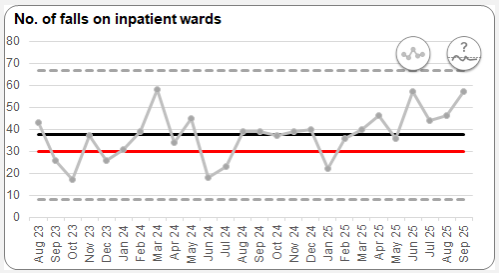


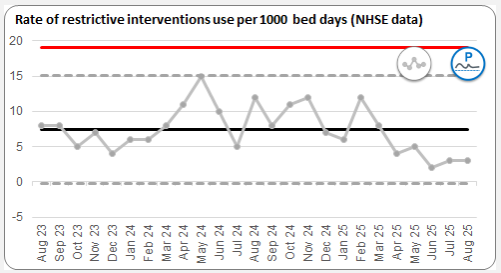


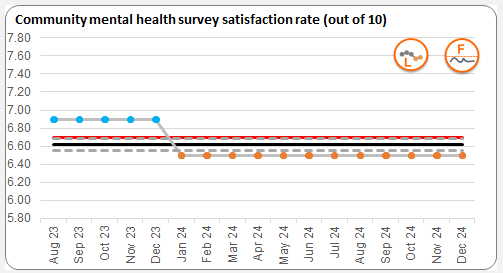








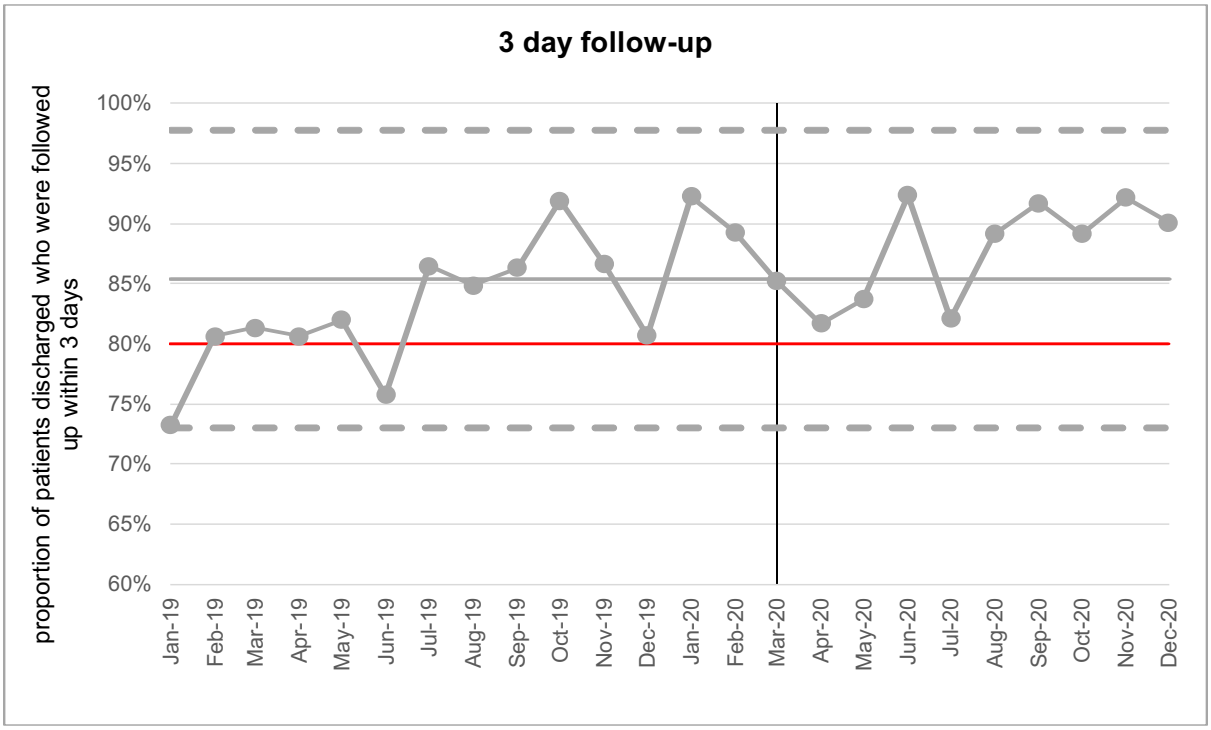




Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



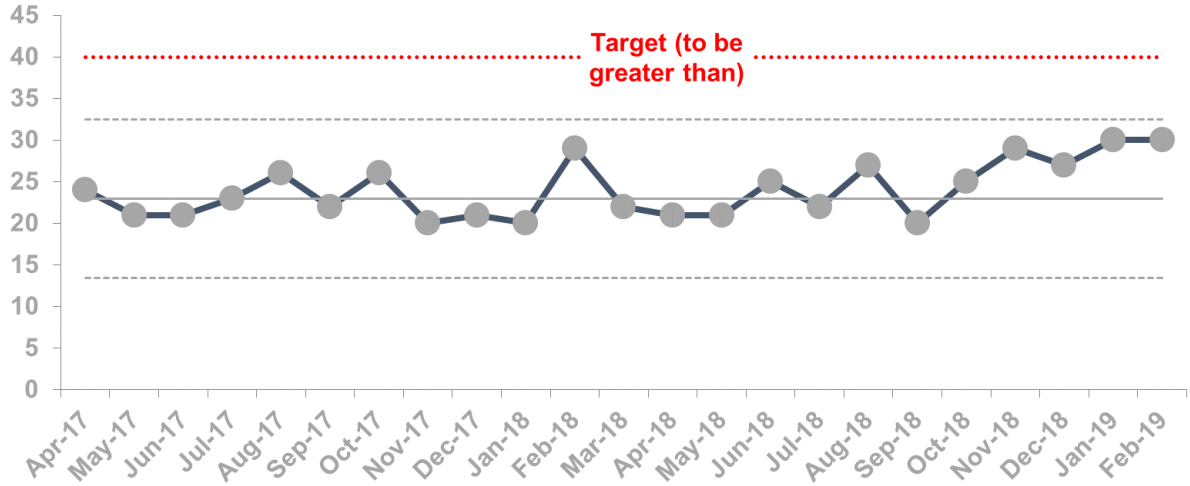
- The red line is the target
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example
- The solid grey line is the average (mean) of all the grey dots
- The grey dotted lines are called process limits, or control limits.

