

Meeting Council of Governors

Agenda

Date: Tuesday 24 March 2026, 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	Selina Ullah	14:00
2.	Submitted questions from members of the public		
3.	Minutes of the previous meeting held on 25.11.25		
4.	Matters arising and actions matrix		
5.	Chief Executive’s update (verbal – copy of Chief Executive’s report to Board 24.3.26 is attached for information)	Mark Powell	14:15
6.	Well Led update (verbal)	Justine Fitzjohn	14:35
7.	Non-Executive Director’s report	Jo Hanley	14:55
COMFORT BREAK			15:05
8.	Integrated Performance Summary Report	Non-Executive Directors	15:20
9.	Escalation items to the Council of Governors	Selina Ullah	15:40
10.	Report from Governors Nominations and Remuneration Committee held on 10.12.25	Selina Ullah	15:45
11.	Update on governor elections	Denise Baxendale	15:50
12.	Report from Governance Committee 17.12.25 and 17.2.26	Angela Kerry	15:55
13.	Review Governor Membership Engagement Action Plan	Denise Baxendale	16:05
14.	Governor Training and Development (verbal)	Denise Baxendale	16:10
15.	Any other business	Selina Ullah	16:15
16.	Review of meeting effectiveness	Selina Ullah	16:20
17.	Governor meeting timetable 2026/27 (for information)		
18.	Close of meeting		

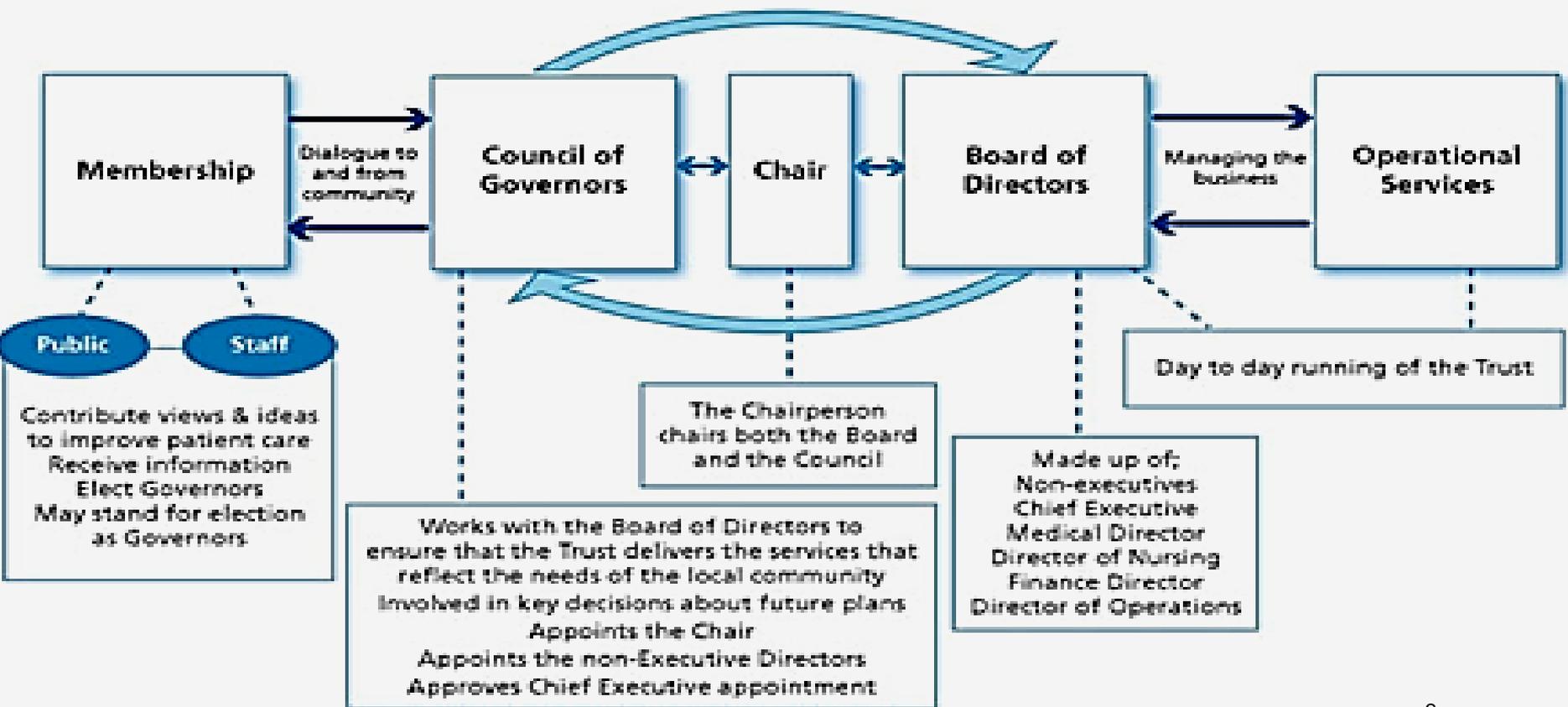
* Public Board papers will be available to view on the [Trust's website](#). Click on the 2026 drop down menu and select the relevant agenda and papers.

Next meeting: 19.5.26	Time: 14:00-17:00 hours	Location: Conference Rooms A&B, first floor, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. If you are attending virtually click here to join the meeting .
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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

FT Governance Arrangements



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 !

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

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

Our strategic priorities

Our vision

We make a positive difference in everything we do

Patient focus

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



Caring

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



Inclusive

We respect and include everyone in all we do.

Partnerships

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



Ambitious

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

WE MAKE A POSITIVE DIFFERENCE
IN EVERYTHING WE DO



Belonging

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

People

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



Collaborative

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

Productive

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

Our values

Find out more

derbyshirehealthcareft.nhs.uk/about-us/strategy

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



**MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 25 NOVEMBER 2025 FROM 14.00 – 16:30 HOURS
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE**

PRESENT	Lynn Andrews*	Deputy Trust Chair
	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
	Anson Clark	Public Governor, Rest of England
	Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
	Claire Durkin	Staff Governor, Admin and Allied Support Staff
	Fiona Rushbrook*	Staff Governor, Allied Health Professions
	Mathew Joseph	Staff Governor, Medical
	Sifo Dlamini*	Staff Governor, Nursing
	Jo Foster	Staff Governor, Nursing
	Sam Redfern	Appointed Governor, Derbyshire County Council
David Robertshaw*	Appointed Governor, University of Derby	
Pippa Hemingway*	Appointed Governor, University of Nottingham	
IN ATTENDANCE	Denise Baxendale*	Membership and Involvement Manager
	Justine Fitzjohn*	Director of Corporate Affairs and Trust Secretary
	Mark Powell*	Chief Executive
	Deborah Good*	Non-Executive Director
	Jo Hanley*	Non-Executive Director
	Andrew Harkness*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director
	Geoff Lewins*	Non-Executive Director

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

APOLOGIES

Selina Ullah	Trust Chair
Jill Ryalls	Public Governor, Chesterfield
Christine Williamson	Public Governor, Derby City West
Angela Kerry	Public Governor, Amber Valley
Fiona Birkbeck	Public Governor, High Peak and Derbyshire Dales

Marie Hickman
Rachel Bounds

Debra Dudley

Alison Martin

Staff Governor, Admin and Allied Support
Appointed Governor, Derbyshire Voluntary
Action

Appointed Governor, Derbyshire Mental
Health Forum

Appointed Governor, Derby City Council

<p>DHCFT/ GOV/20 25/049</p>	<p><u>WELCOME, INTRODUCTIONS AND CHAIR'S OPENING REMARKS, APOLOGIES AND DECLARATIONS OF INTEREST</u></p> <p>In the absence of the Trust Chair, Lynn Andrews, Deputy Trust Chair welcomed all to the meeting, and in particular to Dr Pippa Hemingway, Appointed Governor representing the University of Nottingham; and Dr Girish Kunigiri, the Trust's newly appointed Executive Medical Director. Introductions were made and apologies were noted above. There were no declarations of interest.</p>
<p>DHCFT/ GOV/20 25/050</p>	<p><u>SUBMITTED QUESTIONS FROM MEMBERS OR THE PUBLIC</u></p> <p>The Deputy Trust Chair confirmed that the following question had been submitted by a Trust member:</p> <p>"Why don't Derbyshire Healthcare NHS Foundation Trust adhere to NHSE's Patient Safety Incident Response Framework guidelines?"</p> <p>It was confirmed that the Trust does adhere to NHSE's Patient Safety Incident Response Framework guidelines and this will be conveyed to the person who raised the question.</p> <p>One item of escalation was received from the Governance Committee held on 22 October 2025:</p> <ul style="list-style-type: none">• Governors seek assurance from the Non-Executive Directors that the Trust is represented at Place meetings.• In addition, Governors seek assurance from Non-Executive Directors that the Trust is ensuring teams have adequate capacity and support to be able to regularly contribute, influence and play a meaningful role in local planning discussions i.e. at Place meetings alongside other system partners. <p>In response it was noted that:</p> <p>"the Trust is represented at Place meetings. It was confirmed that the Chief Executive and Deputy Chief Delivery Officer are members of the Neighbourhood Executive and both Managing Directors sit on the respective Derby and Derbyshire Place Partnership Board meetings. These are system wide strategic meetings.</p> <p>In addition, each of the eight Place Alliances covering Derby and Derbyshire have representation from Trust operational and clinical staff. This includes South Derbyshire which has Swadlincote within its boundaries.</p> <p>It is likely that as we move to the new operating model within the Trust, we will revisit the Trust representatives so some representatives may change in the coming months."</p> <p>Susan Ryan, Lead Governor thanked the Trust for the response and sought assurance that going forward people will be able to be involved in a meaningful</p>

	<p>way, noting that staff capacity in attending the meetings has been an issue throughout the year.</p> <p>ACTION: The Membership and Involvement Manager will forward on the response to the member of the public who submitted the question about patient safety.</p>
DHCFT/ GOV/20 25/051	<p><u>MINUTES OF THE PREVIOUS MEETING, HELD ON 23 SEPTEMBER 2025</u></p> <p>The minutes of the meeting held on 23 September 2025 were accepted as a correct record.</p>
DHCFT/ GOV/20 25/052	<p><u>MATTERS ARISING AND ACTIONS MATRIX</u></p> <p>Matters arising</p> <p>There were no matters arising.</p> <p>Actions Matrix</p> <p>Governors noted that there was one action listed and agreed to close it after it was scrutinised to ensure it was fully complete.</p> <p>RESOLVED: The Council of Governors agreed to close all completed actions on the actions matrix.</p>
DHCFT/ GOV/20 25/053	<p><u>CHIEF EXECUTIVE'S UPDATE</u></p> <p>Mark Powell, Chief Executive gave a verbal update which included:</p> <ul style="list-style-type: none"> • The Trust has received NHS England's Medium Term Planning Framework – delivering change together 2026/27 to 2028/29, which aligns with the 10 Year Health Plan for England and the need for sustainable, locally driven transformation. The framework includes a number of national requirements including establishing an emergency mental health support service in Emergency Departments to avoid people going into A&E. The submission of the plan is due in December • Since the last meeting the new cluster arrangements for Integrated Care Board (ICB) for Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire (DLN) has appointed a new executive team, including Amanda Sullivan as Chief Executive. This is one of the largest cluster arrangements in England • The official opening of the Trust's new mental health facilities (Derwent Unit in Chesterfield, Carsington Unit, Kingfisher House and Audrey House in Derby) have recently taken place. The openings mark a major milestone in the Trust's Making Room for Dignity programme • Following on from their recent inspection, the Care Quality Commission (CQC) has given the Kedleston Unit a 'good' rating • The Trust's new operating model recently came into effect. The new model creates two new divisions with five care groups • Out of area placements have significantly decreased which is having a positive impact on service users and their families • In relation to the NHS Oversight Framework (NOF) the Trust has made progress against the measures and there are no escalations regarding the Trust's current performance. It was noted that the metrics will be changing next year

- The Trust is financially on plan
- The Trust's recent tender for Substance Misuse services for adults, children and young people in Derby was disappointingly unsuccessful. It was noted that the Trust has a long and positive history of providing Substance Misuse services. The service will transfer to the new provider from April 2026. Transition work is being planned to ensure colleagues affected receive appropriate support.

Mark encouraged governors to read his report to Board which also includes details of Trust achievements and awards and suggested that this is also included in the papers for Council of Governor meetings going forwards.

Susan Ryan asked if there is an opportunity for staff in the Substance Misuse service not TUPE'd and to work elsewhere in the Trust. Mark explained that the Trust is concentrating on the TUPE process at the moment, but if there is any additional funding this may be a possibility.

Susan also asked if the Medium Term Plan is accounted for in the Trust Strategy. Mark confirmed that there is a lot of alignment to the plan in the Strategy, but this does not include funding decisions.

Dave Allen, Public Governor asked if a briefing paper can be produced on how the new ICB cluster will work for governors. Mark agreed to share a briefing with governors when it becomes clearer on how the localised areas will work in the ICB cluster.

Dave also suggested that it would be useful to governors to have a briefing paper on the impact of the financial plan on the Trust. Mark explained that this is outlined in the quality impact process and will consider what information will be beneficial to share with governors.

Dave noted that the Trust continues to be commissioned for Substance Misuse services in Derbyshire and asked how long this is for. Claire Durkin, Staff Governor confirmed that the county tender was for 10 years in April 2023 which is reviewed at three year intervals.

Brian Edwards referred to establishing an emergency mental health support service in Emergency Departments and expressed concern at how this will be funded and suggested that a pilot scheme could be carried out in Buxton. Mark explained that the new services will need to be placed near to hospitals with A&E departments and the submission was for co-location at the Royal Derby Hospital site.

Anson Clark, Public Governor referred to the University of Nottingham suspending some courses and asked what the impact will be on the Trust i.e. placement students/recruitment. Mark explained that the implications of this are currently being investigated by the Trust. David Robersthaw, Appointed Governor, University of Derby, confirmed that a lot of universities are in the position of closing courses and proposals were currently out for consultation at the University of Derby so the impact on the Trust will be unknown at the moment.

RESOLVED: The Council of Governors noted the update.

DHCFT/
GOV/20
25/054

COUNCIL OF GOVERNORS ANNUAL EFFECTIVENESS SURVEY

Denise Baxendale presented the results of the Annual Effectiveness Survey of the Council of Governors. It was noted that the survey is carried out yearly in line with best practice. Initially the results were presented and discussed in full at the Governance Committee in October. It was noted that:

- 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 by the Governance Committee in October
- 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
- Continue to build on the Board and Council of Governors relationship – through the joint Board and Governor sessions which take place in person in January and July of each year. Informal sessions will continue to be organised with the Trust Chair
- Build on governor 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.

It was noted that governors are supported by Denise to carry out their governor role effectively and are involved in developing their development and awareness sessions. Governors are encouraged to engage with their constituents and members of the public in a variety of ways and to get to meet staff/learn more about services the Trust provides by participating in the Board visits. Governors are also encouraged to hold the Non-Executive Directors to account by asking challenging questions and agreeing on items to escalate.

Brian Edwards, Public Governor suggested that a governors awareness session on the clinical agenda would be useful.

RESOLVED: The Council of Governors:

	<ol style="list-style-type: none"> 1) Noted the outcome of the Council of Governors annual effectiveness survey 2025 2) Agreed that the survey should be repeated in September 2026 3) Noted the proposed actions developed in response to the survey feedback to further enhance the effectiveness of the Council of Governors.
<p>DHCFT/ GOV/20 25/055</p>	<p><u>NON-EXECUTIVE DIRECTORS' REPORTS</u></p> <p>Lynn Andrews, as Chair of the Quality and Safeguarding Assurance Committee, presented her report which summarised her activities as a Non-Executive Director (NED) over the past year. Lynn explained that in her NED role she has responsibility for assuring quality and safety of the care provided by the Trust and for making sure that care meets the regulations of the Health and Care Act 2022.</p> <p>Deborah Good, as Chair of the Mental Health Act Committee, presented her report to governors. Deborah referred in particular to her work with carers, the progression of the Making Room for Dignity programme and the progress of the new Mental Health Act Bill.</p> <p>In their reports both Lynn and Deborah outlined the range of activities they are involved in.</p> <p>Brian Edwards referred to the Lampard Inquiry, the statutory investigation into mental health inpatient deaths in Essex. He sought assurance that the Trust is learning lessons from the inquiry. Girish Kunigiri, Medical Director assured governors that the Trust regularly discusses learning lessons from deaths and looks at areas that need to be improved. The Chief Executive also confirmed that the Trust learns lessons from other inquiries including the Nottinghamshire Healthcare Inquiry which refers to the independent public inquiry investigating failures in the care of Valdo Calocane, who committed the 2023 Nottingham attacks. He reassured governors that organisations have a sharing approach to ensure that lessons are learnt.</p> <p>RESOLVED: The Council of Governors noted the Non-Executive Directors updates and gained assurance from this.</p>
<p>DHCFT/ GOV/20 25/056</p>	<p><u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u></p> <p>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.</p> <p>Geoff Lewins, as a member of the Finance and Performance Committee gave the operations update and referred to:</p> <ul style="list-style-type: none"> • Inappropriate out of area placements have reduced – there are currently four service users placed out of area. The Trust plans to continue to reduce the numbers • There has been an improvement in early intervention in psychosis with performance back on target. Referral to treatment is expected in two days • Length of stay on our inpatient wards continues to be a challenge, with adult acute almost on target. The challenge is with older adults. Many service users are medically fit for discharge but there is a delay in getting

the Local Authority (LA) care package in place. The Trust is working with the LA to try to improve the situation

- The adult autistic disorder assessment (ASD) activity levels continue to exceed the commissioned target for assessments. Discussions with the ICB continue around a new model of service delivery
- Financially the Trust is ahead of plan by £0.2m with a £1.3m deficit. Geoff emphasised the importance of delivering recurring efficiencies going forwards and the need to reduce out of area placements.