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

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

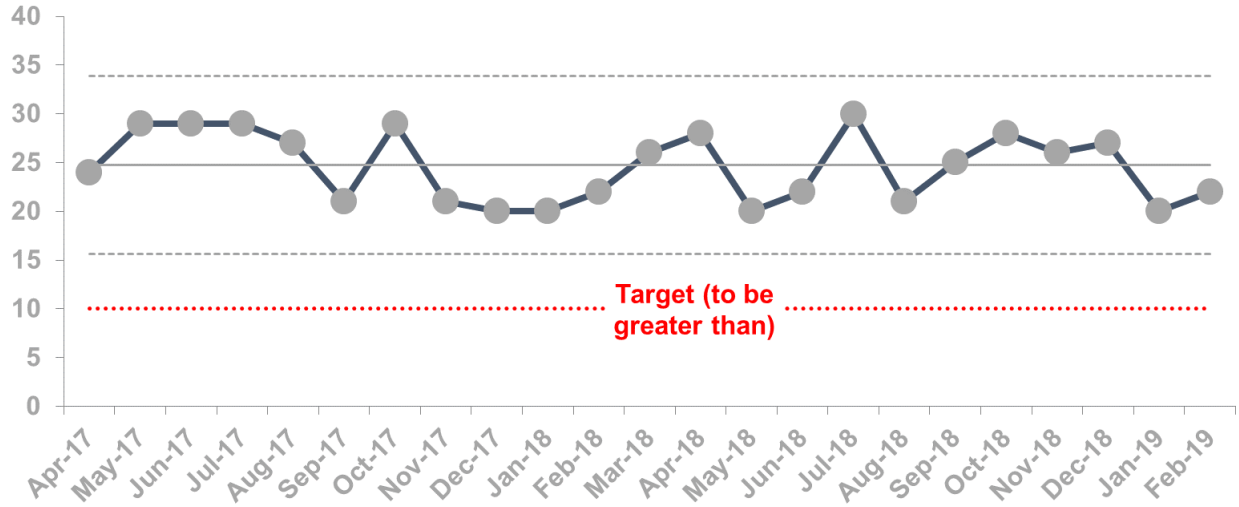
Things to look out for:

1. A process that is not working:



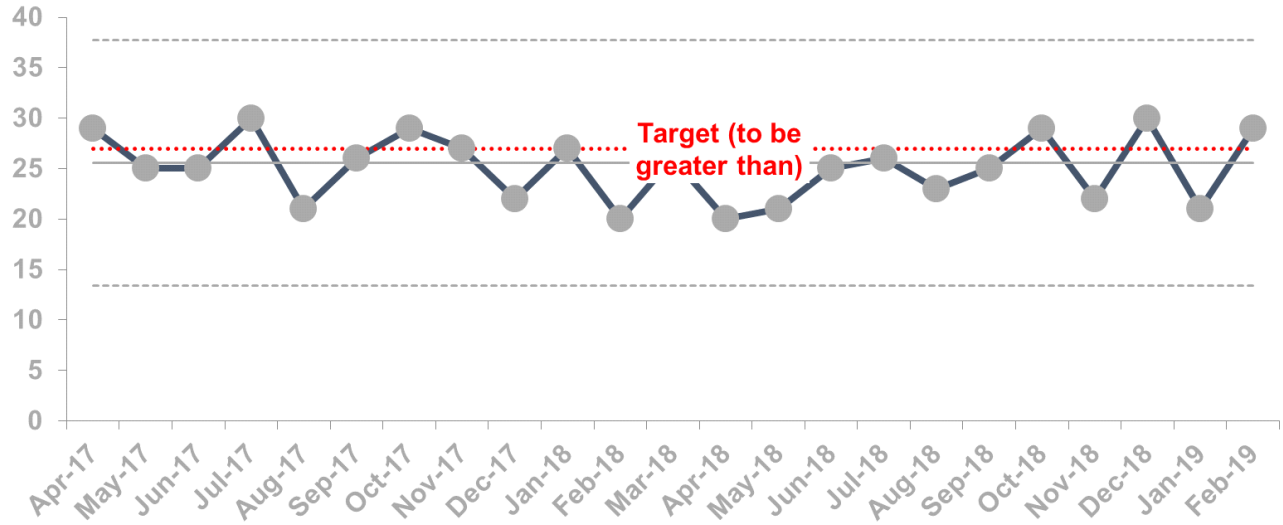
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process:



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

3. An unreliable system:

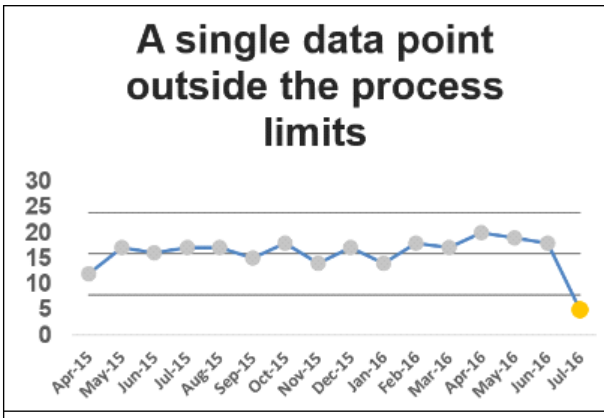
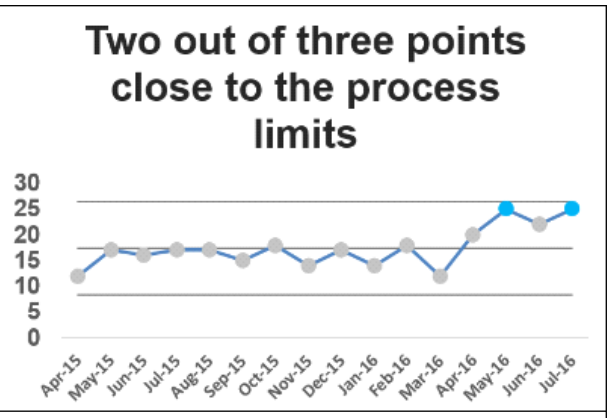
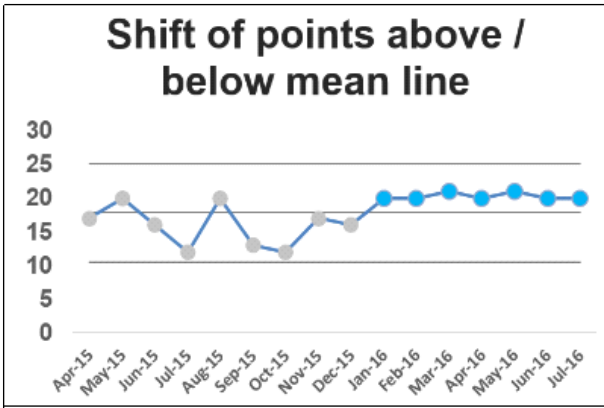
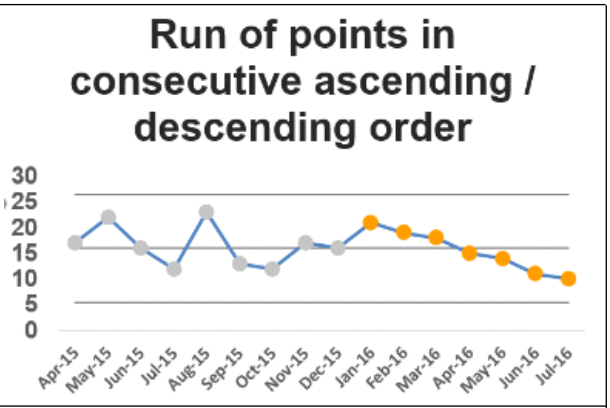


In this example, the target line sits between the two grey dotted lines. As it is normal for the grey dots to fall anywhere between the two dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned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

4. Unusual patterns in the data

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

There are four scenarios where this can happen:

<table>
<tr>
<td> 
</td>
<td> 
</td>
</tr>
<tr>
<td>In this example the July 2016 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.</td>
<td>Two out of three points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.</td>
</tr>
<tr>
<td> 
</td>
<td> 
</td>
</tr>
<tr>
<td>A run of seven points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 2016 that has proven to be effective.</td>
<td>A run of seven points in consecutive ascending or descending order is significant. In this example things are getting worse over time.</td>
</tr>
</table>

Frequently seen in the NHS:

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

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

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

Appendix 2

Assurance Ratings

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 25 November 2025

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met one since its last report to the Council of Governors on 23 September 2025. This report provides a summary of the meeting on 22 October 2025 including actions and recommendations made.