Susan Ryan referred to the issues with the mental health support line as outlined in the report, in particular to calls being abandoned. She asked if the improvement plan would impact on the performance in a timely manner. Mark confirmed that some issues have been picked up by Mental Health Services Assessment Tool (MEN-Sat) and a full review is taking place to ensure that the service is fit for purpose. Any additions needed to improve the service will be reported to the commissioners.

Brian Edwards noted that the Trust had done well to reduce its planned deficit but did not want to see people forced into redundancies. Geoff assured governors that the Trust was in a good position financially. The Chief Executive confirmed that the Trust was ahead of the financial plan it had submitted and assured governors the plan submitted will be delivered. He also mentioned that it was unlikely that the Trust would make redundancies this year, and the Treasury had agreed to fund these if Trust's are required to make any.

Ralph Knibbs as Chair of People and Culture Committee gave an update on people which included:

- Areas of sickness absence have increased – anxiety, stress or depression related illnesses remain the highest reason for sickness absence. An absence oversight group has been established to review policies, ensure compliance and that absence is recorded correctly
- Clinical and management supervision has plateaued. A deep dive is being carried out to see how this can be improved
- So far 61.3% of staff have completed the staff survey. The Trust continues to encourage staff to complete the survey through its communication channels.

Brian Edwards referred to the sickness absence and sought assurance that the Trust is supporting staff, especially those with anxiety and depression. Ralph assured governors that the Trust has a wealth of wellbeing support in place for staff. This includes access to occupational health, talking therapies and other benefit packages. Managers also implement reasonable adjustments when necessary. Girish Kunigiri explained that mental health illness is high with one in four people suffering with depression during their lifetime. Staff working in acute and secure mental health inpatient settings are likely to be affected which means that support from the line manager, peer support and reflective practice is really important.

The anti-racism statement referred to in the Chair's update at this morning's public Board was mentioned and it was agreed that the statement will be shared with governors in *Governor Connect*.

	<p>Susan Ryan referred to the increase in restrictive practice and the need to understand if this relates to a number of patients or an individual. She also sought assurance that new staff are all trained in restrictive practice. Lynn Andrews assured governors that new staff are trained and also debriefed when restrictive practice is used. Prone restraint is being managed to try to stop escalation. The seclusion room in the new psychiatric intensive care unit (PICU) is used appropriately to help to de-escalate incidents.</p> <p>ACTION:</p> <ul style="list-style-type: none"> • The anti-racism statement will be shared with governors in Governor Connect. <p>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.</p>
<p>DHCFT/ GOV/20 25/057</p>	<p><u>ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE</u></p> <p>It was noted that there was one item escalated to the Council of Governors regarding Place meetings which was presented under minute number DHCFT/GOV/2025/050 Submitted Questions from Members or the Public.</p>
<p>DHCFT/ GOV/20 25/058</p>	<p><u>REPORT FROM GOVERNANCE COMMITTEE 22.10.25</u></p> <p>In the Co-Committees Chair’s absence, Denise Baxendale presented an overview of the matters discussed at the last Governance Committee meeting. This included:</p> <ul style="list-style-type: none"> • Reviewing the 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. <p>RESOLVED: The Council of Governors noted:</p> <ol style="list-style-type: none"> 1) The contents of the report 2) That the Policy for Engagement Between Board and Council of Governors have been approved by the Board on 25 November for a further three years.
<p>DHCFT/ GOV/20 25/059</p>	<p><u>ANNUAL MEMBERS MEETING FEEDBACK</u></p> <p>Denise Baxendale presented feedback on the Annual Members Meeting (AMM) which took place virtually on 2 October 2025. The theme ‘all in it together: health and wellbeing of people in Derbyshire’ included the following feedback:</p> <ul style="list-style-type: none"> • 50 attendees (compared to 38 last year) although 93 people had booked a place. Attendees included Trust members, the public, staff members, Trust Board and 52% of the Council of Governors

	<ul style="list-style-type: none"> • The AMM had been promoted widely e.g. press releases, social media platforms, members and staff e-newsletters, stakeholders, councils and the voluntary sector • The presentations on our neurodevelopmental and perinatal services were positively 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 and promote 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. <p>It was noted that a governor’s task and finish group was being established to plan next year’s AMM which is taking place on 30 September. It was agreed at the recent Governance Committee that the task and finish 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 user’s recovery in the new facilities.</p> <p>Lynn Andrews conveyed her appreciation to Denise for her hard work in organising the AMM. Mark Powell’s appreciation to Denise was also noted – he explained that he had received contact from parents of the finalists of the art competition regarding the amount of effort Denise had put in to assist and support them.</p> <p>RESOLVED: The Council of Governors noted feedback provided.</p>
<p>DHCFT/ GOV/20 25/060</p>	<p><u>UPDATE ON STAFF AND GOVERNOR PUBLIC ELECTIONS</u></p> <p>Denise Baxendale confirmed that the Council of Governors have the following vacancies. These include the seats of those governors whose term of office ends on 31 January 2026:</p> <ul style="list-style-type: none"> • Public governor vacancies: <ul style="list-style-type: none"> - 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 of which one is due to a governor resigning from the role on 31 January 2026 as they are moving out of the area). • Staff governor vacancies: <ul style="list-style-type: none"> - Admin and Allied Support (one vacancy) <p>Denise confirmed that:</p> <ul style="list-style-type: none"> • Nominations opened yesterday, 24 November 2025 and will close on 9 December 2025 • The notice of poll will be published on 8 January 2026 • Voting packs for contested seats will be despatched 9 January 2026 • The elections will close on 29 January with results being declared on 30 January 2026

	<ul style="list-style-type: none"> • New terms of office will start on 1 February 2026 • An induction for new governors has been scheduled for 10 February 2026. <p>Activity to promote the elections is being rolled and will cover the whole of Derbyshire using social media, newsletters etc. All governors are encouraged to promote the vacancies; and governors whose terms of office are ending on 31 January 2026 are encouraged to re-stand.</p> <p>RESOLVED: The Council of Governors noted the progress of the forthcoming elections.</p>
DHCFT/GOV/2025/061	<p><u>ANY OTHER BUSINESS</u></p> <p>Geoff Lewins</p> <p>It was noted that this is Geoff's last Council of Governors as he leaves the Trust as Non-Executive Director after eight-years in post, which will come to end on 30 November.</p> <p>Attendees conveyed their appreciation to Geoff for his significant contribution to the Board over recent years. Geoff has provided invaluable leadership as the lead Non-Executive Director for Freedom to Speak Up, supporting colleagues to raise any concerns that the Trust can learn and improve from. Geoff was also Chair of the Audit and Risk Committee, championing robust governance and assurance across the Trust.</p>
DHCFT/GOV/2025/062	<p><u>REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT</u></p> <p>The meeting overran slightly due to the meaningful questions and thought provoking and well thought out responses. The Deputy Chair conveyed her appreciation to governors for their engagement and interest.</p>
DHCFT/GOV/2025/063	<p><u>GOVERNOR MEETING TIMETABLE 2025/26 AND 2026/27</u></p> <p>The governor meeting schedules for 2025/26 and 2026/27 were shared for information. It was noted that electronic invites have been sent.</p>
DHCFT/GOV/2025/064	<p><u>CLOSE OF MEETING</u></p> <p>The meeting closed at 16:30 hours.</p> <p>The next Council of Governors meeting will be held on Tuesday 24 March 2026 from 14:00-17:00 hours. It will be held as a hybrid meeting.</p>

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 17.3.26

Date of Minutes	Minute Reference	Item	Lead	Action	Completion by	Current Position	
25.11.25	DHCFT/GOV/2025/050	Submitted questions from members of the public	Denise Baxendale	The Membership and Involvement Manager will forward on the response to the member of the public who submitted the question about patient safety.	30.11.25	Emailed response on 26.11.25. COMPLETE	Green
25.11.25	DHCFT/GOV/2025/057	Verbal summary of Integrated Performance Report	Denise Baxendale	The anti-racism statement will be shared with governors in Governor Connect.	30.1.26	Circulated to all governors on 17.3.26. COMPLETE	Green

Key	Agenda item for future meeting				
			YELLOW	0	0%
			AMBER	0	0%
			GREEN	2	100%
			RED	0	0%
				2	100%

Derbyshire Healthcare NHS Foundation Trust

(Please note that this report is being presented to Public Board on 24.3.26 and has been included for information.)

Report to the Board of Directors – 24 March 2026

Chief Executive's update

Purpose of Report

This report provides an update on current local issues and national policy developments since the last Board meeting. The detail within the report is drawn from a variety of sources, including Trust internal communications, local meetings and information published by NHS England, NHS Providers, the NHS Confederation and Care Quality Commission (CQC).

The report is intended to be used by the Board of Directors to inform and support strategic discussion. The Board should note that the report reflects a wider view of the Trust's operating environment and serves to horizon scan for risks and opportunities that may affect the organisation.

Executive Summary

National and regional context

NHSE National Priority Director appointment

Following Claire Murdoch stepping down from her national role, it has been announced that Dr Nick Broughton is the new National Priority Programme Director for Mental Health, Learning Disability and Neurodevelopmental Conditions.

Mental Health Act Reform

The first provisions of the Mental Health Act 2025 came into effect in February 2026, these relate to conditional discharge protocols for restricted patients and updated tribunal timelines. Progress will be monitored through the Board's Mental Health Act Committee. A concise overview of the Bill and its headline reforms can be read on this link [The Mental Health Bill explained](#).

Provider Capability Rating / National Oversight Framework (NOF)

NHS England (NHSE) has allocated the Trust an overall capability rating of 'Amber-Green' for 2025/26, following the submission of our self-assessment in October. This was our expected capability rating based on our own assessment. NHSE will use this alongside their NOF segment to determine what actions and/or support may be needed. NHSE guidance defines an Amber-Green rating as 'some concerns or areas that need addressing'. These predominantly align to a small number of national targets which we regularly discuss with NHSE in our Provider Review Meeting.

Foundation Trust Annual Reporting Manual

NHSE has issued the Foundation Trust Annual Reporting Manual 2025/26, this guidance sets out the requirements we will follow as we pull together our Annual Reports and Accounts, the final version of which will be approved by the Audit and Risk Committee in June, under delegated authority of the Board.

NHS Confederation/NHS Providers merger

From April 2026, the above two organisations will come together to form The NHS Alliance. The merger brings together two influential national organisations in a significant step designed to strengthen collective leadership across the NHS. By uniting their expertise, The NHS Alliance aims to improve the support, insight and advocacy provided to NHS trusts, primary care services, integrated care boards, and voluntary, independent and community based providers. We are awaiting details of the membership offer.

East Midlands Alliance – Common Board Paper

Attached at Appendix 1 is the latest common board paper, which provides a summary of the work and plans of the East Midlands Alliance. This paper is shared with the six Boards of the providers that make up the East Midlands Alliance for mental health, learning disabilities and autism.

Local context

CQC activity in our Trust

On 20 January, the Care Quality Commission (CQC) began an inspection of several of our community-based mental health services. This included our Community-based Mental Health services for Adults of Working Age (our adult CMHTs, as they are often known) and our Mental Health Crisis services and health-based places of safety. At the time of writing, we are awaiting the inspection report, though the verbal feedback suggested that there were examples of good practice by the teams.

At the same time, on 20 January, CQC inspectors also visited our mental health rehabilitation inpatient service, Cherry Tree Close. This two-day inspection (20-21 January) resulted in the publication of a very positive inspection report, released on 23 February. The service was rated 'good' overall and also 'good' across all five of the CQC's key domains – Safe, Effective, Caring, Responsive and Well-led. This was an improvement on the previous inspection, when the service was rated 'requires improvement' for safety.

Cherry Tree Close operates across a number of bungalows on the Kingsway Hospital site in Derby. The staff help people to recover from the difficulties of longer-term mental health problems, supporting them to restore their confidence and live as independently as possible. The team of health professionals supporting the service users at Cherry Tree Close includes Nurses, Psychiatrists, Occupational Therapists, Physiotherapists, Dietitians, Psychologists and Social Workers.

In their report about Cherry Tree Close, the inspectors wrote: *“Care and treatment were delivered to a high standard. Staff demonstrated skill and innovation, delivering a wide range of interventions, including psychological therapies, vocational and educational support, and structured activity programmes. Patients had made consistent progress towards independence and personal goals. Patients told us they felt empowered, fully involved in decision-making, and supported to develop independence and control around their care.”*

My thanks and congratulations to all colleagues who work in and support this service – the report reflects how hard the team are working to make a positive difference in everything they do.

As mentioned in my last report, we are continuing to assess our compliance as a Trust and a Board under the 'well led' element of the CQC's Single Assessment Framework.

Patient and Carer Race Equality Framework (PCREF)

In February, the Board of Directors received an update on the Trust's implementation of the Patient and Carer Race Equality Framework (PCREF). Introduced by NHS England, as a national anti-racism framework for mental health service providers, PCREF aims to reduce racial inequalities within services. We know that ethnically and culturally diverse groups continue to face barriers in accessing mental health services, and that their experiences tend to be worse than for the rest of the population. Within our services, men from a Black background are more likely to be detained, restrained, experience seclusion and have a longer length of stay on our wards. We want to understand why this is the case, and how we can address these health inequalities.

Dr Girish Kunigiri, Medical Director, has been appointed as the Trust's Executive Lead and he will lead a new PCREF steering group which will oversee delivery of a focused action plan and a Trust-wide self-assessment.

Service changes across Derby and Derbyshire

NHS trusts who provide services across Derby and Derbyshire had committed to open discussions about the services we provide, and to explore whether the way services are currently delivered offers the best way of delivering care to our local population.

These conversations are at an early stage, but there is one that is advancing: our Trust and Derbyshire Community Health Services NHS Foundation Trust are looking at a proposal for Older People's Mental Health (OPMH) services and Neurodevelopmental (ND) services, which are currently offered by both trusts, to transfer entirely to Derbyshire Healthcare. DCHS has highlighted the specialist clinical and governance expertise these services require, and both services are a natural fit with our established mental health portfolio. Detailed due diligence also continues, ahead of our Trust Board making a final decision about this service transfer.

New developments this year

The 10-Year Health Plan for England (launched in 2025) included a number of priorities for mental health services, in line with the three key shifts (to move from sickness to prevention, hospital to community, and analogue to digital).

The Trust has received confirmation from two bids that we secured capital funding to develop two national priorities: the development of a mental health urgent assessment centre and a 24/7 neighbourhood mental health hub. These will be exciting new developments for Derbyshire, transforming the way we provide community and crisis care. More detail on both these developments is outlined below. Whilst we will receive capital funding to support the development of these new facilities, we have not yet received confirmation of any additional staffing or wider infrastructure funding. This revenue funding to support both developments remains a live discussion with the Integrated Care Board (ICB).

Mental Health Urgent Assessment Centre:

A new Mental Health Urgent Assessment Centre will be developed at the Radbourne Unit in Derby, adjacent to the Royal Derby Hospital. The service aims to provide a more suitable environment for urgent mental health assessments for working age adults to reduce unnecessary attendances to the Emergency Department and, where appropriate, support patients into inpatient services. It will provide:

- A specialist environment for people in mental health crises, offering an alternative to acute emergency departments
- Integrated care services which will aim to provide a multi-disciplinary team to provide urgent assessment
- Access will initially be via referral through Urgent Assessment services
- The service will be implemented through a phased approach, and relevant news and updates around the offer will be shared as implementation progresses.

24/7 neighbourhood mental health hub:

Following careful analysis of local needs and health inequalities, we are looking to develop a new 24/7 neighbourhood mental health hub in Amber Valley, potentially during 2027. Our hope is that this will be the first neighbourhood hub and more will follow, in other Derbyshire neighbourhoods. Extending our existing Living Well services and learning from pilot sites from across the country, the hubs will:

- Provide round-the-clock, walk-in support for people with serious mental illnesses
- Bring together clinical teams with voluntary sector partners, housing support, employment advice and Peer Support Workers
- By offering walk-in access without needing a GP referral, the hubs aim to treat people earlier, reducing the need for emergency department visits.

As noted above, these developments are contingent on confirmation on additional staffing and wider infrastructure funding.

Raising awareness and community engagement

We continue to progress partnership work with our Deaf communities, as outlined in the Trust's Community and Stakeholder Engagement Plan.

This approach is extending to develop relationships with our Black communities, working with community partners to understand people's access and experience of our services.

Recent achievements

The Trust continues to receive positive recognition across our staff and services. Highlights from recent weeks include:

- In January I presented Angela Richardson, Mental Health Liaison team Nurse, with an award for 40 Years' Service. The *Derbyshire Times* and the *In Your Area* website ran stories about Angela, her award and her career
- The winner of our DEED staff recognition scheme (DEED stands for Delivering Excellence Every Day) for the month of January was Megan Moorhouse, Senior Occupational Therapist. Megan was chosen after being nominated by a service user for providing an extremely high level of therapeutic support and patient centred care at Kingfisher House, our Psychiatric Intensive Care Unit (PICU). The person nominating said: *"My recovery has really benefitted from the support and activities of this wonderful occupational therapist"*
- In February, I presented Lesley Newton-Griffiths, Health Protection Unit Nurse, with her 50 Years' Service Award, celebrating her longstanding contribution to patient care and her positive impact across the Trust
- The winner of our DEED scheme in February was a group of colleagues working in our Finance, Information Management and Technology, Reception and Kingsway Inpatient teams who have helped to develop a new Trust process for requesting taxis for service users. It was recognised that the Trust could save money and time by introducing an online taxi request form that goes through to a central booking team. The form asks colleagues to confirm that all other transport options have been explored and ensures that a manager or senior leader has approved the request, so there is clear accountability
- A local golf club, Kedleston Park Golf Club, has chosen to raise money this year for our Radbourne Unit Inpatient Mental Health Unit. This is being done through our charitable fund, and we will be promoting this charitable fund more often during the months ahead. We're very grateful to the captain and members of Kedleston Park Golf Club – their support for the Radbourne Unit reflects well on the unit's reputation for providing compassionate care for people with acute mental health needs.

Staff engagement

NHS Staff Survey results

The results of the 2025 NHS Staff Survey were published on Thursday 12 March. The response rate of Trust colleagues was the joint highest ever, at 64%, which is extremely positive as it means the feedback we receive is truly representative of the workforce.

In line with other NHS trusts, our results were slightly down on last year, which I recognise as a disappointing outcome, however, not unexpected given the level of change that the Trust has needed to deliver during 2025/26, which has impacted on some groups of staff. In response we have already started open and honest conversations with colleagues about how we can make improvements both Trust-wide and at team level.

Staff collaborative – tackling violence, abuse and aggression

On 30 January, a new staff collaborative met for the first time to shape how the Trust can prevent and respond to violence, abuse and aggression at work. This is a very important and concerning issue for the Trust and one that does not appear to be abating, despite our best efforts. The 30 January meeting was the first of four planned sessions for the collaborative, and the aim is to create a supportive space where colleagues could openly discuss the situations they have faced and work together to advise the Trust on next steps and the best way forward.

Team visits

I have continued to get out and about to see our colleagues and service users at the following sites:

- I joined the Forensic Community Mental Health multi-disciplinary team meeting on 2 February
- On 4 February, I joined a Staff Network meeting with colleagues from our BME (Black and Minority Ethnic) network group

- On 5 February, I spent time with the various teams at St Andrew’s House in Derby
- I joined a Board visit on 11 February to the North Early Intervention service team in Chesterfield and held an online all staff CEO Engagement Hour
- On 16 February, I held an online session for colleagues who joined the Trust in August last year, to hear from them about their first six months in post
- I held another all-staff CEO Engagement Hour on 10 March.

Executive Directors have also been continuing with their visits around services at the following locations:

- On 30 January, Vikki Ashton Taylor, Deputy CEO and Chief Delivery Officer, attended Dove Ward, Wren Ward Carsington Unit and Kingfisher Ward, PICU. She visited the Adults of Working Age and Acute and Community Management team on 2 February. On 6 February, Vikki went to see staff and patients at the Carsington Unit, which she also visited on 5 March, along with Tissington House. On 9 March, Vikki saw staff at Kingfisher Ward and visited the MH Liaison Team on 19 March
- Tumi Banda, Director of Nursing, Quality, AHPs & Patient Experience, visited the South & Dales OA CMHT, South Derbyshire WAA CMHT and Living Well Team, CAMHS & LD Team on 29 January. He joined a Board visit to the ADHD and Paediatric Administration Team on 4 February and went to see staff in the IM&T team on 26 February. He also spent time with the Research & Development team on 10 March
- Girish Kunigiri, Executive Medical Director, spent the morning at the ECT Suite, Radbourne Unit, on 19 February. On the morning of 3 March, he spent time with the Paediatric consultant body and on 17 March, he went up to Chesterfield to meet with the CMHT teams based there. On 18 March, Girish also joined a Board visit to the Dietetics Department (Specialist Services)
- Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary, joined a Board visit on 28 January, to psychological services - CAMHS ID + CAMHS CBT & CAMHS Family Therapy teams, at Ripley Resource Centre. She also attended a Board visit to the Emotion Regulation Pathway Psychological Service at St Andrews House on 11 March
- James Sabin, Director of Finance, visited our eating disorders services in Belper on 10 February, and joined a Board visit to the Patient Safety Team at Kingsway on 18 February
- Rebecca Oakley, Director of People, Organisational Development & Inclusion, joined the Board visit to the eating disorders service on 29 January.

November 2025 to February 2026

in numbers



80 service users, 12 carers and 18 staff members of all ages took part in research studies.



Our **Work Your Way** employment service successfully supported **103 people** open to community mental health services into **permanent work in roles of their choice**.

The East Midlands **Gambling Harms** Service received **212 referrals** from people concerned about their gambling habits.



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



Derbyshire Healthcare received **483 compliments** from service users, carers, families and students.



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

The **Mental Health Helpline and Support Service** received **12,395 calls** from people needing help.



Between November and January, our **Integrated Adult Neurodevelopmental Service** supported **1,567 people with a learning disability** to get an **annual health check** from their GP.



The Derbyshire Healthcare **website** was visited by **52,893 people** who looked at **182,389 pages**.



Strategic Considerations		BAF Risk(s)	Strategic Delivery Plan Reference
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.	X	1A, 1E	1.1 – 1.4
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.	X	2A, 2B	2.1 – 2.4
Productive: We will improve our productivity and design and deliver services that are financially sustainable.	X	3A	3.1, 3.2
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	4B	4.1

Risks and Assurances

Our strategic thinking includes an assessment of the national issues that will impact on the organisation and the community that we serve.

Feedback from staff, people who use our services and members of the public is being reported into the Board.

Consultation

The report has not been to any other group or committee though content has been discussed in various Executive and System meetings.

Governance or Legal Issues

This report describes emerging issues that may become a legal or contractual requirement for the Trust and potentially impact on our regulatory licences.

Net Zero Duty Implications

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

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

None.

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 document is a mixture of a strategic scan of key policy changes nationally and changes in the Derbyshire Health and Social Care environment that could have an impact on our Trust. The report also covers updates to the Board on my engagement with colleagues in the Trust and the reporting of internal actions and feedback I have received relating to the strategy delivery.

As such, implementation of national policy in our Trust would always requires consideration of a repeat Equality Impact Assessment, even though this will have been completed nationally.

Recommendations

The Board of Directors is requested to scrutinise the report and seek further assurance around any key issues raised.

**Report presented and
prepared by:**

**Mark Powell
Chief Executive Officer**

Common Board paper

January 2026

1. Introduction

This paper provides a summary of the work and plans of the East Midlands Alliance including the discussions and agreements from the East Midlands Alliance Board meetings held in October and December 2025.

The same Board paper, agreed by the CEO group, is shared with the six Boards of the providers that make up the East Midlands Alliance for mental health, learning disabilities and autism.

2. The East Midlands Alliance

The East Midlands Alliance is made up of the six largest providers of mental health services in the East Midlands region:

- Derbyshire Healthcare
- Leicestershire Partnership
- Lincolnshire Partnership
- Northamptonshire Healthcare
- Nottinghamshire Healthcare
- St Andrew's Healthcare

The Alliance has agreed a **vision** for the Alliance:

Working together in partnership to enable the best mental health, learning disability and autism care and support for the people of the East Midlands.

The Alliance has also agreed a set of **values**:

- Working together
- Respectful
- Integrity
- Supportive

The Alliance agreed a set of **principles**:

- Patient first
- Care closer to home and maximising independence
- Subsidiarity – take decisions as locally as possible
- Collaboration by consent
- Not acting to the detriment of others
- Sharing and applying learning at pace

The Alliance agreed five **strategic objectives**:

1. Quality improvement and productivity
2. Enabling safe care
3. Developing our workforce
4. Improving population health
5. Reducing inequalities

This common Board paper includes summaries of the recent work under each of the strategic objectives.

3. Alliance Plan

The Alliance Board has received updates on the delivery of the annual plan for 2025/26. The March 2026 Alliance Board will receive a draft plan for 2026/27 developed by the professional groups and regional collaboratives. The Strategy Director forum will oversee the process.

4. Quality improvement and productivity

4.1 Mental Health Act best practice workshops

The Alliance has used funding from NHS England to commission Weightmans to run a series of best practice workshops between April 2025 and February 2026. The workshops are a mix of online and in-person sessions focusing on topics agreed by the Medical and Nurse Director forum.

The Mental Health Act best practice workshops have focused on:

- Adult eating disorders
- MHA reform
- Person-centred care and considerations
- MH detention and statutory forms
- Mental capacity and the Court of Protection
- Perinatal mental health

- CAMHS and detention
- CAMHS and eating disorders for under 18's
- Digital considerations: AI technology, risk and regulation
- Part III patients and the law
- First-Tier Tribunal – procedural matters
- Part IV of MHA – appropriate treatment and the role of professionals
- Perinatal mental health
- Complex presentations of veterans and related issues
- Adult safeguarding and the law
- First-Tier Tribunal masterclass – mock tribunal
- MHA reform

The slides and a recording of each workshop session have been posted on a closed part of the Weightmans website for the Alliance providers to access. The workshop slides are shared with the CEO group at their fortnightly meetings. Attendance at the sessions has continued to be good. The feedback from the sessions has been very positive.

Weightmans have also run sessions with each Alliance provider Board and presented at the annual learning event for the Alliance in October 2025.

4.2 Joint Medical Job Planning

The Alliance has secured funding from NHS England to establish a collective programme of work on medical job planning in mental health, to fund local activity and share learning.

The Medical Directors from Leicestershire Partnership NHS Trust and Lincolnshire Partnership NHS Foundation Trust are leading this work. Progress updates have been provided to the Alliance Medical and Nurse Director forum meetings.

4.3 Therapy Supervision

The Alliance Board in June agreed to distribute the remaining Therapy Supervision funds held by the Alliance to support local activity to increase the pool of therapy supervisors. Each provider was asked to submit a proposal to use the available funding in 2025/26.

The CEO group approved a set of funding proposals in July 2025. An update on the use of the funds and learning will be presented to the Alliance Board in March 2026.

4.4 Innovation and transformation

The Alliance Strategy Director forum worked with Health Innovation East Midlands (HIEM) to design an Innovation Exchange on productivity in healthcare. The Innovation Exchange focused on digital solutions to improve productivity in healthcare provision. Seventeen

outline proposals were invited to progress to full application in the East Midlands including four led by Alliance providers.

The Alliance also supported a HIEM Innovation Exchange looking at new technologies to support Adult ADHD services which took place in early December.

A further Innovation Exchange took place in early 2026 which showcased innovations that help people with learning disability who have behaviour that challenges to avoid harm from psychotropics.

4.5 Productivity and financial plans

The Alliance Board in March 2026 will include a focus on planning, productivity and efficiency. The CEOs will be joined by the Chief Finance Officers to share plans for 2026/27 and learning.

The CFO group will meet with the Heads of Procurement on 28 January to consider joint approaches to procurement that might deliver financial and efficiency benefits.

Also in January, the Heads of Legal Services from the Alliance providers will meet to consider joint approaches and sharing information to deliver financial benefits from the procurement of legal services, legal advice and legal training.

4.6 Open Dialogue pilot

Previous common Board papers have noted that Lincolnshire Partnership was prioritised by the Alliance CEOs to pilot an Open Dialogue model on behalf of the Alliance. Progress and learning from the pilot phase were shared with the Alliance learning event in October through a video feedback session from the Lincolnshire programme leads.

4.7 National Inpatient Quality Improvement programme

The Alliance has continued to work with the regional lead for the national Inpatient Quality Improvement programme through the Medical and Nurse Director forum. The focus in 2025/26 has been on Housing and Mental Health, and on the development of a system demand and capacity model for mental health. The February meeting of the Alliance Medical and Nurse Directors will consider priorities for 2026/27.

5. Enabling safe care

5.1 Patient Safety programme

The joint Alliance work on enabling safe care is largely delivered through the Alliance Patient Safety programme which is run with Health Innovation East Midlands. The national mental

health patient safety programme ended in 2022. The Alliance secured funding to continue the programme in the East Midlands for a further two years and recently agreed a further programme extension to cover 2025 to 2027.

The programme is sponsored by the Medical and Nurse Director forum and is chaired by the Medical Director from St Andrew's Healthcare.

The three Communities of Practice from the earlier phases of the programme have continued to meet, undertake work and share learning. The three Communities of Practice also met together to share approaches and consider opportunities to join up their work.

- Improving sexual safety
- Reducing suicide and self-harm
- Reducing restrictive practice

Two lived experience leads and a Health Innovation East Midlands lead presented learning from the reducing restrictive practice programme at the Alliance learning event in October 2025. The presentation focused on the Hear Us tool which has been developed and shared across the East Midlands. The tool is designed to enable more purposeful debriefs following an incident.

In November 2025, the leads from Leicestershire Partnership Trust and Health Innovation East Midlands presented a national webinar on their work as part of the Alliance Patient Safety programme focusing on self-harm. The project was led by a core team of three Nurses from LPT and supported by a multi-disciplinary team of experts in data analysis and improvement from Health Innovation East Midlands. In a short period of time, the ward saw over a 40% reduction in incidents without increasing restrictions.

The fourth workstream from the 2023 to 2025 programme focused on the use of mechanical restraint in High Secure settings in England and Scotland. This work has been completed, and a confidential report has been shared with the High Secure providers and NHS England. A shorter final briefing on the use of the Human Factors approach that was taken as part of this review, was shared with CEOs at the Alliance Board in December 2025.

The focus for the 2025 to 2027 Patient Safety programme is on three new priorities:

- The development of a common safety framework
- The development of tools to support the reduction of the risk of physical health deterioration in severe mental illness
- A review with recommendations on the effective use of Physician Associates in Mental Health providers in the East Midlands

Scoping, early review work and interviews have taken place under each of these programme headers. A fuller update and next steps will be shared with the Alliance Medical and Nurse Director forum in February 2026 and the Alliance Board in March 2026.

Linked to this programme, the Alliance and Health Innovation East Midlands will share early learning from the pilot sites for Martha's Rule in mental health at the medical and Nurse Director forum in February.

5.2 Digitising the Mental Health Act

The Alliance Board in December agreed to the development of a business case that sets out the potential benefits of working together to digitise the Mental Health Act. Derbyshire Healthcare have agreed to take a lead in producing a case and in highlighting the potential project to NHS England as part of the planning submissions. NHS England have created a dedicated capital budget for the digitisation of the Mental Health Act.

The Alliance Medical and Nurse Director forum meeting in October received a presentation from One London which led a collective approach to digitising the Mental Health Act process in London. The Board noted that in other regions, some providers have moved together in a first phase with others joining later. Five of nine Trusts in London are now using a single digital process to manage their application of the Mental Health Act.

The Alliance Board asked that the benefits to patients and staff are clearly articulated. The Board also noted that the learning from elsewhere in the country included the importance of working alongside local authority partners and the police in the design phase.

6. Developing our workforce

6.1 Retaining and developing Clinical Support Workers and their managers

The Alliance has run a successful programme to support the development, retention and career aspirations of Clinical Support Workers. Across the Alliance there have been issues with the recruitment and retention of Clinical Support Workers. The Alliance secured significant external funding to run a shared package of development programmes.

The core programme is called Developing Healthcare Talent. It is complemented by a programme that works with the line managers of Clinical Support Workers, known as the Developing Healthcare Leaders programme. Over 500 staff have been through the programmes to date. Both courses have high completion rates, and the feedback has been very positive. Case studies for both programmes have been developed and shared nationally.

The Alliance has run four of six cohorts of the core Clinical Support Worker development programme in 2025/26. Two further cohorts will run to March and April 2026 respectively.

The Alliance has run four of six cohorts of the Clinical Support Worker line manager development programme in 2025/26. The next cohort is fully subscribed and the subsequent cohort has good sign up and will start in March 2026.

The HR Director forum has also agreed to establish a Community of Practice for the Clinical Support Worker line managers that have completed the development programme to provide on-going support and learning. There are 65 graduates of the line manager programme signed up to the Community of Practice which will launch in February 2026.