Executive Summary

Key matters discussed at the meetings had been:

- Reviewing Policy for Engagement Between Board and Council of Governors
- Feedback on the Annual Members Meeting
- Reviewing the Trust Membership Plan 2025-28
- Reviewing the governors' membership engagement action plan
- Feedback from governors' engagement activities
- Results of the governors Annual Effectiveness Survey
- Forthcoming governor elections
- Consideration of holding to account questions.

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

Risks and Assurances

- The Council of Governors can receive assurance that the Committee is well established and discussing key areas of governor business
- Items for decision or approval will be brought to the full Council of Governors as appropriate
- An update of discussions at each meeting is regularly reported to the Council of Governors
- Effectiveness of the meeting is discussed regularly

- The work plan is reviewed at each meeting and changes made as and when required
- The Governance Committee escalates items to the Council of Governors as and when required.

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

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

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

Recommendations

The Council of Governors is requested to:

1) Note the report made of the Governance Committee meeting held on the 22 October 2025
2) Ratify Policy for Engagement Between Board and Council of Governors

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

Council of Governors – 25 November 2025

Report from the Governance Committee meeting held on 22 October 2025

Governor attendance

13 (52%) governors attended the meeting.

Review Membership Plan 2025-28

The Committee reviewed the Membership Plan for 2025-08 and agreed that it remained fit for purpose especially in relation to engagement and recruitment of members.

Review Governors' Membership Engagement Action Plan

The Governors Membership Action Plan is aligned to the key objectives in the Membership Plan 2025-28. The Plan was developed to increase governor engagement and to promote the governor role. Actions were identified.

Feedback From Governors' Engagement Activities

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

Governor Engagement Opportunities Including Board Visits

The Membership and Involvement Manager provided an overview of Board visits and encouraged governors to take part in them. Details of Board visits are circulated to all governors.

Review Policy for Engagement Between Board and Council of Governors

The Policy is reviewed on a three year cycle and the Committee agreed it remained fit for purpose and recommended that the Council of Governors approve it for a further three years.

Annual Effectiveness Survey

The results of the survey were shared with the Committee and will be presented to the Council of Governors on 25 November 2025.

Governor Training and Development

Governors requested awareness sessions:

- From the Freedom to Speak Up Guardian – this has been arranged for the joint Board and Governors session in January next year
- On risk – this is currently in the process of being organised with the Trust's Deputy Director of Nursing, Quality and Patient Safety.

Annual Members Meeting Feedback

The Committee discussed the Annual Members Meeting which was held online on 2 October and agreed to form a task and finish group to plan next year's Annual Members Meeting. A written report will be presented to the Council of Governors on 25 November 2025.

Consideration of Holding to Account Questions to the Council of Governors

The Committee agreed to escalate an item regarding Trust representation at Place meetings. The response will be presented at the Council of Governors on 25 November 2025.

Forthcoming governor elections

The Membership and Involvement Manager gave a verbal update on the forthcoming elections – a written report will be presented to the Council of Governors in November.

Recommendations

The Council of Governors is requested to:

1) Note the report made of the Governance Committee meeting held on the 22 October 2025
2) Ratify Policy for Engagement Between Board and Council of Governors.

Derbyshire Healthcare NHS Foundation Trust

Policy for Engagement Between the Trust Board and the Council of Governors

See also:	Located in the following policy folder on the Trust Intranet
Trust Constitution	N/A – latest version is available on the NHSI website

Service area	Issue date	Issue no.	Review date	
Trust wide	November 2022	03	30 November 2025*	
Ratified by	**Ratification date**	**Responsibility for review:**		
Board of Directors	1 November 2022	Board of Directors		

Document published on the Trust Intranet under: Corporate Policies and Procedures

Did you print this document?

Please be advised that the Trust discourages retention of hard copies of policies and can only guarantee that the Policy on the Trust Intranet site is the most up-to date version

ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users.

Ensure you have considered an agreed process for: sending out correspondence in alternative formats and appointments for patients / service users with communication needs, where this is applicable.

NHS
Derbyshire Healthcare
NHS Foundation Trust

Checklist for Policy for engagement between the Trust Board and the Council of Governors

Summary (Plain English) Summarise the main points of the policy below in a style that is clear and easy to understand. Ensure the whole policy is written in plain English, using simple language where possible and avoiding convoluted sentences and obscure words. The resulting policy should be easy to read, understand and use.
The Policy outlines the commitment by the Board of Directors and governors to developing engagement and two-way communication to carry out their respective roles effectively.

Name / Title	Policy for Engagement between the Trust Board and the Council of Governors	
Aim of Policy	To outline the commitment by the Board of Directors and governors to developing engagement and two-way communication to carry out their respective roles effectively.	
Sponsor	Trust Secretary	
Author(s)	Trust Secretary	
Name of policy being replaced	Policy for Engagement between the Trust Board and the Council of Governors	**Version No of previous policy:** **02**

Reason for document production:	Governance best practise, requirement of Code of Governance.
Commissioning individual or group:	Trust Board and Council of Governors

Individuals or groups who have been consulted Issue 2		
Governance Committee	12 October 2022	Supported
Trust Board	1 November 2022	Approved

Version control (for minor amendments)

Date	**Author**	**Comment**
October 2019	Trust Secretary	Change from Director of Corporate Affairs and Trust Secretary to Trust Secretary Amendment to 3.4.1 to allow more flexibility on areas of focus when the Trust Board and Council of Governor meet jointly. Amendment to 3.8 to match with the changes agreed at the Council of Governors meeting in May 2019 regarding the Lead Governor and Deputy Lead Governor role.
October 2022	Trust Secretary	3 yearly review, minimal changes, references to Draft 2022 Code of Governance and Integrated System working added.

Derbyshire Healthcare NHS Foundation Trust

Policy for Engagement Between the Trust Board and Council of Governors

Table of Contents

Derbyshire Healthcare NHS Foundation Trust

Policy for engagement between the Trust Board and the Council of Governors

1. Introduction

The Trust Board is accountable to the community it serves and discharges that responsibility through its relationship with the Council of Governors. The Council of Governors represents the community and its major stakeholders, including staff, through elected and nominated members.

The Board leads the Trust by undertaking four key roles:

- setting strategy
- supervising the work of the executive in the delivery of the strategy and through seeking
- assurance that systems of control are robust and reliable
- setting and leading a positive culture for the board and the organisation
- giving account and answering to key stakeholders, particularly Councils of Governors.

The statutory general duties of the Council of Governors are:

- to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and
- to represent the interests of the members of the corporation as a whole and the interests of the public.

The Trust Board recognises that it needs to enable the Council to hold it to account, in the first instance through the Non-Executive Directors. The Trust Board commits to consult governors on all strategic issues and material service developments before decisions are made, recognising that governor feedback enables a better informed and more effective Board.

Governors provide an important assurance role for the Trust by scrutinising the performance of the Board. The Trust Board and Council of Governors commit to work together constructively, based on openness and transparency, good communication and strong mutual understanding. They respect the different roles of each and the have common aim to work in the best interests of the organisation. The statute that established the Integrated Care Systems on 1 July 2022 did not directly change the statutory duties of Governors but the role of the governors within systems is likely to evolve over time and guidance is expected. In the meantime. the Trust Board will continue keep governors updated on shared ICS plans, decisions and delivery that directly affect the Trust and its patients.

This policy outlines the commitment by the Board of Directors and governors to developing engagement and two-way communication to carry out their respective roles effectively.

- The Trust Board and Council of Governors are committed to building and maintaining an open and constructive working relationship. Under-pinning such a relationship is the need for clarity on the respective roles and responsibilities.

  NHS Improvement's Code of Governance (last updated in 2014) recommends that each Foundation Trust should have a Policy for Engagement between the Trust Board and the Council of Governors, which clearly sets out how the two bodies will interact with one another for the benefit of the Trust. This is also replicated in the 2022 draft Code of Governance (the draft code), expected to be confirmed in late 2022/early 2023 following the end of the consultation period.

- This policy for engagement clarifies the respective roles and responsibilities of the Board and the Council of Governors, and describes the information flow between the two groups. The policy describes the involvement of governors in forward planning, and the role they plan in respect of holding the Trust Board to account.

- This policy for engagement also sets out a process should the governors have a concern about the performance of the Board, compliance with the licence or the welfare of the Trust. It also describes the process should the governors have significant concerns about the performance of the Chair or Non-Executive Directors.

- This policy is intended to provide clear guidance and a useful framework for both the Trust Board and Council of Governors and has been approved by each respectively.

The policy also encompasses those activities which we have developed within the Trust such as the Joint Board/Council of Governor sessions and Governor/Non-Executive Director informal sessions.

In developing this policy both the Board and the Council of Governors are keen to maintain commitment to the Nolan principles which are a foundation of our roles:

The Nolan Principles - The Seven Principles of Public Life

Selflessness
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity
Holders of public office should not place themselves under any financial or other

obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness
Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
Holders of public office should promote and support these principles by leadership and example.

2. Purpose

2.1 The Board is committed to building and maintaining an open and constructive working relationship with the Council of Governors. The Board believes that it is important that the respective powers and roles of the Trust Board and the Council of Governors are clear, and are followed in practice.

2.2 There may be times where the Council of Governors has concerns about the running of the Trust. NHS Improvement's Code of Governance recommends that the Council of Governors should establish a Policy for Engagement with the Trust Board for those circumstances when they have concerns about the performance of the Trust Board, compliance with its licence or the welfare of the Trust.

2.2 The purpose of this policy is therefore to:

- set out the systems and structures to promote a constructive working relationship between the Council of Governors and the Trust Board

- set out a process for dealing with problems that may arise, as recommended by NHS Improvement's Code of Governance.

2.3 This policy complements the Trust's arrangements for governor communication with NHS England/ NHS (NHSE/I) Improvement and the Care Quality Commission (CQC) where governors have concluded that a Trust has failed, or is failing, to act in accordance with its constitution, or Chapter 5 of the Health and Social Care Act (2006) and where it is considered that the intervention of NHSE/I or the Care Quality Commission may be appropriate. That is, it is the role of the Lead Governor to contact regulators in this instance.

3. Relationship between the Trust Board and the Council of Governors

3.1 Powers and Duties, Roles and Responsibilities

3.1.1 The respective powers and roles of the Trust Board and the Council of Governors are set out in their Standing Orders and the Trust Constitution.

3.1.2 The Trust Board and the Council of Governors should understand their respective roles and seek to follow them in practice. Any concerns or queries should be raised with the Chair, Trust Secretary or Lead Governor.

3.1.3 The Trust will provide induction and ongoing training regarding roles and responsibilities.

3.2 Trust Board and Council of Governors

3.2.1 In order to facilitate communication between the Trust Board and Council of Governors, governors can raise questions linked to the agenda of each public Trust Board meeting. As per established arrangements for public questions to the Trust Board, these should be submitted to Board Secretary at least 48 hours prior to the Board meeting.

3.2.2 Should a governor raise a question at the Trust Board, they will receive a response within seven working days of the meeting.

3.2.3 Governors may, by informing the Chair, request an item to be added to the agenda of the Council of Governors for discussion, or via the Governance Committee, or raise as 'any other business' at the Council of Governors meeting.

3.2.4 Governors will have the opportunity to raise questions about the affairs of the Trust with any Director present at a meeting of the Council of Governors.

Wherever possible, questions should be submitted to the Chair in advance of the meeting, to enable a reasonable time to be allocated during the meeting. Where this is not possible, a written response will be provided within seven days of the meeting. In practice governors raise formal 'holding to account' questions at Council of Governors meetings which are answered by Non-Executive Directors. These questions are formulated at Governance Committee meetings.

3.2.5 Whilst a confidential part of Board of Director meetings will be held in private the agenda from these meetings will be made available for governors, via the Lead Governor. The public Trust Board papers will be sent to governors electronically and are also available from the Trust website prior to the meeting.

3.3 Role of the Chair

3.3.1 The Chair is responsible for leadership of the Trust Board and the Council of Governors, ensuring their effectiveness on all aspects of the role and setting their agenda. The Chair is responsible for ensuring that the two groups work together effectively, and that they receive the information they require to carry out their duties.

3.3.2 In the Chair's absence meetings of the Council of Governors will be chaired by the Deputy Chair of the Trust Board.

3.3.3 The Chair will ensure that the views of governors and members are communicated to the Trust Board and that the Council of Governors is informed of key Trust Board decisions.

3.3.4 The Chair will meet with the Lead Governor and the Deputy Lead Governor, and will have 1:1 meetings with individual governors as reasonably requested.

3.4 Role of the Trust Board

3.4.1 The Trust Board will formally meet with the Council of Governors at least once a year to discuss areas of mutual benefit.

3.5 Role of Non-Executive Directors and the Senior Independent Director

3.5.1 Non-Executive Directors will be invited to attend meetings of the Council of Governors, make presentations and answer questions as appropriate.

3.5.2 Non-Executive Directors will commit time to build effective relationships with governors and governors and Non-Executive Directors will agree to spend time together to understand each other's perspectives and build good levels of mutual understanding.

3.5.2 The Senior Independent Director will be available to the Council of Governors and individual governors if they have concerns which contact through the normal channels of Chair has failed to resolve or for which such contact is inappropriate. The Senior Independent Director should attend sufficient meetings of the Council of Governors Council to listen to their views in order to help develop a balanced understanding of the issues and concerns of the governors and members.

3.5.3 The role of the Senior Independent Director is set out in Appendix B.

3.5.4 The process to be followed in dealing with concerns is set out in Section 4.

3.6 Role of Executive Directors

3.6.1 Executive Directors (including the Chief Executive or deputy) will be invited to attend Council of Governors meetings, and be asked to facilitate discussions and answer questions as appropriate.

3.7 Role of the Governors

3.7.1 Governors are required to meet the statutory duties as set out in Appendix A.

3.8 Role of the Lead Governor and Deputy Lead Governor of the Council of Governors

3.8.1 As Lead Governor:

- Act as a direct link between the governors and NHSE/I in situations where it would be inappropriate to go through the Chair
- Act as the point of contact between the Council of Governors and the CQC
- Prioritise agenda items for the Council of Governors and ensure action plans are followed
- In exceptional circumstances, act as deputy to the Trust Chair in situations relating to the Council of Governors when it is not appropriate for the usual Trust Deputy Chair to act into this role
- Maintain regular communication with the Chair, conducting regular reviews of the performance of the Trust
- Member of the Nominations and Remuneration Committee
- Member of the Governance Committee
- Represent concerns that governors may have (either as a body, or individually) to the Chair
- To undertake appropriate action where non-compliance or any misconduct is alleged under the Governors' Code of Conduct, as set out in the Code, which could include, together with the Chair addressing inappropriate action by any

Governor and raising the matter at the Governance Committee subject to Nominations and Remuneration Committee approval.