The Alliance Board in June agreed to support a proposal from each Alliance provider to use some further local Clinical Support Worker funding in 2025/26. The Alliance Board asked the HR Directors to run a further sharing of learning session in April 2026 focused on the various local activities undertaken this year.

6.2 New Horizons programme

A case study has been developed summarising the two cohorts of support for internationally trained nurse recruits using the Clinical Support Worker personal development approach. The New Horizons pilot cohorts received very positive feedback. The Alliance does not hold any funding to commission additional cohorts, but providers could.

6.3 Recruitment and Retention Payments and Golden Hello audit

In September, the HR Director forum ran a further audit of additional recruitment and retention payments being made by the Alliance providers. The summary of the payments was shared with the CEOs at the Alliance Board in December. The CEOs welcomed the transparency and HR Director forum review.

6.4 Sharing learning on initiatives to tackle violence and aggression towards staff

The HR Director network had a focus on programmes and actions to address violence and aggression towards staff in September 2025. There was a particular focus on the work in Lincolnshire Partnership to broaden the responsibility and develop a wider programme of activity to support a reduction in violence and aggression towards staff.

6.5 Alliance workforce dashboard

The workforce dashboard for the Alliance has been reintroduced. The dashboard is now shared through an online system.

7. **Improving population health**

7.1 Collective service planning and piloting the CAMHS Day Care model

The Strategy Director forum has continued to lead work to consider opportunities for joint service planning across the East Midlands.

Each Alliance Board now includes a deep dive into one of the regional specialised collaboratives including their long-term plans to make a left shift, provide care closer to home and transform service models.

The October Alliance Board reconfirmed the prioritisation to pilot the CAMHS Day Care model in Leicestershire and Lincolnshire. The Board also agreed that the next system will be Derbyshire. The next steps are to establish the CAMHS Day Care pilots in Leicestershire and Lincolnshire.

7.2 Long term funding of Specialist service models to move care closer to home

The Alliance Board agreed at the October meeting to recurrently fund the CAMHS tier 3.5 services and the Waterlily programme in Adult Eating Disorders. Both of these developments support care closer to home and a move towards intensive day support rather than inpatient admission. The piloting of both approaches has demonstrated their effectiveness. Both have been developed with lived experience input and received very positive feedback from patients, families and carers during their pilot phases.

7.3 Regional Gambling Addictions service

The Alliance Board receives regular updates on the East Midlands Gambling Addictions service. The service has continued to see increases in referrals, has had a successful focus on increasing referrals from women and has introduced a new scale to measure progress.

The service has recently recruited additional resources to cover early evening slots and has progressed the initial thinking towards developing PROMS for the service.

In anticipation of the expected new investment into gambling harm support services linked to the gambling levy, the service is developing an expanded model of care to increase its reach across the East Midlands. The Gambling Harm service will work with NHS England and the two new East Midlands ICBs to agree on the medium-term use of that new funding.

7.4 Future Collaborative Hub provision

The Alliance CEOs have sponsored work to develop and implement a proposal for a single Collaborative Hub in the East Midlands and revised governance arrangements for the Collaborative and Alliance.

An NHS England commissioned independent review report into the Impact Forensic collaborative hub recommended that a single hub is developed for the East Midlands.

The Alliance Board meetings in October and December received updates on the plans to create a new East Midlands hub, bringing the two existing Collaborative hubs together.

The plans include each of the Alliance providers being represented in the recruitment process for a new lead role for the new hub. The CEOs asked to review the initial objectives for the new Hub Director role once they have been co-produced with Collaborative leads.

7.5 Revised governance arrangements

The January 2026 Strategy Director meeting will develop a revised governance proposal that brings the governance of the Alliance and the governance of the mental health Collaboratives closer together.

At the December Alliance Board, the CEOs agreed on a set of outline principles to inform this work. A more detailed proposal will be shared with the CEOs for comment ahead of formal presentation at the March Alliance Board meeting.

8. Reducing inequalities

8.1 Patient and Carer Race Equality Framework

The East Midlands Alliance has prioritised the sharing of learning and roll out of the Patient and Carer Race Equality Framework (PCREF). The Alliance CEOs and PCREF leads will meet with the national PCREF leads, Jacqui Dyer and Husnara Malik, on 6 February to hear about recent developments with the national PCREF programme, the role of the CQC in overseeing implementation of the PCREF and to share organisational updates.

8.2 Women's Secure pathway

The Impact Forensic collaborative is working with the East Midlands ICBs to address the health inequalities experienced by women from the East Midlands by transforming the women's secure pathway.

8.3 Rolling out the Waterlily Eating Disorder support programme

The October Alliance Board agreed to the roll out of the Adult Eating Disorder Collaborative Waterlily programme to all counties of the East Midlands following a review of the financial model and feedback on the pilot implementation.

9. Regional mental health collaboratives

9.1 Op COURAGE in the East Midlands

Op COURAGE is an NHS service developed with people who have served in the Armed Forces and experienced mental ill-health. In the Midlands (East and West), Op COURAGE is delivered in partnership by Lincolnshire Partnership NHS Foundation Trust, Birmingham and Solihull Mental Health NHS Foundation Trust, Coventry and Warwickshire Partnership NHS Trust, St Andrew's Healthcare, Walking with the Wounded, The Ripple Pond, Tom Harrison House, and Mental Health Matters.

The October Alliance Board meeting considered the actions being taken to reduce the scale of the waiting list for assessment and the December meeting heard that improvements had been made in terms of the size of the waiting list and the longest waits.

The service has begun the roll out of an assessment clinic model in the East Midlands to further improve waiting times. This model was trialled in the West Midlands and has proved successful. The planned assessment clinics commenced with the first taking place in Lincoln in October. This ran successfully with good outcomes for the veterans assessed on the day. The plan is to grow this model with regular clinics across the East Midlands.

9.2 Perinatal Collaborative

The specialist Perinatal collaborative for the East Midlands, led by Derbyshire Healthcare NHS Foundation Trust, is a partnership to deliver high-quality care for pregnant women and new mothers with serious mental illnesses who require admission to a Mother and Baby Unit, and to ensure seamless support between Mother and Baby Units and community perinatal mental health teams.

The December Board heard that both Mother and Baby Units (MBUs) remain on routine quality assurance and improvement level with no escalations in Quarter 2. A permanent air conditioning system will be installed at the Beeches in Derbyshire in early 2026.

9.3 Impact Forensic Collaborative

A deep dive into the Impact Forensic collaborative took place at the December Alliance Board. The meeting reviewed progress over the longer term in reducing the number of Out of Area Placements, reducing length of stay and improving occupancy.

The meeting also discussed the Impact Hub review undertaken by NHS England, the scale of combined deficit between the providers and commissioner, and the challenge of nationally negotiated bed day rates with the independent sector.

The December Board received a financial model for the next five years alongside a set of assumptions. The CEOs asked for some further work to be undertaken on the financial model and different scenarios run ahead of a further presentation to the CEO group in January. The model will be reviewed by the CFO group on 7 January and presented to the CEO group on the 9 January.

NHS England have asked Warwick University to review the financial sustainability of the Collaborative. However, the final scope of the review and the timescales are not yet agreed.

The CEOs are keen to develop a long-term strategy for the Collaborative in terms of transformation and financial stability.

9.4 CAMHS Collaborative

The October Alliance Board undertook a deep dive into the CAMHS Collaborative. The Board reviewed an update paper and a presentation on the future financial position, potential investment decisions and transformation for the CAMHS collaborative.

The Board received an update on the publication by NHS England of a developmental specification as part of the ongoing CAMHS Transformation work. Linked to this, the regional task and finish group have completed the development of the day service specification which has been presented to and agreed by the Provider Collaborative Programme Board.

The Board noted the investment in the Tier 3.5 model which has further reduced the demand for inpatient beds and supported patients closer to home. There is strong evidence of a successful left shift.

The Board discussed the use of a block payment model rather than one based on occupied bed days to support the CAMHS inpatient providers. It also reviewed the financial position of the CAMHS Inpatient providers and the CAMHS collaborative. The Alliance Board noted that St Andrew's Healthcare has given six months' notice on their CAMHS inpatient beds.

The Board also discussed the CAMHS Day service specification and the funding required to run the pilot sites in Leicestershire and Lincolnshire.

In December, the Alliance Board heard that the East Midlands CAMHS Collaborative had won provider collaborative of the year in the recent HSJ Awards. The Board acknowledged that achievement and recognition.

9.5 Adult Eating Disorders Collaborative

The October Alliance Board undertook a deep dive into the Adult Eating Disorders Collaborative. The Board heard that activity had decreased in Quarter 1 of 2025/26 and that there had also been a decrease in out of area admissions. With the decreased activity, the financial modelling that was presented demonstrated that the Collaborative can afford to fund the Waterlily project recurrently across the East Midlands. The Board had previously received feedback from the pilot areas and committed in principle to a wider roll out.

The AED Collaborative will take on the quality oversight of a new adult eating disorder unit, Nova Ward at Cygnet Elowen in Shipley, which will increase inpatient capacity within the East Midlands by 12 beds.

In December, the Alliance Board heard that the AED Collaborative had received recognition for the Waterlily programme which won an award for Community Initiative of the Year. The Board acknowledged that achievement and welcomed the external recognition of the progress that has been made.

10. Alliance communications and events

10.1 Alliance newsletter

A further quarterly newsletter was shared in October. The newsletter provides headline information on stories of interest and refers readers to the Alliance website for further detail. The website (www.eastmidlandsalliance.org.uk) provides a hub for information about the Alliance and the provider collaboratives.

The October Alliance newsletter included updates on the two new mental health units opening at Kingsway Hospital in Derbyshire and the new 12-bed specialised eating disorder ward has also opened in Shipley. It also focused on the success of the Waterlily programme, co-ordinated by the East Midlands Adult Eating Disorder Provider Collaborative, which recently won the Community Initiative Award at the HSJ Patient Safety Awards. Dr Girish Kunigiri, the then Chief Medical Officer at Lincolnshire NHS Foundation Trust took part in the 60 Second Showcase.

10.2 Alliance learning event

The Alliance held an annual learning event for Boards in October 2025. The session was opened by Gareth Harry, the national NHS England Director of Delivery for Mental Health, Learning Disabilities and Autism. There were also presentations from two lived experience leads on reducing restrictive practice and meaningful debriefs, the clinical and director lead for the CAMHS Collaborative for the East Midlands, and a legal overview from Weightmans. The session also included time for cross-organisational work and an opportunity to influence the priorities in the Alliance Plan for 2026/27.

The Communications team produced a short film of the day which has been shared with Alliance CEOs, national leads and uploaded to the Alliance YouTube channel.

11 Actions and recommendations

The Boards of the Alliance providers are asked to:

- I. Note the updates in delivering the Alliance Plan for 2025/26;
- II. Receive the updates from each regional mental health collaborative;
- III. Note the progress on Alliance communications and the success of the Board learning event in October.

Non-Executive Director (NED) Report – Jo Hanley

Purpose of Report

This paper provides an overview of my activities as a Non-Executive Director since joining the Trust in August 2025 and the activities of the Finance and Performance Committee (F&PC) that I Chair.

Executive Summary

As Chair of the F&PC this paper is principally concerned with my activities in that role and the assurances gained through that Committee.

The F&PC oversees:

- Financial planning and performance, including Cost Improvement Programme
- Operational Performance and Resilience
- Continuous Improvement activity
- Estates, Environmental impacts and Contracts/Procurement
- Digital strategy/planning – the shift from analogue to digital
- Partner working
- BAF (Board Assurance Framework) risk oversight for service continuity/ resilience and financial performance.

The paper provides detail around F&PC’s key areas of activity since August 2025 along with summarising my involvement in activity beyond F&PC.

Strategic Considerations		BAF Risk (eg 1A)	Strategic Delivery Plan Reference
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.			
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.			
Productive: We will improve our productivity and design and deliver services that are financially sustainable.	X	3A	3.1
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X	N/A	4.1

Risks and Assurances

- F&PC has gained assurance across a range of areas as detailed in the report F&PC has oversighted the BAF risks aligned to the committee.

Consultation

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

Governance or Legal Issues

- Nothing additional.

Net Zero Duty Implications

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

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

- None.

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 equality, diversity and inclusion (EDI) objectives of F&PC are included within its terms of reference.

Recommendations

The Council of Governors is requested to:

1. 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: Jo Hanley
Non-Executive Director**

Council of Governors – 24 March 2026

Non-Executive Director's Report – Jo Hanley

Purpose of Report

This paper provides an overview of my activities as a Non-Executive Director since joining the Trust in August 2025 and the activities of the Finance and Performance Committee (F&PC) that I Chair.

Finance and Performance Committee

As Chair of the F&PC this paper is principally concerned with my activities in that role and the assurances gained through that Committee.

The F&PC oversees:

- Financial planning and performance, including Cost Improvement Programme
- Operational Performance and Resilience
- Continuous Improvement activity
- Estates, Environmental impacts and Contracts/Procurement
- Digital strategy/planning - the shift from analogue to digital
- Partner working
- BAF (Board Assurance Framework) risk oversight for service continuity/ resilience and financial performance.

Membership:

In addition to myself as Chair, F&PC has two other NED members. It is worth noting that the NED membership of the Committee has changed significantly since the previous Chair's last report reflecting the changes in Board membership with myself replacing Tony Edwards as Chair and most recently, from the November Committee meeting, Chioma Akpom having replaced Geoff Lewins. Andrew Harkness is the longest serving NED F&PC member with wider continuity stemming from Executive membership.

The Lead Executive Director on F&PC is the Director of Finance, James Sabin. The other Executive Director members of F&PC are the Chief Delivery Officer, Vikki Ashton Taylor and the Director of People, Inclusion and Organisational Design, Rebecca Oakley. Other senior managers attend all or part of the meeting where it is appropriate to the agenda or where they are providing cover for an Executive Director member.

Meetings held:

F&PC convenes on a bimonthly basis with additional extraordinary meetings called where required. Since August 2025 there have been three full F&PC meetings held on 9 September 2025, 4 November 2025 and 13 January 2026. We have also met outside of these both as a F&PC and as a full Board to best support the Trust's annual Financial & Operational Planning activity.

Specific points of note and assurance from my perspective as Chair:

- Monitored in year financial performance, including Cost Improvement Programme (CIP) delivery, to ensure the Trust meets the requirement to breakeven in the 2025/26 financial year which I am pleased to say the Trust is on track to do. The ability to continue to achieve financial balance in future years requires a different approach with

multiyear transformational activity and longer-term planning which I am actively championing

- Revised approach adopted to 2026/27 financial planning cycle bringing the wider Board into the process and driving greater insight/understanding aligning to the change in NHS expectations for the full Board to be sighted and accountable for financial plans
- Achieving longer term financial sustainability will be challenging when one considers the need for transformational activity to drive this whilst there is no funding mechanism to support financial investment to enable transformation activity. This requires the Trust has to become more productive and generate financial surpluses to fund transformation activity
- The Making Room for Dignity programme has principally delivered with one unit scheduled for 2026/27 delivery. In addition to supporting progress towards achieving the regulatory requirement to remove dormitory style wards this programme supports delivery of the Green plan. The Trust has not yet eradicated dormitory care/environments although it has plans in place to do so
- Whilst work has commenced on the building of a digital plan, substantially more work and focus is required in this space along with the right delivery model and capability to enable the necessary progress. An interim solution is in place to ensure continuity of support services currently provided by Arden GEM addressing any immediate risk with the winddown of the organisation. A more strategic solution is required to enable the Trust to be fit for future service and drive cost efficiencies/value for money
- The Trust has good constitutional standard performance and operational service delivery. Whilst recognising there is more to do, positive progress has been made in improving performance in challenged areas, notably out of area placements
- A series of annual reports have been provided including Emergency Preparedness, Resilience and Response (EPRR) and Health and Safety providing a good level of assurance
- Welcome the capability build in Contracts/Procurement enhancing standardisation, control and oversight in this area across the Trust
- Significant progress has been made in building Continuous Improvement capability across the Trust and ensuring that the frameworks and governance are in place to effectively capture and manage Continuous Improvement initiatives.

With a continuous improvement lens, James Sabin and I are currently working through enhancements to F&PC to drive greater focus around key risks and bring the Committee closer to the organisation through Directorate deep dives.

Other responsibilities and activities

- Remuneration & Appointment Committee Membership
- Quality and Safeguarding Committee Membership
- Engaged in Public & Confidential Board sessions
- Active participant in Board Strategy sessions

Integrated Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of January 2026 for internal measures, and to the end of December 2025 where the data source is NHS England. 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.

Quality

High performing areas:

- **Duty of Candour:** All qualifying incidents managed appropriately, demonstrating transparency and effective risk management
- **Medication Safety:** Sustained reduction in medication incidents since November 2025, supported by strong reporting culture and robust governance
- **Falls:** Majority of inpatient falls result in no harm, with consistent multi-disciplinary review and learning.