- Lead the appraisal process for the Council of Governors, and facilitate the Council of Governors review of effectiveness
- Maintain a close working relationship with the Senior Independent Director (SID) of the Board of Directors
- Together with the SID carry out the appraisal of the Chair
- Agree the format of regular Council of Governor/Non-Executive Director meetings
- As representative of the Trust's Council of Governors establish and maintain working relationships with Non-Executive Directors, the Board of Directors and forge links with external bodies such as CQC, ICS partners including Health and Wellbeing Boards and Council of Governors of other foundation trusts.
- Together with the Chair, mutually agree with a Governor any formal time away from the role. The Lead Governor will then provide support following return of that governor from a leave of absence.

3.8.2 Deputy Lead Governor

3.8.2.1 The Deputy Lead Governor is not a mandated role. The duties are:

- To deputise for the Lead Governor in their absence through illness or other clashing commitments

- To cover for the Lead Governor, where the Lead Governor may have a conflict of interest in taking part in an activity

- To offer support alongside the Lead Governor in maintaining working relationships with external bodies as detailed in the Lead Governor Role Description.

- To familiarise themselves with the workings of the Trust, NHSE/I and any other agencies in order to carry out their role.

3.9 Council of Governors involvement in forward planning

3.9.1 When the Trust Board is engaged in strategic planning (e.g. annual planning, strategic direction) governors will be involved in the process so that the views of members can be properly canvassed and fed into the process.

3.10 Accountability

3.10.1 The Council of Governors has a role to hold the Non-Executive Directors individually and collectively to account for the performance of the Trust Board, including ensuring the Trust Board acts so that the Trust does not breach its

licence. In order to carry out this role, the Council of Governors will be provided with high quality information that is relevant to the decisions they have to make. The information needs of the Council of Governors will be discussed as part of the induction process and subject to ongoing review, and the governors will be consulted in the planning of agendas of Council of Governors meetings.

3.10.2 NHS Improvement's Code of Governance provides that the Trust Board will notify the Council of Governors of any major new developments or changes to the Trust's financial condition, performance of its business or expectations as to its performance, that if made public would be likely to lead to a substantial change to the financial well-being, healthcare delivery performance or reputational standing of the Trust.

3.10.3 The Health & Social Care Act 2012 places a mandatory duty on the Board of Directors to consult with and seek the agreement of the Council of Governors on 'significant transactions' including mergers, acquisition, dissolution, separation, raising additional services from activities other than via its principal purpose and raising the threshold of funds raised from private patients as outlined in the Trust's Constitution.

3.10.4 The Council of Governors have the powers to call an Executive Director to the Council of Governors for the purpose of obtaining information about the Trust's performance of its functions or the Director's performance of their duties.

4. Handling of Concerns

4.1 A concern, in the meaning of this policy, must be directly related to either:

- The performance of the Trust Board, or
- Compliance with the licence, or
- The welfare of the Trust

Other matters that do not constitute a concern can be raised with the Chair to be discussed at the appropriate forum (see para 3.2.2-3.2.4).

4.2 Stage 1 – Informal

4.2.1 In the event that the Council of Governors has a concern of the type described above, every attempt should be made to resolve the matter firstly by discussion with the Chair. Where it affects financial matters, the Director of Finance should be involved. The Lead Governor should normally represent the Council of Governors in these matters, and they will consider whether additional representation is required.

4.2.2 Every attempt should be made to resolve concerns in an appropriate way, and as quickly as possible. This may involve the Chair convening a meeting with governors, and/or requesting reports from the Chief Executive, Director of Finance or another director or officer of the Trust, or a report from the Audit and Risk Committee or other committee, and providing comments on any proposed remedial action.

4.2.3 The outcome of the matter will be reported to the next formal meeting of the Council of Governors, who will consider whether the matter has been resolved satisfactorily.

4.3 Stage 2 – Formal

4.3.1 This is the formal stage where stage 1 has failed to produce a resolution and the services of an independent person are required. In this case the Senior Independent Director assumes the role of mediator, as recommended by the Code of Governance, and conducts an investigation.

4.3.2 The decision to proceed to Stage 2 and beyond will always be considered by the full Council of Governors, at an extraordinary, private meeting. This is to ensure that any decision is a collective Council of Governors decision. The decision to proceed to Stage 2 must be collectively agreed by a majority of the Council of Governors present at a meeting which is quorate. In the event that the Council of Governors does not agree to proceed to Stage 2, that decision is final.

4.3.3 Evidence requirements

Any concern should be supported by relevant evidence. It cannot be based on hearsay alone, and should meet the following criteria:

- Any written statement must be from an identifiable person(s) who must sign the statement and be willing to be interviewed under either stage of this process.
- Other documentation must originate from a bona fide organisation and the source must be clearly identifiable. Newspaper articles will not be accepted as prima facie evidence but may be admitted as supporting evidence.
- Where the concern includes hearsay, e.g. media reports, the Council of Governors may require the Trust Board to provide explanations and, if necessary, evidence to show that the hearsay reports are untrue.

4.3.4 Investigation and Decision of the Senior Independent Director.

4.3.4.1 The Senior Independent Director's role is to seek to resolve the matter in the best interests of the Trust.

4.3.4.2 The Senior Independent Director will produce a written report of their findings and recommendations and present it to the Council of Governors and Trust Board. The report will address the issues raised by the Council of Governors, and will also consider whether action is required to repair any breakdown in the relationship between the Trust Board and the Council of Governors.

4.3.4.3 The decision of the Senior Independent Director will be final in resolving the matter in the best interests of the Trust.

4.3.4.4 In the event that the Council of Governors' remain dissatisfied with the Senior Independent Director's decision, the options in paragraph 3.4 may be considered.

4.4 Action in event of Stage 2 failing to achieve resolution

4.4.1 If the Council of Governors does not consider that the matter has been adequately resolved, they have four options:

- Accept the failure to reach a resolution of the matter and consider the matter closed; or
- Seek the intervention of another independent mediator (i.e. a Chair or Senior Independent Director from another NHS Foundation Trust) in order to seek resolution of the matter, or
- Inform NHS Improvement if the Trust is at risk of breaching its licence.
- Follow the Dispute Resolution Procedure (as outlined at Appendix D).

4.5 Removal of the Chair or any Non-Executive Director

4.5.1 In relation to concerns raised in accordance with this policy, the Council of Governors should only exercise its power to remove the Chair or any Non-Executive Directors after exhausting all other means of engagement with the Trust Board.

4.5.2 The procedure for removing the Chair or a Non-Executive Director is set out in Appendix C.

Appendix A: Powers and duties of the Trust Board and the Council of Governors

Trust Board:	Council of Governors:
All the powers of the Trust are to be exercised by the Trust Board. The Trust Board may do anything which appears to it to be necessary or desirable for the purposes of or in connection with the functions of the Trust, subject to any restrictions in its licence. The powers of the Trust Board include, but are not limited to, the ability to borrow and invest money, acquire and dispose of property, enter into contracts, accept gifts of property (including property to be held on Trust for the purposes of the Foundation Trust or for any purposes relating to the health service), and employ staff.	The Council of Governors cannot veto decisions made by the Trust Board.
The Trust Board must submit forward planning information and annual reports and accounts to NHSE/I, after consulting with the Council of Governors and having regard to their views.	The Council of Governors is to be consulted on forward planning by the Trust Board, and the Trust Board must have regard to their views.
The Trust Board will present the annual report and accounts and the auditors report to the Council of Governors and will lay a copy of the annual accounts, and any report of the auditor on them before Parliament, and once it has done so, send copies of these documents to NHS Improvement, along with the annual report.	The Council of Governors is to be presented with the annual report and accounts and the report of the auditor on them, at a general meeting of the Council of Governors.
It is for the Non-Executive Directors to appoint and remove the Chief Executive. The appointment of the Chief Executive (by the Non-Executive Directors) requires the approval of the Council of Governors.	The Council of Governors is to approve the appointment of the Chief Executive by the Non-Executive Directors. The appointment requires the approval of a majority of the Council of Governors.

Trust Board:	Council of Governors:
It is for a committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors to appoint or remove the Executive Directors	The Council of Governors is to appoint the chair and other Non-Executive Directors of the NHS Foundation Trust at a general meeting of the Council of Governors. The appointment requires the approval of a majority of the members of the Council of Governors. If the Council of Governors is to remove the Chair or Non-Executive Directors of the NHS Foundation Trust, such removal must occur at a general meeting of the Council of Governors and it requires the approval of three quarters of the members of the Council of Governors.
The Trust Board must establish a committee of Non-Executive Directors to decide the remuneration and allowances, and the other terms and conditions of office, of the Chief Executive and other Executive Directors	The Council of Governors is to decide the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors. The decision requires the approval of a majority of the members of the Council of Governors.
The Trust Board must establish a committee of Non-Executive Directors to act as an Audit Committee	The Council of Governors is to appoint or remove the external auditor at a general meeting of the Council of Governors. The appointment and removal requires the approval of a majority of the members of the Council of Governors.

Trust Board:	Council of Governors:
Provide active leadership of the Trust within a framework of prudent and effective controls which enable risk to be assessed and managed.	Represent the interests of the Trust's members and partner organisations in the local health economy. The 2022 draft Code of Governance sets out that the governors' duty to represent the interests of the public includes the population of the local system of which the trust is part and the whole population of England as served by the wider NHS. This is subject to being adopted within the new code when published.
Set the Trust's strategic aims, taking into consideration the views of the Council of Governors, ensuring that the financial and staffing resources are in place for the Trust to meet its objectives, and review management performance.	Regularly feedback information about the Trust, its vision and its performance to the constituencies and the stakeholder organisations that either elected or appointed them.
Ensure compliance by the Trust with its licence, its Constitution, mandatory guidance issued by regulators, relevant statutory requirements and contractual obligations.	Act in the best interests of the Trust and adhere to its values and governor Code of Conduct.
Ensure the quality and safety of healthcare services, education, training and research delivered by the Trust and apply the principles and standards of clinical governance set out by relevant NHS bodies.	Hold the Non-Executive Directors individually and collectively to account for the performance of the Trust Board including ensuring the Trust Board acts so that the Trust does not breach its licence.
Ensure that adequate systems and processes are maintained to measure and monitor the Trust's effectiveness, efficiency and economy as well as the quality of its healthcare delivery.	Acknowledge the overall responsibility of the Trust Board for running the Trust and should not try to use the powers of the Council of Governors to veto decisions of the Trust Board.
Regularly review the performance of the Trust in these areas against regulatory requirements and approved plans and objectives.	Establish a policy for engagement with the Trust Board for those circumstances when they have concerns about the performance of the Trust Board, compliance with its licence or the welfare of the Trust.

Trust Board:	Council of Governors:
Establish the values and standards of conduct for the Trust and its staff in accordance with NHS values and accepted standards of behaviour in public life, and operate a Code of Conduct that builds on the values of the Trust and reflects high standards of probity and responsibility.	Inform the Independent Regulator if the Trust is at risk of breaching its licence if these concerns cannot be resolved at a local level.
Ensure that there is a formal, rigorous and transparent procedure for the appointment or election of new members to the Trust Board, and satisfy itself that plans are in place for orderly succession of appointments to the Trust Board so as to maintain an appropriate balance of skills and experience within the Trust and on the Trust Board, and ensure planned and progressive refreshing of the Trust Board.	Agree a process for the evaluation of the Chair and the Non-Executive Directors, with the Chair and the Non-Executive Directors, and agree the outcomes of the evaluations.
Present a balanced and understandable assessment of the Trust's position and prospects.	Agree with the Audit and Risk Committee of the Trust Board the criteria for appointing, reappointing and removing external auditors.
Maintain a sound system of internal control to safeguard public and private investment, the Trust's assets, patient safety and service quality.	Work with the Trust Board on such other matters for the benefit of the Trust as may be agreed between them.
Establish formal and transparent arrangements for considering how they should apply the financial reporting and internal control principles and for maintaining an appropriate relationship with the Trust's auditors.	Assess its own collective performance and its impact on the Trust, and communicate this to the members of the Trust.
Consult and involve members, patients, clients and the local community, and monitor how representative the Trust's membership is and the level of effectiveness of member engagement.	Liaise with members via membership emails and publications. When appropriate hold meetings with members, which could include constituency meetings to ensure Member's interests are represented and Trust information is fed back.

Trust Board:	**Council of Governors:**
Ensure that the Trust co-operates with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy.	The 2022 draft Code of Governance suggests that the Council of Governors may look at the nature of the Trust's "collaboration with system partners" as an indicator of organisational performance. This is subject to being adopted within the new code when published.
Work with the Council of Governors on such other matters for the benefit of the Trust as may be agreed between them.	Raise issues and matters for discussion: Contact Chair/Membership and Involvement Manager to identify an appropriate forum and to submit items for meetings, eg ∑ Request items to be included in the Council of Governors (or Governance Committee) agenda or raise matters under Any Other Business ∑ Raise formal questions for response by the Trust Board ∑ Ask questions of the Chief Executive at Council of Governors meetings.
Follow the principles of openness and transparency in its proceedings and decision making unless this conflicts with a need to protect the wider interests of the public or the Trust (including commercial in confidence matters) and make clear how potential conflicts of interests are dealt with.	
Undertake a formal and rigorous annual evaluation of its own performance and that of its committees and individual directors.	

Appendix B: Role of the Senior Independent Director

The Senior Independent Director (SID) will be a Non-Executive Director of the Trust Board.

The SID's role will be

- To be available to the Trust Directors if they have concerns which cannot be resolved through the normal channels (or is inappropriate) of the Chair or Chief Executive.

- To support the Chair in resolving disputes between individual Trust Board members in respect of their role as a director of the Trust.

In respect of the Council of Governors

- To be available to members and governors if they have concerns which cannot be resolved through the normal channels (or is inappropriate) of the Chair or Chief Executive. To maintain sufficient contact with governors to understand their issues and concerns, including building an effective relationship with the Lead Governor.

- To help resolving disagreements between the Council of Governors and Trust Board in accordance with the policy setting out the approach to be taken in these circumstances

- To agree a process for evaluating the performance of the Chair and to agree appropriate processes for reporting such evaluation annually to the governor Nominations and Remuneration Committee.

- To work with the Chair to establish a policy for engagement of the Council of Governors with the Trust Board.

APPENDIX C: Grounds and Procedure for the Removal of the Chair or any Non- Executive Director

Introduction

The Council of Governors has the power to remove the Chair and any Non-Executive Director of the Trust. Such removal must occur at a general meeting of the Council of Governors and requires the approval of three quarters of the members of the Council of Governors.