Challenging areas:

- **Clinical Readiness for Discharge:** Performance remains above threshold due to external system pressures (housing, funding, social care), limiting short term improvement
- **Incidents of Harm:** Reported levels remain above current thresholds, which no longer reflect service expansion or changes in reporting practice
- **Restrictive Practices:** Increased physical restraint linked to expanded inpatient provision; prone restraint remains a quality risk pending delivery of improvement plans
- **Seclusion:** Ongoing common cause variation with reliance on quality improvement activity to achieve sustained reduction.

Operational performance

Notable changes since the last report:

- **Inappropriate out of area (OoA) placements:** following the significant reduction to zero inappropriate OoA patients which occurred during December 2025, there has been an increasing demand for inpatient treatment which has resulted in three inappropriate OoA placements at the time of writing – two Acute and one female Psychiatric Intensive Care Unit (PICU)
- **Early intervention in psychosis:** the Early Intervention services and At Risk Mental State (ARMS) services assess people who are suspected of experiencing a first episode of psychosis. The national standard is to undertake an assessment and assign a Care Co-ordinator within two weeks of people being referred into the service. In January 2026 performance fell below target at just 41%. However, the position has been recovered in February 2026, with the services achieving 74% against the national 60% target
- **Transforming Care Programme:** Currently there are 20 learning disability and learning disability or autism patients in beds against a trajectory of 19 (+1) over trajectory, and 17

autistic spectrum disorder (ASD) patients in beds against a trajectory of 11 (+6) over trajectory; a total of 37.

Top three things to note from this report:

1. NHS Oversight Framework (NOF) challenges

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: The January position has improved slightly to 62% as the planned transition of records starts to have an impact. 14% of the remaining children and young people would have been waiting over 52 weeks. This is a significant reduction from 66%

Crisis response: this is an NHS Oversight Framework (NOF) 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 quarter 2 (Q2) NOF ratings, the Trust placed in the 2nd lowest (worst) quartile for performance against this metric. The Trust has ranked in the top 10 of all NHS providers through Q3, which indicates that the Trust is likely to place in the best quartile when the official Q3 NOF rankings are published

Proportion of Acute inpatients discharged with a length of stay (LoS) of 60 plus days: Proportion of adult Acute inpatients aged 18-64 discharged with 60 days plus LoS: In the Q2 NOF rankings the Trust placed in the highest (worst) 25% of providers (quartile 4) at 28.6%. 48 of the current adult Acute inpatients have a length of inpatient episode of 60 days or more to date (31%)

Children and young people accessing Mental Health services: This financial year in order to cut waiting times the Integrated Care Board (ICB) has invested in Child and Adolescent Mental Health services (CAMHS). This is recurrent investment and is the first year of a three-year service improvement programme. Recruitment of more children and young people's Mental Health Practitioners is in progress, with the aim of reducing waiting times to four weeks over the course of the programme and will positively impact on the access metric.

2. High performing areas

The areas where a consistently high level 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 remain the adult ASD assessment waiting list and waiting times (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.

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.

Financial

At the end of January, there is an overall deficit of £1.3m, 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 £0.7m, which is better than plan by £0.5m.

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 on plan at the end of month 10, delivering savings of £11.7m and are forecasting full delivery of £14.8m by the end of the financial year. There has been a 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 £3.5m year to date (YTD) and is forecast to be above plan by £4.3m. The forecast assumes current levels for the remaining months of the financial year
- 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.

Triangulation

Early intervention: the service experienced a significant increase in demand at the same time as a significant level of staff turnover of 25%, vacancies peaking at 16% and periods of high levels of sickness absence which all inevitably impacted on waiting times.

Inpatients: recent work relating to an inpatient ward in relation to triangulation of staff and student feedback, ward key performance indicators and feedback from a CQC Mental Health Act visit, resulting in a cultural review being commissioned whilst further ongoing investigation is taking place.

Strategic Considerations		Board Assurance Framework Risks	Strategic Delivery Plan Reference
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.	X	25-26 1A	1.2 - 1.4
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.	X	25-26 2A	2.1 – 2.4
Productive: We will improve our productivity and design and deliver services that are financially sustainable.	X	25-26 3A	3.1 – 3.3
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	25-26 4A-C	4.1

Risks and Assurances

This report should be considered in relation to the relevant risks in the Board Assurance Framework (BAF): 25-26 2A,2B; 25-26 3A; 25-16 4A-C. The content provides assurance across several BAF risks related to workforce, operational performance and regulatory compliance. The use of run charts provides a more detailed view of performance over time as it enables the differentiation between common cause and special cause variation.

Consultation

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

Governance or Legal Issues

This report reflects a range of activities that fall under the statutory requirements of the Health and Safety at Work etc. Act 1974, and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended).

Net Zero Duty Implications

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

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

No meaningful impact identified.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- 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: **Chioma Akpom, Non-Executive Director**
Lynn Andrews, Non-Executive Director
Jo Hanley, Non-Executive Director
Andrew Harkness, Non-Executive Director
Ralph Knibbs, Non-Executive Director

Report prepared by: **Tumi Banda**
Director of Nursing, AHPs, Quality and Patient Experience

Vikki Ashton-Taylor
Deputy Chief Executive and Chief Delivery Officer

Rebecca Oakley
Director of People, Organisational Development and Inclusion

James Sabin
Director of Finance



Derbyshire Healthcare
NHS Foundation Trust

Integrated Performance Report

January 2026

www.derbyshirehealthcareft.nhs.uk

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

Responsible Committee: **Quality and Safety Committee**

Executive Summary

It is important to note that the Quality targets listed in the Performance dashboard do not account for the expansion and changes to Trust services since June 2025, including the addition of an Older People's functional ward, a male Psychiatric Intensive Care Unit (PICU), a female Enhanced Care Unit (ECU) and an additional Acute Inpatient Ward. The current metrics considered and current targets will be updated in April 2026 to align with the start of the new financial year to ensure accurate and proportionate oversight of Care Group quality performance.

Overview

- **Quick Resolution (QR) Complaints and Closer Look (CL) (Formal Investigations):**
The numbers of “closer look” and “quick resolution” complaints are following a pattern of common cause variation with the majority being raised in relation to the Working Age Adult Inpatient and Community Care Groups. Themes are monitored and escalated through the Trust Learning the Lessons meeting as part of the new governance structure and are monitored and explored through a monthly report from the Heads of Clinical Practice which is overseen at the Patient and Carer Experience Group every quarter. A plan is in place to ensure timely response to complaints
- **Duty of Candour (DoC):**
Four incidents have met the threshold for DoC in the past three months and the duty was discharged appropriately in each case reflecting a culture of effective risk management and transparency
- **Clinical Readiness for Discharge (CRfD):**
The proportion of patients CRfD has fluctuated between 9% and 11%, since February 2025. Discharging clinically ready patients is impacted by a lack of appropriate housing establishing funding and availability of social care placements. Twice weekly multi-agency meetings are held to discuss barriers, escalate concerns and support resolution but it is unlikely the 4% threshold will be reached over the next three months
- **Medication Incidents:**
The number of medication incidents reported have been on a reducing trajectory since November 2025. The Increase between July and November 2025 should be viewed with consideration that there are more Inpatient Wards from this point and Enhanced Community team support from Pharmacy, who are recognised as one of the top reporting groups. Trends and themes such as storage of medicines, measuring of liquids and medicine doses missed have remained consistent and have been acknowledged at the monthly Medicine Safety and Practice meeting and are being addressed via an action plan overseen within the Medicine Management Committee and are included in the Medicines Safety report to the Trust Quality and Safeguarding Committee for assurance
- **Incidents of Harm:**
Incidents of moderate to catastrophic harm have remained over 50 incidents, but the current threshold of 50 does not account for the increase in Inpatient Wards and the practice of recording racist incidents as major. The level of incidents of racism being reported by staff are being addressed via the Race Equality Working Group alongside violence and aggression towards staff through a collaborative around reducing violence and aggression towards staff which started in January 2026
- **Physical and Prone Restraint:**
Incidents involving physical restraint are monitored via the Reducing Restrictive Practice Group every month and has increased in line with the increased number of Inpatient Wards since May 2025 including a PICU. The number of prone restraint incidents is related to incidents of rapid tranquilisation and placing patients in seclusion safely and This is being targeted by the Trust Positive and Safe team, teaching alternate ways of placing patients in seclusion and identifying alternate positions for intermuscular injection. A quality improvement plan started in March 2026 aims to eradicate prone only restraint by September 2026

- **Seclusion Episodes:**

The number of new episodes of patients held in seclusion has continue to follow a pattern of common cause variation and is discussed monthly at the Reducing Restrictive Practice Group. A quality improvement group focusing on seclusion quality and reduction is ongoing on meets monthly. Benchmarking conversations with external organisations have also taken place to learn from others with a view to reduce use of seclusion within the organisation over the next six months

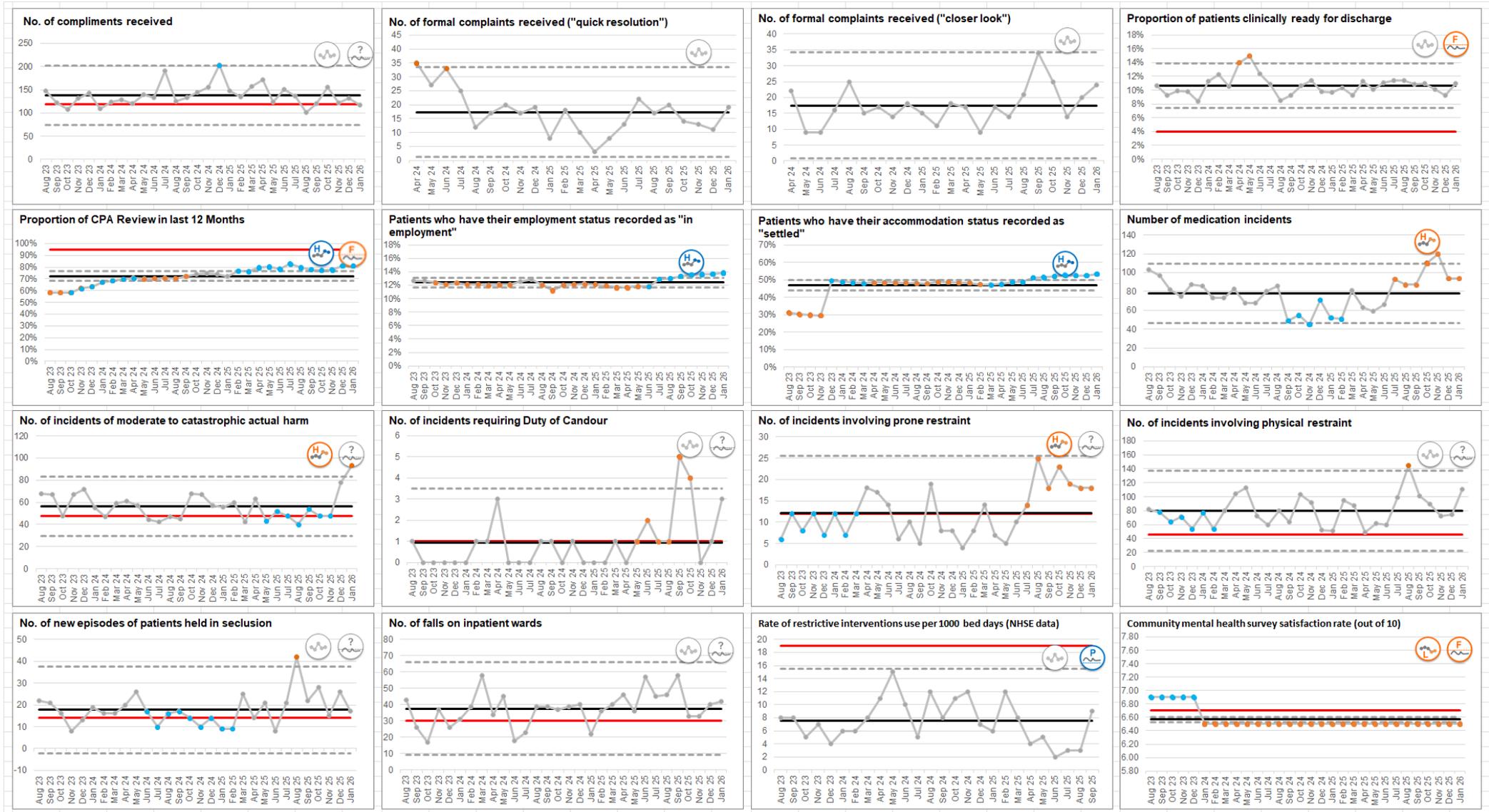
- **Falls on Inpatient Wards:**

Between November 2025 and January 2026, 95% of falls reported caused no harm to patients and the threshold of 30 falls does not reflect the increase in Inpatient Wards. All patients who fall are discussed at a fortnightly falls meeting with input from the Trust Moving and Handling Lead and the ward multi-disciplinary team

Measure	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	
Quality performance														
No. of compliments received	119	135	157	172	124	151	137	101	121	155	122	132	117	
No. of formal complaints received ("quick resolution")		18	10	3	8	13	22	17	20	14	13	11	19	
No. of formal complaints received ("closer look")		11	18	17	9	17	14	21	34	25	14	20	24	
Proportion of patients clinically ready for discharge	4%	10%	9%	11%	10%	11%	11%	11%	11%	11%	10%	9%	11%	
Proportion of patients on CPA >12 months who have had their care plan reviewed	95%	77%	76%	80%	80%	78%	83%	80%	78%	78%	78%	81%	81%	
Patients who have their employment status recorded as "in employment"		12%	12%	12%	12%	12%	13%	13%	13%	14%	14%	14%	14%	
Patients who have their accommodation status recorded as "settled"		47%	47%	48%	49%	49%	51%	51%	52%	53%	53%	52%	53%	
Number of medication incidents		51	81	63	59	66	93	87	87	110	120	94	94	
No. of incidents of moderate to catastrophic actual harm	48	60	42	63	43	52	48	40	54	48	48	78	93	
No. of incidents requiring Duty of Candour	1	0	1	0	1	2	1	1	5	4	0	1	3	
No. of incidents involving prone restraint	12	8	14	7	5	10	14	25	18	23	19	18	18	
No. of incidents involving physical restraint	46	95	87	49	62	60	99	145	101	89	72	74	111	
No. of new episodes of patients held in seclusion	14	9	25	14	21	8	21	42	22	28	15	26	17	
No. of falls on inpatient wards	30	36	40	46	36	57	45	46	58	33	33	40	42	
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





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:** this is an NHS Oversight Framework (NOF) 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 quarter 2 (Q2) NOF ratings the Trust placed in the second lowest (worst) quartile for performance against this metric. A performance improvement plan was devised and implemented. The plan proved extremely effective and from the monthly mental health services dataset data published by NHS England the Trust has ranked in the top 10 of all NHS providers through Q3, which indicates that the Trust is likely to place in the best quartile when the official Q3 NOF rankings are published.
- **Mental Health Helpline:** From the [latest official statistics](#) in development published by NHS England (December 25), the proportion of calls to the helpline which were abandoned (callers hung up) after interactive voice response call steering remained high at 41%. In comparison, the national average for calls abandoned was 27%. Demand for the Trust's service is steadily increasing. In December 6.1k calls were received, which is the highest number on record and an increase of 9% since the previous month. This was well above the average of 4.8k calls received a month. Conversely, the Trust's speed to answer calls remained the third quickest in the Midlands. 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 2025. However, the Trust continues to require some external placements owing to demand exceeding bed capacity. The new male PICU for Derbyshire opened in July 2025 which continues to have a very positive impact on the care of male patients, with zero males placed OoA. However, there is no PICU provision for females in Derbyshire. Statistically, over the last three years seven to eight beds have been needed per day to meet the demand for female PICU care most of the time (85th percentile). At the time of writing, there are four females in PICU placements in total – three continuity of care and one inappropriate. There are also 21 adult Acute placements – 19 continuity of care and two inappropriate. So in total there are currently just three inappropriate OoA placements
- **Proportion of Adult Acute Inpatients aged 18-64 discharged with 60 days plus length of stay (LoS):** In the Q2 NOF rankings, the Trust placed in the highest (worst) 25% of providers (quartile 4) at 28.6%. The monthly Mental Health services dataset data published by NHS England indicates that this is likely to continue into Q3. If people had been discharged when clinically ready, the Trust would likely place in quartile 3. Currently, eight adult Acute patients are CRfD, delayed for a total of 308 days to date. Delayed discharges inflated average LoS by five days and inflated LoS of 60 plus days by 2.7% in Q3, and 5.4% in Q4 to date. The Trust continues to work with System partners to reduce CRfD delays and is actively engaged with the Midlands Learning and Improvement Network which is supporting shared learning as an enabler to improving LoS. Performance improvement plan was implemented but did not have the intended impact. Therefore, a revised plan is in development. 48 of the current adult Acute inpatients have a LoS inpatient episode of 60 days or more to date (31%)
- **Average LoS for Adult Acute, Older Adult and PICU mental health beds:** the latest monthly Mental Health services dataset data published by NHS England (Q3) placed the Trust 15th highest of all NHS providers for average LoS, at 62 days. However, if patients had been discharged when clinically ready to be discharged the Trust's Q3 average LoS would have been 54 days, which would place below the national average of 58 days. Currently, there are eight

adults and nine older adults who are CRfD, who have been delayed for a total of 1,001 days to date. This creates a very poor patient experience and has a significant financial impact on the health system as it results in other patients having to be placed with private providers, at cost. Revised performance improvement plans for adult and older adult LoS reduction and improved flow are in development

- **Three-day follow-up:** the national standard for follow-up after inpatient discharge continues to be consistently exceeded, ensuring patients get support at the time they are most vulnerable. This process is tightly monitored by the Trust's Performance Analyst to ensure the safety of patients
- **Other triangulation work:** recent work relating to an inpatient ward in relation to triangulation of staff and student feedback, ward key performance indicators, and feedback from a Care Quality Commission Mental Health Act visit, resulting in a cultural review being commissioned whilst further ongoing investigation is taking place.

Elective/access

- **Women accessing specialist Perinatal Mental Health service:** the service continues to support increasing numbers of women before and after the birth of their children
- **Adult autistic spectrum disorder (ASD) assessment:** activity levels continue to exceed the commissioned target for assessments, with the full year target exceeded by 55% up to the end of January 2025. Waiting times remain very high at around 59 weeks, with demand far exceeding commissioned capacity. The waiting list has reduced over the last three months but over 1,200 people are currently waiting
- **Community waits over 52 weeks:** from the latest published data, the Trust is likely to be ranked fourth highest (worst) in the country for waits over 52 weeks, at 66%. The national median was just 0.3% (mean 8%). The January position has improved slightly to 62% as the planned transition of records starts to have an impact. Further phased improvement through backlog reduction is planned from April 2026. The majority of the long waits are for Community Paediatric ASD assessment or attention deficit hyperactive disorder assessment. The planned transfer of these waits into the Mental Health services dataset in line with other providers, as advised by NHSE, will improve the position to around 14% presenting a more accurate picture. However, this would still place well within quartile 4
- **Early intervention in psychosis:** the Early Intervention services and At Risk Mental State (ARMS) services assess people who are suspected of experiencing a first episode of psychosis. The national standard is to undertake an assessment and assign a Care Co-ordinator within two weeks of people being referred into the service (target 60%). In January 2026, performance fell below target at just 41%. Triangulation: the service has experienced a significant increase in demand at the same time as a significant level of staff turnover (25%), vacancies peaking at 16%, and periods of high levels of sickness absence which has all inevitably impacted on waiting times. The position has been recovered in February 2026, which will be reflected in the next report, with the services achieving 74% against the national 60% target. A revised performance improvement plan is in place which ensures continued progress. One of the key actions was to secure recruitment to improve the vacancy factor. As a result, two new starters are now in post. Another action includes ensuring there are stronger processes around allocation in order to break down the locality divide, ensuring timelier pick up (linking into the ongoing culture work). The performance improvement plan will be monitored via the Care Group Performance meeting and escalations to Divisional Board
- **Children and young people mental health access:** from the latest published data it is estimated that the Trust will rank in the second worst quartile of NHS providers once more when the official NOF Q3 data is published. The provider median was an increase of 5%. This financial year, in order to cut waiting times, the Integrated Care Board (ICB) has invested in Child and Adolescent Mental Health services (CAMHS). This is recurrent investment and is the first year of a three-year service improvement programme. Recruitment of more children and young people's Mental Health Practitioners is in progress, with the aim of reducing waiting times to four weeks over the course of the programme and will positively impact on the access metric. Performance improvement plan expected recovery date: April 2026.

Collaboratives

- Transforming care programme:** the Trust and System have reset a trajectory to have a total of no more than 32 patients in beds by the end of Q4, 2025/26. This trajectory, including the planning for 2026/27 and 2027/28 has been discussed and agreed with NHSE. Currently (data as of 16 February 2026), there are 20 learning disability and learning disability or autism patients in beds against a trajectory of 19 (+1) over trajectory, and 17 ASD patients in beds against a trajectory of 11 (+6) over trajectory; a total of 37. A performance improvement plan is in place with an emphasis on admission avoidance and an outflow plan in terms of supporting discharges. A deep dive group is being scheduled for week commencing 9 March 2026 to focus on secure Ministry of Justice patients; the group will include System partners across health and social care. There is also a separate opportunity to look at housing (accommodation) strategies. In terms of children and young people (CYP); there are three CYP against a trajectory of three (on target). The Trust/System will continue to meet with NHSE regional team monthly to monitor performance and progress.

Planning proposal 2026/27 - 2027/28

	Q1 26/27	Q2 26/27	Q3 26/27	Q4 26/27	Q1 27/28	Q2 27/28	Q3 27/28	Q4 27/28	Total
Adults Autism	17	16	14	12	12	11	10	9	
Adults LDA	15	15	16	16	16	15	15	15	
Adult Total	32	31	30	28	28	26	25	24*	
CYP	3								

* 24 is rate per million ambition for Adults

Measure	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	
Long term plan 2025/26														
Inappropriate adult acute & PICU mental health out of area placements at month end [^]	5	25	23	19	32	13	8	13	4	11	10	4	7	
Women accessing specialist perinatal mental health services (rolling 12 months)* ^{^^}	1242	1340	1345	1340	1350	1390	1390	1395	1400	1395	1365	1360		
Perinatal access rate (ICB)*	10%	12.4%	12.4%	12.3%	12.5%	12.8%	12.9%	12.9%	13.0%	12.6%	12.4%	12.3%		
Individual work placement support access (rolling 12 months)*	690	700	715	715	715	745	765	760	755	780	810	805		
Average length of stay for adult acute, older adult & PICU mental health beds**	55	67	66	63	59	64	61	60	59	61	63	62	63	
NHS oversight framework 2025/26														
Proportion of people waiting over 52-weeks for community services*	0%	61%	63%	62%	64%	65%	64%	65%	68%	65%	65%	66%	62%	
Children and young people accessing NHS-funded MH services - annual change*	15.9%	0.0%	0.3%	-1.1%	-2.0%	0.6%	0.7%	1.8%	0.1%	0.4%	0.4%	1.0%		
Proportion of acute inpatients aged 18-64 discharged with 60 days plus length of stay**	20.6%	27%	23%	21%	18%	31%	33%	27%	27%	33%	31%	31%	31%	
Percentage of patients in crisis to receive face-to-face contact within 24 hours*	65.4%	47%	53%	57%	50%	47%	52%	53%	65%	76%	75%	76%		
Key operational measures														
Children & young people eating disorder routine referrals seen within 4 weeks*	95%	95%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Children & young people eating disorder urgent referrals seen within 1 week*	95%	#N/A	#N/A	#N/A	100%	#N/A								
Inpatient discharges followed up within 72 hours	80%	87%	88%	90%	89%	90%	87%	88%	92%	85%	89%	86%	91%	
Dementia diagnosis rate (ICB)*	68%	68.5%	68.8%	69.0%	69.3%	69.2%	68.9%	68.6%	68.7%	68.9%	68.8%	68.9%		
Early intervention in psychosis 2 week waits from referral to treatment - complete	60%	76%	65%	56%	47%	43%	37%	39%	52%	85%	56%	78%	41%	
Early intervention in psychosis 2 week waits from referral to treatment - incomplete	60%	80%	56%	48%	46%	46%	50%	58%	75%	92%	88%	63%	73%	
Adult ASD assessment – number of people waiting at month end	219	1617	1515	1491	1429	1400	1369	1385	1363	1386	1428	1365	1209	
Adult ASD assessment – average wait (weeks)	18	54	56	55	56	54	52	53	55	55	54	56	59	
Adult ASD assessment – number of assessments completed per month	26	93	67	59	55	61	64	29	36	44	47	34	53	

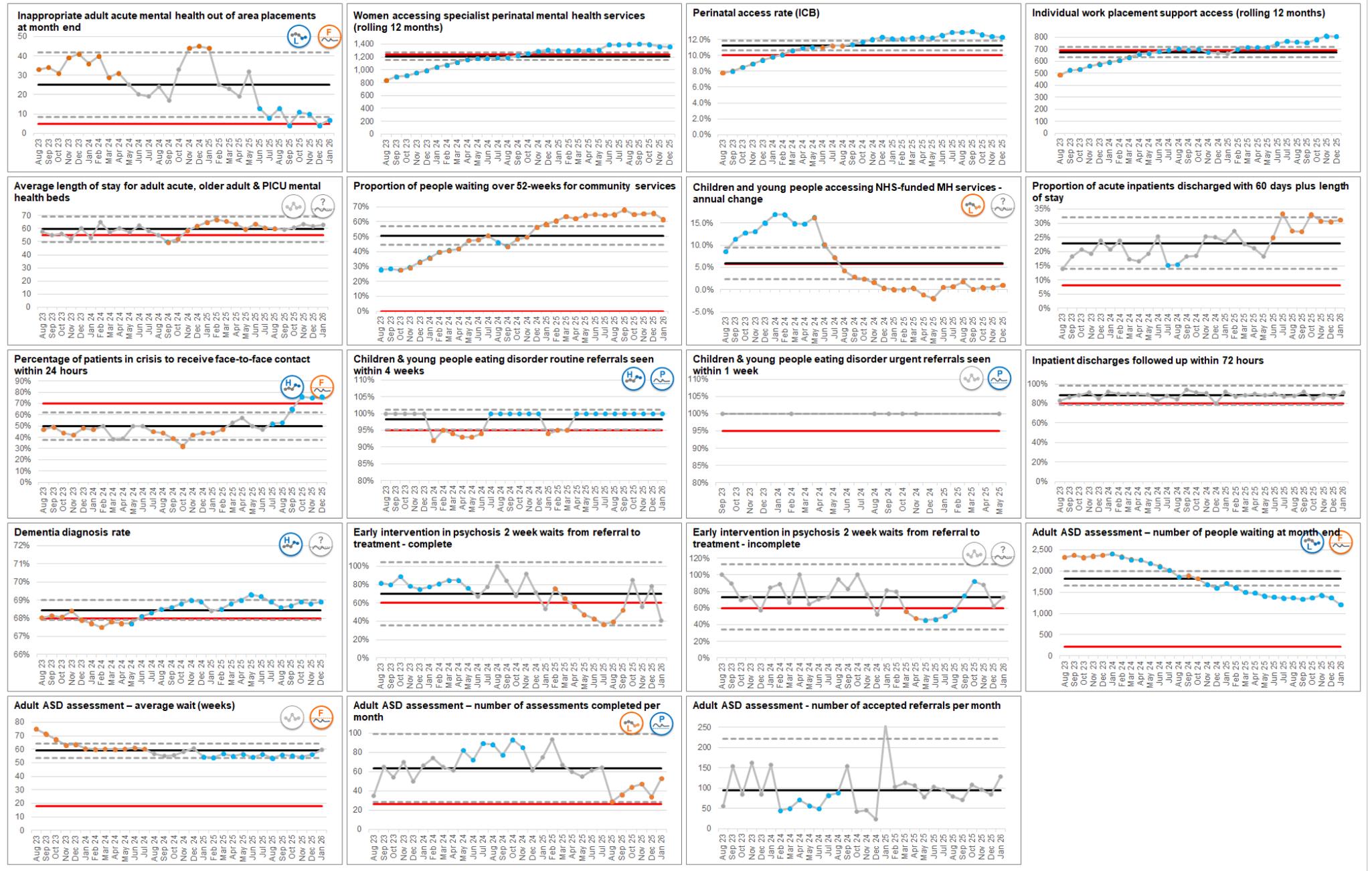
[^] The ICB now only accept a maximum of 3 PICU placements as continuity of care

* Data source = NHS England

^{^^} Perinatal and maternal mental health services

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

Operational Key Performance Indicators – Statistical Process Control Charts



The Transformation and Improvement Portfolio is supporting achievement of improved performance across a number of measures across the Integrated Performance report (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 OoA placements aligned to agreed trajectory for 2025/26

Interventions:

A comprehensive improvement and transformation plan remains 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, alongside strategic interventions to support sustainable change:

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 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.

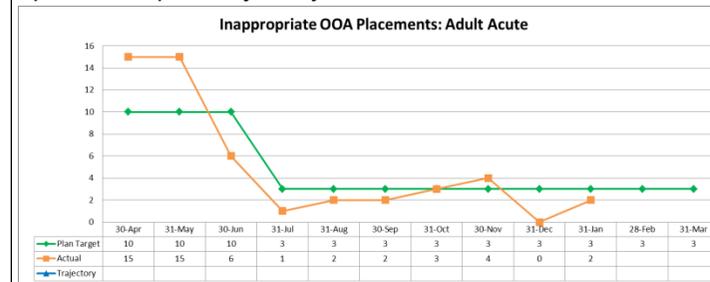
Action is currently focused on design of a strategic approach for integration and localisation of services in alignment with the 10-Year Health Plan ambition to transform mental health services into 24/7 neighbourhood care models; with a Board Strategy and Development session hosted in October to define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

A workshop approach has been implemented with frontline teams, applying intelligence and insights in development of the model, pathway and strategic Inflow implementation plan for delivery in 2026/27. The third workshop was hosted in January and outputs have been applied to inform a draft plan which is being consulted upon with the 120+ colleagues who have engaged with the process and is presented to TDG under separate cover.

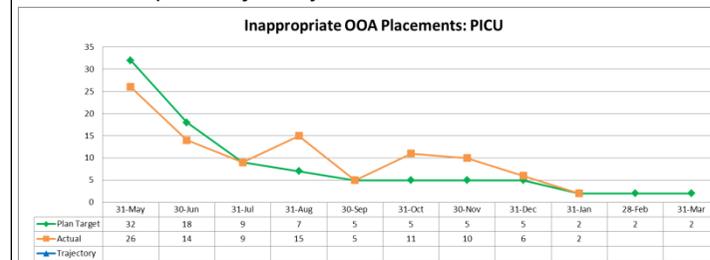
Impact:

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 31 January at 2, and remaining below the operational plan trajectory:



The planned trajectory for PICU OoA placements has been reset to reflect guidance from NHSE and the ICB to account for the three commissioned beds as appropriate and managed within continuity of care. At 31 January the position was two, aligned to the revised plan 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 OoA placements is phased withdrawal from the privately commissioned beds. A revised trajectory has been agreed for this in Q4, reflecting delays against the anticipated opening dates across the new units.

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

<p>Interventions:</p> <p>Metric: Access standards for Mental Health Helpline</p> <p>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.</p>	<p>Impact:</p> <p>Metric: Access standards for Mental Health Helpline</p> <p>Phased recovery:</p> <p>Phase 1 – Operational and technical issues by 1 November 2025. Delivery of this has been challenged with a review and reset of the Q4 Performance Improvement Plan currently in progress.</p> <p>Phase 2 – Service model (to include demand and capacity modelling) and staffing by 1 April 2026.</p>
<p>Metric: People in mental health crisis seen face to face within 24 hours</p> <p>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.</p> <p>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.</p>	<p>Metric: People in mental health crisis seen face to face within 24 hours</p> <p>Recovery delivered aligned to Performance Improvement Plan with action in delivery to sustain this over Q4.</p>
<p>Metric: Early intervention in psychosis two-week referral to treatment</p> <p>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.</p>	<p>Metric: Early intervention in psychosis two-week referral to treatment</p> <p>Recovery of target delivered over initial Performance Improvement Plan. However, further challenges experienced with new PIP and recovery trajectory in development.</p>

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 2024-24 which successfully reduced the backlog through additional capacity that was not subject to recurrent funding. Current performance is being measured against waiting list initiative performance and this will correct from August 2025.

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

Metric: Adult ASD 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. A plan is in delivery with transition of records to be progressed from January 2026 onwards and further phased improvement through backlog reduction to effect in April 2026.

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

Annual issue with comparative capacity will correct from August 2025.

Agreed investment will support achievement of a four to six week waiting period for comprehensive assessment and an additional four to six weeks to access Care Co-ordination or treatment by February 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 June 2027.

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:

East Midlands IMPACT Collaborative

St Andrews (STAH) remains closed to admissions with continued support from the collaborative to the Intensive Oversight and Assurance Group and Recovery Support Programme steps. Occupancy rates have fallen slightly due to the opening of 12 additional Part 2 female beds following decommissioning of the national Women's Enhanced Medium Secure Service. The new ward (for IMPACT) is being mobilised at pace to increase occupancy. Financial stability for providers and reconfiguration of services to balance demand and capacity is an ongoing priority

East Midlands CAMHS Collaborative

St Andrews remains on Intensive Quality Assurance and Improvement level in response to the systemic quality and safety concerns. Nottinghamshire Healthcare CAMHS Inpatients' Independent Closed Culture Review has been concluded with an action plan against the recommendations in development. There has been a significant decrease in occupied bed days in Q2. 34% of admissions were for patients within the Transforming Care cohort, an increasing trend since Q4. 88% of admissions that were due, non-compliant with pre-admission Care, Education, and Treatment Reviews or Local Area Emergency Protocol. Financial forecast of £8.7m carry forward for investment in 2026/27.