In relation to concerns raised under the Policy for Engagement, the Council of Governors should only exercise its power to remove a Non-Executive Director after exhausting all other means of engagement with the Trust Board, as set out in that policy.

Grounds for removal

The removal of a Non-Executive Director should be based on the following criteria. Grounds for removal can include the following:

a) they are not qualified, or are disqualified, from becoming or continuing as a Non-Executive Director under the Constitution
b) they have failed to attend meetings of the Trust Board for a period of six months
c) they have failed to discharge his/her duties as a Non-Executive Director
d) they have knowingly or recklessly made a false declaration for any purpose provided for under the Constitution or in the 2006 Act
e) they have knowingly or recklessly failed to declare a conflict of interest
f) their continuing as a Non-Executive Director would be likely to:
    I. prejudice the ability of the Trust to fulfil its principal purpose or other of its purposes under the Constitution or otherwise to discharge its duties or functions
    II. harm the Trust's work with other persons or bodies with whom it is engaged or may be engaged in the provisions of goods or services
    III. adversely affect public confidence in the goods and services provided by the Trust; or otherwise bring the Trust into disrepute
g) they have failed or refused to comply with the regulatory framework, the Standing Orders, or any Code of Conduct which the Trust shall have published from time to time
h) they have refused without reasonable cause to undertake any training which the Trust requires all Non-Executive Directors to undertake
i) they purport to represent the views of any professional body, political party or trade union of which he is a member
j) it is not in the interests of the Trust for the Non-Executive Director to continue to hold office
k) they do not meet the criteria as outlined in the Trust Fit and Proper Persons Test policy.

The following list provides examples of matters which may indicate to the Council of Governors that it is no longer in the interests of the Trust that a Non-Executive Director continues in office. The list is not intended to be exhaustive or definitive; the Council of Governors will consider each case on its merits, taking account of all relevant factors.

a) If an annual appraisal or sequence of appraisals is unsatisfactory
b) If the Non-Executive Director loses the confidence of the Trust Board
c) If the Non-Executive Director loses the confidence of the public or local community in a substantial way
d) If the Non-Executive Director fails to monitor the performance of the Trust in an effective way
e) If the Non-Executive Director fails to deliver work against pre- agreed targets incorporated within their annual objectives
f) If there is a terminal breakdown in essential relationships, e.g. between a Chair and a Chief Executive or between a Non-Executive Director and the Chair or the rest of the Trust Board.

Procedure

a) Any proposal to remove a Non-Executive Director can be proposed by a Council member, the Chair, or the Trust Board.
b) The Non-Executive Director will be notified in writing of the allegations, and be invited to submit a response.
c) The Non-Executive Director is entitled to address the Council of Governors at the meeting considering the proposal to remove him/her.
d) The Trust Board may make representations to the Council of Governors whether they are for, or against the resolution, or even if they are divided.
e) The Council of Governors may consider any relevant evidence, e.g. appraisal documentation or witness statements.
f) The Council of Governors should take professional advice, via the Trust Secretary, prior to removing a Non-Executive Director.
g) In relation to concerns raised in accordance with the Policy for Engagement, the Council of Governors should only exercise its power to remove a Non-Executive Director after exhausting all other means of engagement with the Trust Board.

Chair of meetings

The Chair may normally express an opinion on the appointment and removal of a Non-Executive Director, but does not have formal voting rights at the Council of Governors in a vote to remove the Non-Executive Director.

The Chair should also consider, however, whether in particular circumstances a conflict of interest arises in dealing with the removal of a Non-Executive Director, and if so, stand aside for that part of the meeting.

For the removal of the Chair, the Senior Independent Director will preside at meetings of the Council of Governors.

Removal and disqualification of governors

The process for the removal and disqualification of governors is covered in Annex 5 of the Trust's constitution.

Appendix D: Dispute Resolution Procedure

In the event of dispute between the Council of Governors and the Trust Board, where the above policy has been followed as appropriate through informal (Stage 1) and formal (Stage 2) procedures at outlined at 4.2 and 4.3, the dispute resolution procedure can be considered as a further option should Stage 2 procedures fail to achieve a resolution:

1. In the first instance the Chair on the advice of the Trust Secretary, and such other advice as the Chair may see fit to obtain, shall seek to resolve the dispute.

2. If the Chair is unable to resolve the dispute he shall appoint a special committee comprising equal numbers of Directors and Governors to consider the circumstances and to make recommendations to the Council of Governors and the Board of Directors with a view to resolving the dispute.

3. If the recommendations (if any) of the special committee are unsuccessful in resolving the dispute, the Chair may refer the dispute back to the Trust Board who shall make the final decision.

4. Under the 2006 Act, as amended, NHS Improvement has appointed a Panel for Advising Governors (the Panel) to which governors of NHS foundation trusts may refer a question concerning whether their trust has failed, or is failing, to act in accordance with its constitution, or Chapter 5 of the 2006 Act.

Derbyshire Healthcare NHS Foundation Trust

REGARDS EIRA: Assessing Equality Relevance (Stage 1)

1. Name of the service / policy / project or proposal (give a brief description):

Policy for Engagement between the Trust Board and the Council of Governors The policy has been developed from reviewing best practice and incorporates comments arising from discussion by governors at the Governance Committee at its 6 June 2016 and 7 July 2016 meeting. The governors subsequently approved the policy at the Council of Governors meeting on 6 September for onward consideration by the Board of Directors. It was approved by the Board of Directors at its meeting on 5 October 2016. The policy was reviewed in October 2019 and a number of minor amendments were presented to the Governance Committee on 10 October 2019. The policy will be reported to the Trust Board for approval on 5 November 2019 and will be reviewed at three year intervals.

2. Answer the questions in the table below to determine equality relevance:
Governors are fully supported by the Trust and reasonable adjustments implemented. Governors are offered on-going support and training to ensure that they can carry out their role. This includes provision of support workers where required and working with individual governors to ensure they have access to information in a preferred format (for example, in hard copy rather than email). Governors are also supported to attend meetings where they have disability and/or access issues.

	Yes	No	Insufficient data / info to determine
Does the project / proposal affect service users, employees or the wider community, and potentially have a significant effect in terms of equality?		x	
Is it a major project / proposal, significantly affecting how functions are delivered in terms of equality?		x	
Will the project / proposal have a significant effect on how other organisations operate in terms of equality?	x		See note above
Does the decision/ proposal relate to functions that previous engagement has identified as being important to particular protected groups?	x		See note above
Does or could the decision / proposal affect different protected groups differently?		x	

Does it relate to an area with known inequalities?	x		
Does it relate to an area where equality objectives have been set by our organisation?			

3. On a scale of high, medium or low assess the policy in terms of equality relevance.

	Tick below:	Notes:
High		If ticked all 'Yes' or 'Insufficient data'
Medium	Yes	If ticked some 'Yes' and / or 'Insufficient data' and some 'No'
Low		If ticked all 'No'

EIRA completed by: Trust Secretary
Date: Oct 2022

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 25 November 2025

Feedback from the Annual Members Meeting

Purpose of Report
To provide feedback on the Trust's Annual Members Meeting which took place on 2 October 2025.

Executive Summary
This year the Annual Members Meeting (AMM) took place online using MS Teams on 2 October 2025. The theme, 'all in it together: health and wellbeing of people in Derbyshire' was well received.

50 people which included Trust members, the public, staff members, Trust Board and governors. 52% of the Council of Governors attended, and 43 people who had booked a place did not attend (93 people booked a place).