East Midlands Adult Eating Disorder Collaborative

EMPC escalated Nova Ward to enhanced quality assurance and improvement level of oversight due to systemic quality concerns across Cygnet Elowen Hospital. The Provider is paused for new admission. A Quality Improvement Plan is in place with clear governance to oversee progress. Welford Case Manager oversight was increased for additional support and assurance on the progress of a local ward improvement plan. There has been a decrease in occupied bed days, mainly due to a marked decrease in out of area activity.

East Midlands Perinatal Provider Collaborative

Both Mother and Baby Units remain on routine quality assurance and improvement level with no escalations this quarter. Planned closure of The Beeches in February 2026 to allow installation of air conditioning and resolve ongoing issues over recent years with high room temperatures. Admissions in Q2 have been consistent with Q1 although there has been a significant increase in occupied bed days. Due to unavailability of beds, three patients were admitted to providers outside the East Midlands in Q2.

East Midlands Gambling Harm service

Significant additional funding allocation for 2026/27 is enabling service expansion planning with a focus on strengthening clinical capacity and exploring new partnerships for broader reach and recovery support. The service continues to improve, referral numbers with Q3 on track to achieve upper target. Service demand is driving challenges in resourcing late evening clinics with recruitment planned. Demand also driving need for resources to support

Impact:

East Midlands IMPACT Collaborative

Transformation project underway between IMPACT and Nottinghamshire Healthcare to create a new "blended" service provision (medium to low patient journey) in one unit setting replicating the service in place at STAH. The model will support the collaborative in readiness for the anticipated new national specifications for Women's Secure Care that will make blended pathways that are all inclusive to all women a new standard.

East Midlands CAMHS Collaborative

The CAMHS Provider Collaborative has won provider collaborative of the year in the HSJ Awards.

Leicestershire and Lincolnshire have been agreed as the day service pilot sites.

East Midlands Adult Eating Disorder Collaborative

Waterlily won the 2025 Health Service Journal (HSJ) award for Community Care Initiative of the Year. Recurrent funding for the Waterlily project has now been agreed and the project can now be rolled out across all systems in the East Midlands.

East Midlands Perinatal Provider Collaborative

A focus on patient and carer experience, learning and improvement within the Q2 report demonstrates the positive breadth and depth of work across both units along with the strong focus on co-production with experts by experience.

East Midlands Gambling Harm Service

Recent media coverage has helped raise awareness of the service, leading to a notable increase in referrals. The service has been nominated for the '[Comm2Point0 Unaward](#)', recognising creative and effective work in communications. Patient feedback remains overwhelmingly positive, praising the professionalism of staff and the practical tools provided to manage gambling-related harms.

awareness-raising, gambling harms training and input into strategic planning for service expansion.



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 91% and has surpassed the 90% Trust target for the last nine consecutive months. Efforts continue to address appraisals that are out of date and approaching renewal, to both maintain and increase compliance further.

Annual turnover: remains in line with national and regional comparators running at 11% 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. Efforts continue to address training that is out of date and approaching renewal, to both maintain and increase compliance further. In addition, a specific area of focus will now be on occurrences of 'Did Not Attend' (DNA) training to better understand reasons and potential barriers for non-attendance.

Sickness absence: for the month of January 2026 is running at 6%, a decrease of 0.78% compared to the same period last year. Short-term sickness absence represents 2.80% and long term absence represents 3.20%, a reduction of 0.74% compared to November 2025 when long-term sickness absence peaked at 3.94%. The annual sickness absence rate is running at 5.70%, a reduction of 0.42% compared to the same period last year. Anxiety, stress or depression related illness remains the highest reason for sickness absence, followed by cough, cold, flu. The Absence Oversight Group continues to focus on development of its delivery plan, covering absence monitoring, 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.

Vacancy rate: for the month of January 2026 is running at 6% of funded posts. The rate is derived from taking the number of funded full time equivalent (FTE) posts, less staff in post fte at month end. At the start of the financial year new investment is released which creates brand new vacancies, initially increasing the vacancy percentage. 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 compared to the previous year and continues to remain low. The authorisation panel to oversee agency requests across the Trust continues to remain in place.

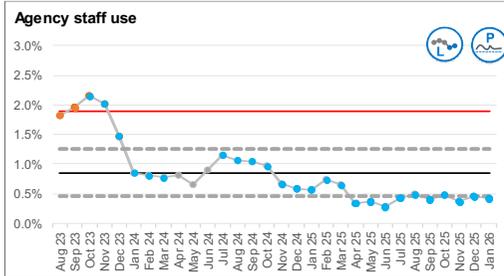
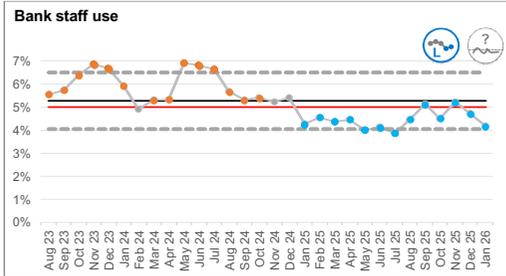
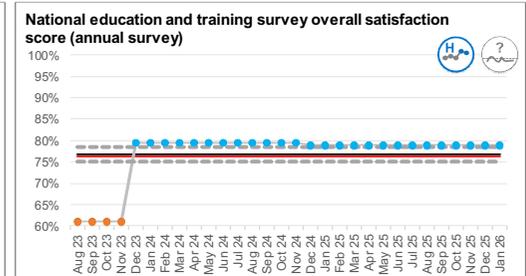
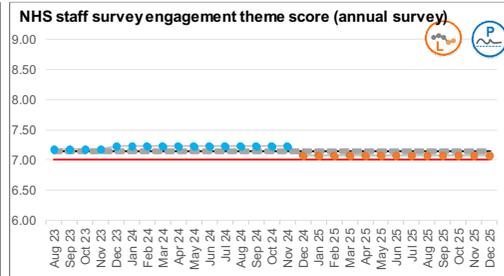
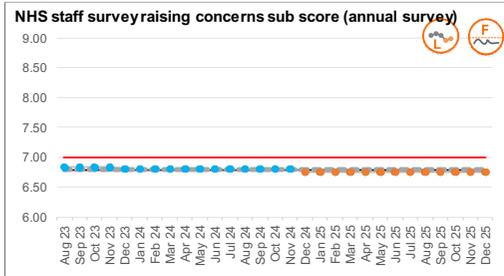
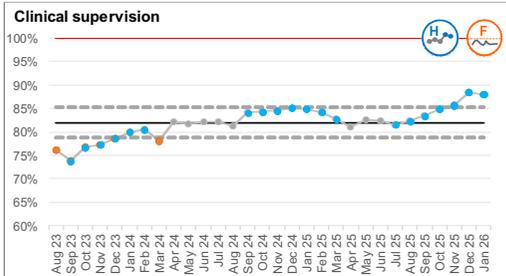
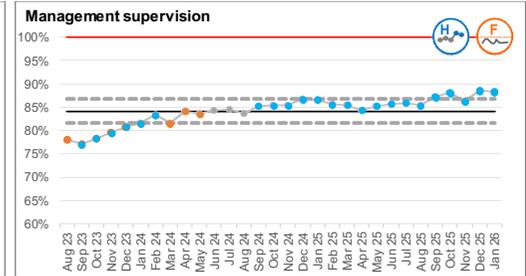
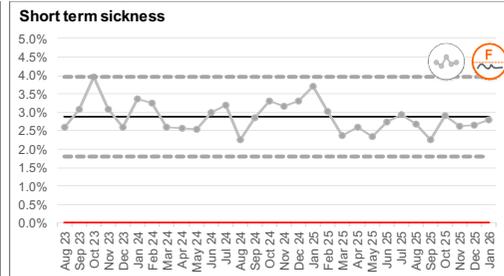
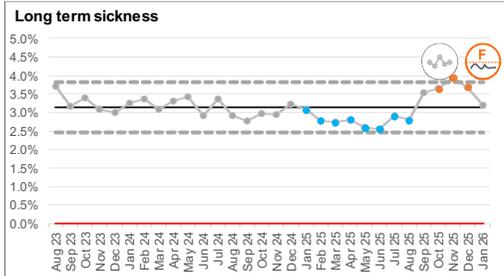
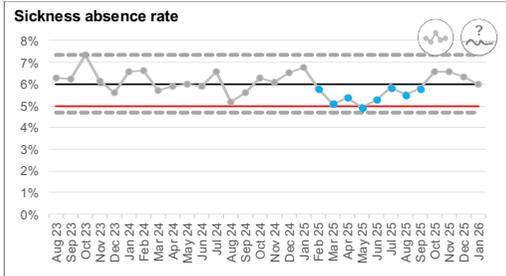
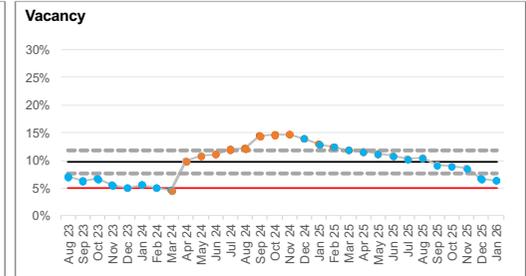
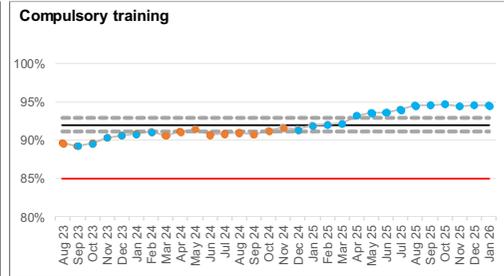
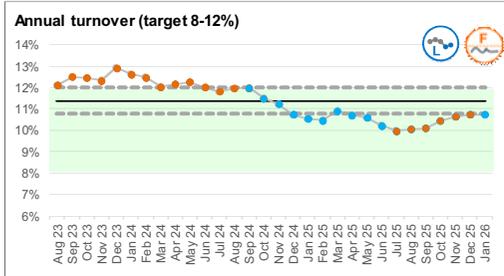
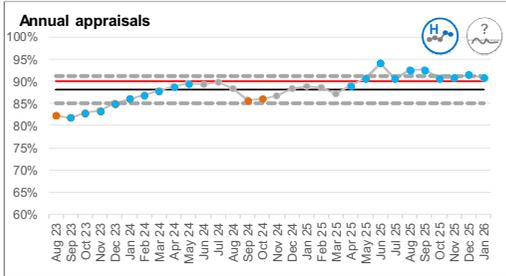
Supervision: Both clinical supervision and managerial supervision are at 88%. Whilst there has been incremental improvement in compliance over the year, efforts continue to work with teams with low compliance and rates are expected to increase further over the coming months. Several enhancements to the supervision recording system have now been implemented which fully align to the revised Trust Supervision Policy. The system enhancements will go live at the end of March 2026 and will be reflected in the next reporting period.

Measure	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	
People Performance														
Annual appraisals	90%	89%	87%	89%	91%	94%	91%	93%	93%	91%	91%	91%	91%	
Annual turnover (target 8-12%)	12%	10%	11%	11%	11%	10%	10%	10%	10%	10%	11%	11%	11%	
Compulsory training	85%	92%	92%	93%	94%	94%	94%	95%	95%	95%	94%	95%	95%	
Vacancy	5%	12%	12%	12%	11%	11%	10%	10%	9%	9%	9%	7%	6%	
Bank staff use	5%	4.5%	4.4%	4.5%	4.0%	4.1%	3.9%	4.5%	5.1%	4.5%	5.2%	4.7%	4.2%	
Agency staff use	1.9%	0.7%	0.7%	0.3%	0.4%	0.3%	0.4%	0.5%	0.4%	0.5%	0.4%	0.5%	0.4%	
Management supervision	100%	86%	86%	84%	85%	86%	86%	85%	87%	88%	86%	89%	88%	
Clinical supervision	100%	84%	83%	81%	83%	82%	82%	82%	83%	85%	86%	88%	88%	
NHS oversight framework 2025/26														
Sickness absence rate	5%	5.8%	5.1%	5.4%	4.9%	5.3%	5.8%	5.5%	5.8%	6.6%	6.6%	6.3%	6.0%	
Long term sickness (28 days plus)	n/a	2.8%	2.7%	2.8%	2.6%	2.6%	2.9%	2.8%	3.5%	3.6%	3.9%	3.7%	3.2%	
Short term sickness (<28 days)	n/a	3.0%	2.4%	2.6%	2.3%	2.7%	2.9%	2.7%	2.3%	2.9%	2.6%	2.6%	2.8%	
Annual NHS Staff Survey - raising concerns sub-score*	7.0	6.76	6.76	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	7.07	7.07	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%	78.9%	78.9%	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 closed to responses on 2 December 2025, with the results to be published on 12 March 2026

People Key Performance Indicators – Statistical Process Control Charts





Director of Finance:
James Sabin

Responsible Committee: **Finance and Performance Committee**

Executive Summary

Overall

At the end of January, there is an overall deficit of £1.3m, 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 £0.7m, which is better than the plan.

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

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

Efficiencies

The plan includes an efficiency requirement of £14.8m with the plan assuming 82% is delivered recurrently. At the end of January efficiencies were on plan, delivering savings of £11.7m. The forecast assumes the full efficiency plan is met in full. There has been a 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 January is £2.1m, which equates to 1.4% of the total pay expenditure and is below plan by £0.7m. 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 £3.5m year to date and is forecast to be above plan by £4.3m. The forecast assumes current levels continue for the remainder of the financial year.

Capital Expenditure

Capital is below plan at the end of January by £3.5m. The plan included a 5% over planning assumption. It has been agreed for all organisations to remove the over-planning assumption from the forecast. As a System, there are several cost pressures that are emerging that need to be mitigated. We have paused expenditure by £200k and offered a further £850k by deferring expenditure on the self-funded Making Room for Dignity project, of which the £850k is expected to be returned next financial year. There has also been new national funding agreed in relation to reducing OoA placements of £614k. Therefore, our capital expenditure is now forecast to be under plan by £0.5m.

Cash

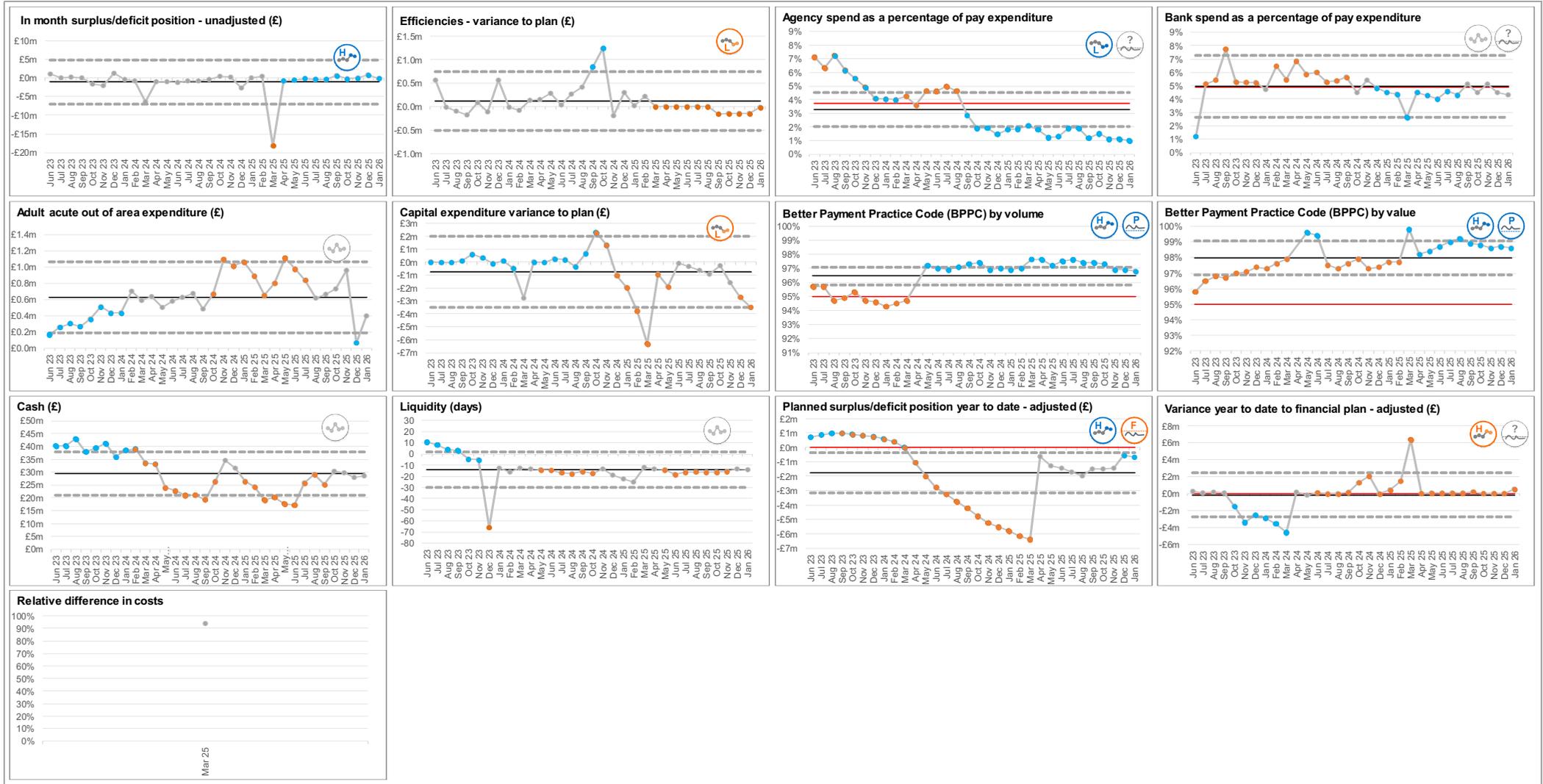
Cash at the end of January is at £28.4m which is higher than plan by £6.1m due to the timing of receipts. Cash levels at the end of March 2026 are forecast to be £23.9m, which is £1.5m below plan. Cash is forecast to be below plan due to some of the non-recurrent efficiencies being delivered through 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 January, both the value and volume of invoices exceeded the target at 99% and 97% respectively.