The AMM had been promoted widely including:

- Press releases to local papers/local radio stations
- Posted on the Trust website on latest news and members pages
- Posted on social media (X and Facebook)
- To all staff via the staff e-newsletter and intranet
- To all members via the members' e-newsletter with reminders leading up to the event
- To all stakeholders and services
- Within the voluntary sector (including Derbyshire Voluntary Association, Derbyshire Carers Association; Derbyshire Mental Health Forum, Derby City and Southern Derbyshire Mental Health Carers Forum, Healthwatch, Erewash Voluntary Action)
- Governors were also encouraged to promote the AMM within their communities.

Feedback from those who attended the AMM included:

- The presentations on our neurodevelopmental and perinatal services was really well received; and the content was engaging
- Attendees really appreciated that experts by experience were involved in the presentations
- The presenters were pleased to be able to share information about their services/innovations with attendees.
- Announcing the winning entries of the art competition 'what makes me happy' was a highlight for many and was an example of real participation
- The formal slides were clear and more accessible than in previous years.

At the recent Governance Committee, governors agreed to establish a task and finish group to plan for next year's AMM. Ruth Day, Hazel Parkyn and Fiona Rushbrook agreed to join the Membership and Involvement Manager on the task and finish group. The group will discuss whether the AMM will take place virtually or in person, the time and suitable themes. Themes already suggested for consideration are collaborative working (i.e. with the Deaf and BME Communities); the impact of the therapeutic environments on our service users recovery in the new facilities.

The AMM for 2026 will be taking place on **Wednesday 30 September 2026**.

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

Risks and Assurances
The Annual Members Meeting was held in accordance with the guidance included in the Trust's Constitution.

Consultation
Feedback on the Annual Members Meeting was discussed in detail by the Governance Committee on 22 October 2025.

Governance or Legal Issues
In accordance with additional responsibilities for NHS foundation trusts following the amendment of the 2006 Act by the 2012 Act the Trust must hold an Annual Members Meeting.

Public Sector Equality Duty & Equality Impact Risk Analysis
In compliance with the Equality Delivery System (EDS2), reports must identify equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (Race, Economic disadvantage, Gender, Age, Religion or belief, Disability and Sexual orientation)) including risks, and say how these risks are to be managed.

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

We proactively sought to promote the Annual Members Meeting to all members of the community.

Recommendations
The Council of Governors is requested to:

1) Receive the report.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 25 November 2025

Update on the public governors and staff governor elections

Purpose of Report
To update governors on the staff governor and public governor elections and provide assurance on the process being taken.

Executive Summary
This year the election process will be undertaken by CIVICA, an independent company used by many Foundation Trusts to run their elections.

The Council of Governors have the following vacancies (these include the seats for those governors whose term of office end on 31 January 2026):

- Public governor vacancies:
  Amber Valley – one vacancy
  Bolsover and North East Derbyshire – one vacancy
  Deby City East – two vacancies
  Derby City West – one vacancy
  Erewash – one vacancy
  High Peak and Derbyshire Dales – two vacancies (note that one of these is due to a governor resigning from the role on 31 January 2026)
- Staff governor vacancies:
  Admin and Allied Support – one vacancy

The timeline for the elections is as follows:

ELECTION STAGE	TIMETABLE
Notice of Election / nomination open	24.11.25
Nominations deadline	9.12.25
Summary of valid nominated candidates published	10.12.25
Final date for candidate withdrawal	12.12.25
Electoral data to be provided by Trust	16.12.25
Notice of Poll published	8.1.26
Voting packs despatched	9.1.26
Close of election	29.1.26
Declaration of results	30.1.26

Terms of office for newly elected governors will begin on 1 February 2026.

Activity to promote the public governor vacancies will be rolled out when the election notice is published on 24 November. Information will be sent to Trust members, stakeholders, the public, councils, voluntary organisations and also promoted on the Trust's website and social media platforms. Press releases will also be produced.

Activity to promote the staff governor vacancies will be promoted in the staff e-newsletter, the Chief Executives regular email message to all staff, staff Facebook page and on the staff Intranet page. The Staff Network groups will also be approached.

Strategic Considerations	
1) We will deliver **great care** by delivering compassionate, person-centred innovative and safe care	
2) We will ensure that the Trust is a **great place to work** by attracting colleagues to work with us who we develop, retain and support by excellent management and leadership	x
3) We will make the **best use of our money** by making financially wise decisions and will always strive for best value to make money go further	x

Assurances
Governors can be assured that the elections are run independently of the Trust.

Consultation
This paper has not been considered at any other Trust meeting to date. The Governance Committee received an update on the forthcoming elections at their meeting on 22 October.

Governance or Legal Issues
These elections are being run in line with the guidance outlined in the Trust Constitution.

Public Sector Equality Duty & Equality Impact Risk Analysis
In compliance with the Equality Delivery System (EDS2), reports must identify

equality-related impacts on the nine protected characteristics age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity (REGARDS people (race, economic disadvantage, gender, age, religion or belief, disability and sexual orientation)) including risks and say how these risks are to be managed.

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

We will proactively seek to promote public governor vacancies to all members and the public across the communities where there are vacancies. We will also proactively seek to promote staff governor vacancies to all colleagues within the Admin and Allied Support Staff category.

Recommendations
The Council of Governors is requested to:

1) Receive the report
2) Note the timescales of the elections
3) Encourage governors to promote the elections within their communities.

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

Governor Meeting Timetable November 2025 – March 2026

DATE	TIME	EVENT	LOCATION/COMMENTS
25.11.25	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
25.11.25	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
17.12.25	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
27.1.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
27.1.26	2pm-5pm	Council of Governors and Trust Board development session Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
4.2.26	10.30am-12pm	Informal catch up with Selina Ullah, Trust Chair	meeting room 1, first floor, Bayheath House, Rose Hill West, Chesterfield S40 1JF
17.2.26	10am-12.30pm	Governance Committee (NB this includes ½ hour for NED appraisals)	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.3.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
24.3.26	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
1.4.26	9.30am-10.30am	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams

24.6.26	10.30am-12pn	Informal catch up with Selina Ullah, Trust Chair	Meeting room 8, Centre for Research & Development, Kingsway, Derby, DE22 3LZ– Derby

Please note:

- Public Trust Board meetings have not been put in your electronic diaries – you can observe these, which some governors do find useful
- Link to map of Kingsway Hospital is on the Trust website: Kingsway Site Map
- Links for hybrid/virtual meetings are included in the calendar invites (and also with the papers when they are circulated a week prior to meeting)

Governor Meeting Timetable April 2026 – March 2027

DATE	TIME	EVENT	LOCATION/COMMENTS
1.4.26	9.30am-10.30am	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
21.4.26	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
19.5.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
19.5.26	2pm-5pm	Council of Governors	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.6.26	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.6.26	10.30am-12pm	Informal catch up with Selina Ullah, Trust Chair	Meeting room 8, Centre for Research & Development, Kingsway, Derby, DE22 3LZ– Derby
21.7.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
21.7.26	2pm-5pm	Council of Governors and Trust Board development session Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
25.8.26	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
22.9.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
22.9.26	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

30.9.26	4pm-6pm	Annual Members Meeting	To be confirmed
20.10.26	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.11.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
24.11.26	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
15.12.26	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
26.1.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
26.1.27	2pm-5pm	Council of Governors and Trust Board development session Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.2.27	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.3.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
23.3.27	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

Please note:

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