Measure	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	
Financial Performance														
In month surplus/deficit position - unadjusted (£)	-	£ 505,698	-£ 18,160,011	-£ 759,497	-£ 618,647	-£ 181,431	-£ 356,503	-£ 340,743	£ 546,298	-£ 224,055	-£ 16,211	£ 792,384	-£ 181,752	
Efficiencies - variance to plan (£)	-	£ 209,050	£ -	£ -	£ -	£ -	£ 1	£ 1	-£ 154,000	-£ 152,000	-£ 151,000	-£ 150,000	-£ 17,000	
Agency spend as a percentage of pay expenditure	3.7%	1.8%	2.1%	1.8%	1.2%	1.3%	1.9%	1.9%	1.2%	1.5%	1.1%	1.1%	1.0%	
Bank spend as a percentage of pay expenditure	4.9%	4.4%	2.6%	4.5%	4.3%	4.0%	4.6%	4.3%	5.1%	4.5%	5.1%	4.5%	4.3%	
Adult acute out of area expenditure (£000)	-	£ 889	£ 654	£ 799	£ 1,110	£ 977	£ 839	£ 618	£ 660	£ 727	£ 956	£ 60	£ 399	
Capital expenditure variance to plan (£)	-	-£ 3,798,000	-£ 6,307,000	-£ 953,000	-£ 1,907,000	-£ 107,000	-£ 333,000	-£ 640,000	-£ 917,000	-£ 274,000	-£ 1,606,000	-£ 2,719,000	-£ 3,479,000	
Better Payment Practice Code (BPPC) by volume	95%	97.0%	97.6%	97.6%	97.2%	97.5%	97.6%	97.4%	97.4%	97.3%	96.9%	96.9%	96.8%	
Better Payment Practice Code (BPPC) by value	95%	97.7%	99.8%	98.2%	98.4%	98.7%	99.0%	99.2%	98.9%	98.8%	98.6%	98.7%	98.6%	
Cash (£000)	-	£ 24,296	£ 19,071	£ 20,204	£ 17,589	£ 17,175	£ 25,805	£ 29,130	£ 25,167	£ 30,338	£ 29,717	£ 27,969	£ 28,403	
Liquidity (days)	-	-25	-12	-13	-14	-19	-16	-16	-16	-16	-16	-13	-14	
NHS oversight framework 2025/26														
Planned surplus/deficit year to date - adjusted (£)	£ -	-£ 6,154,302	-£ 6,383,704	-£ 643,118	-£ 1,289,243	-£ 1,442,742	-£ 1,714,677	-£ 1,986,000	-£ 1,521,000	-£ 1,472,000	-£ 1,421,000	-£ 557,000	-£ 669,000	
Variance year to date to financial plan - adjusted (£)	tbc	£ 1,466,422	£ 6,384,643	£ 26,588	£ 43,183	£ 76,791	£ 63,671	£ 64,573	£ 207,403	£ 5,116	£ 6,456	£ 33,609	£ 496,585	
Relative difference in costs	<100%		93.76%											

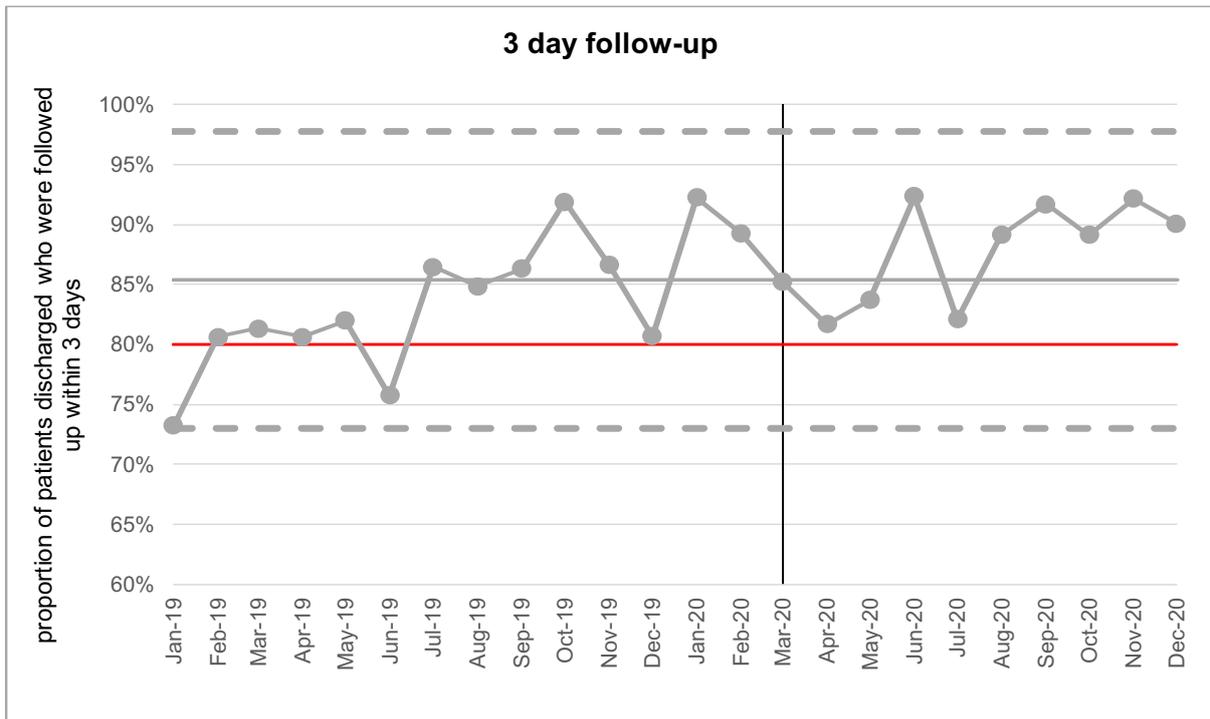
Financial Key Performance Indicators – Statistical Process Control Charts



Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



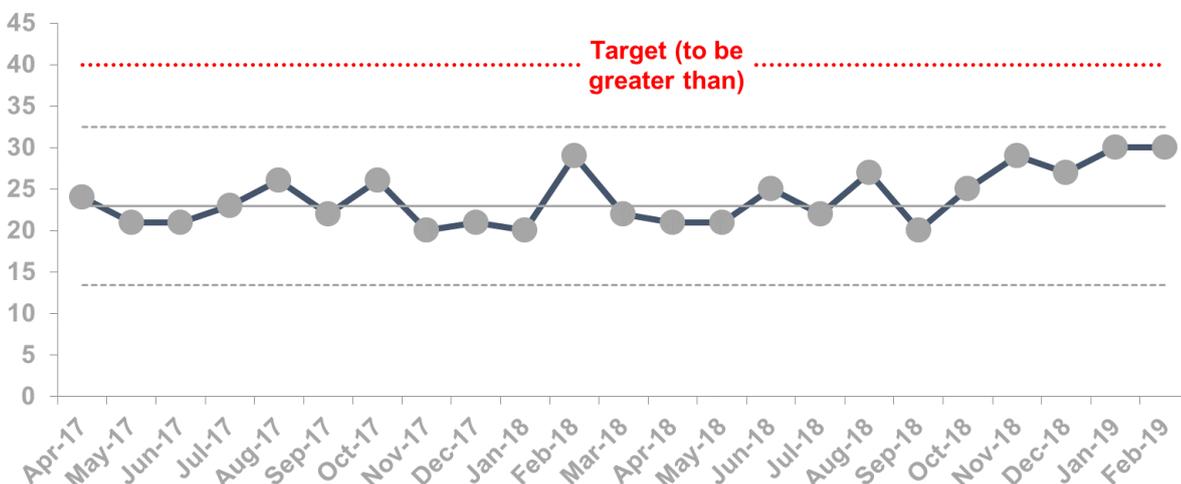
- The red line is the target
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example
- The solid grey line is the average (mean) of all the grey dots
- The grey dotted lines are called process limits, or control limits.

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:



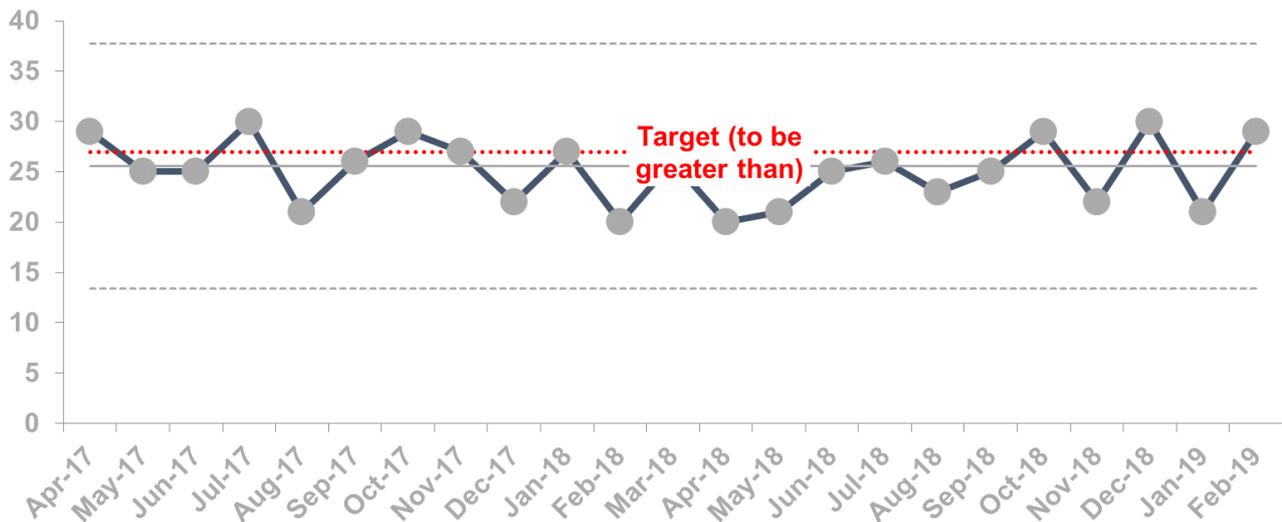
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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:

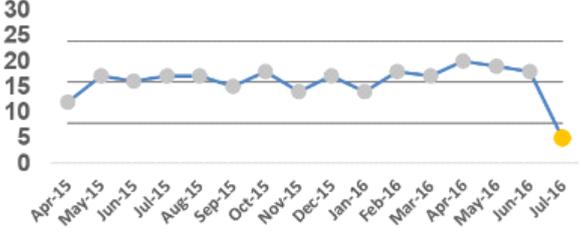
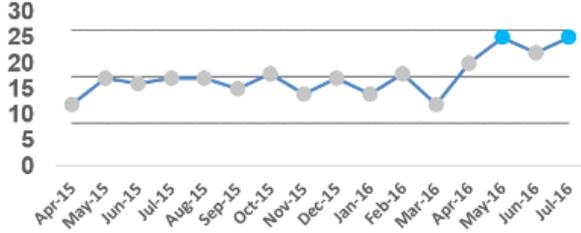
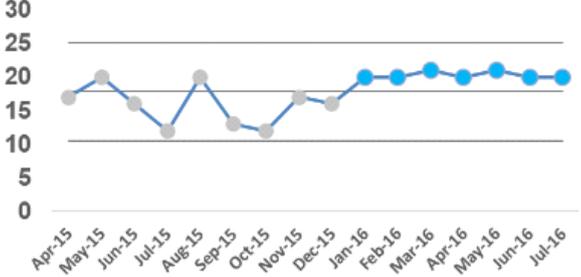
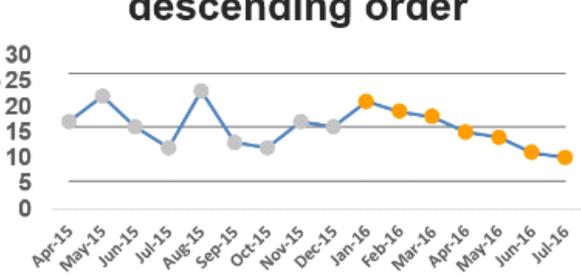


In this example, the target line sits between the two grey dotted lines. As it is normal for the grey dots to fall anywhere between the two dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned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

<p style="text-align: center;">A single data point outside the process limits</p>  <p>The chart shows a process with a mean line at 15 and control limits at 10 and 20. The data points fluctuate around the mean until July 2016, where a single point drops significantly below the lower control limit to approximately 5.</p>	<p style="text-align: center;">Two out of three points close to the process limits</p>  <p>The chart shows a process with a mean line at 15 and control limits at 10 and 20. The data points fluctuate around the mean until May 2016, where two consecutive points rise above the upper control limit to approximately 25.</p>
<p>In this example the July 2016 performance is significantly lower than expected and falls beneath the lower grey dotted line.</p>	<p>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.</p>
<p style="text-align: center;">Shift of points above / below mean line</p>  <p>The chart shows a process with a mean line at 15 and control limits at 10 and 20. The data points fluctuate around the mean until January 2016, where they shift consistently above the mean line for the next seven months, indicating a process improvement.</p>	<p style="text-align: center;">Run of points in consecutive ascending / descending order</p>  <p>The chart shows a process with a mean line at 15 and control limits at 10 and 20. The data points fluctuate around the mean until January 2016, where they begin a consecutive run of seven points in descending order, indicating a process deterioration.</p>
<p>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.</p>	<p>A run of seven points in consecutive ascending or descending order is significant. In this example things are getting worse over time.</p>

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.



Report from the Nominations and Remuneration Committee

Purpose of Report

To provide an outline of the business discussed at the Governors’ Nominations and Remuneration Committee meeting held on 10 December 2025, for the Council of Governors to note and support.

Executive Summary

The Nominations and Remuneration Committee meeting held on 10 December 2025 covered the following business:

- Fit and Proper Person Test (FPPT) compliance for the most recently appointed Non-Executive Directors (NEDs).
- The appraisal process for the Chair and the NEDs for 2025/26.

The recommendations are set out below.

Strategic Considerations		BAF Risk (eg 1A)	Strategic Delivery Plan Reference
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.			
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.	X	2A, 2B	2.1, 2.2, 2.3
Productive: We will improve our productivity and design and deliver services that are financially sustainable.			
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.			

Risks and Assurances

The Governors’ Nominations and Remuneration Committee was assured that:

- All necessary checks have concluded satisfactorily in line with the requirements of the Trust’s FPPT Policy. The Committee is provided with the policy checklist
- The Chair and Non-Executive Directors appraisal process is compliant with the principles of the NHS England’s (NHSE) guidance.

Consultation

The FPPT checklists are completed by the Chief Executive's office, verified by the Director of Corporate Affairs and Trust Secretary and then this is notified to the Trust Chair. Self attestations are provided annually and FPPT compliance is confirmed as part of the annual appraisal process.

The Governors' Nominations and Remuneration Committee provides annual confirmation to the Council of Governors that the appraisal process for the Chair and NEDs meets the requirements.

Governance or Legal Issues

The Trust is compliant with its Fit and Proper Persons Policy. It is meeting the requirements of guidance and the condition of its licence in ensuring no unfit person is appointed as, or remains as, a Board Director.

The Code of Governance for NHS Provider Trusts (the Code) states that there should be a formal and rigorous annual evaluation of the performance of the Board of Directors, its committees, the Chair and individual directors. The Council of Governors should take the lead on agreeing a process for the evaluation of the Chair and Non-Executive Directors.

In line with Trust practise, the Chair is responsible for leading the process for Non-Executive Directors. The Senior Independent Director (SID) is responsible for leading the process for the Chair in conjunction with the Lead Governor and the Governors' Nominations and Remuneration Committee. Responsibility for the Executive Directors rests with the Chief Executive. Further, the Chair should act on the results of the evaluation by recognising the strengths and addressing any weaknesses of the Board of Directors. Each director should engage with the process and take appropriate action where development needs are identified.

Net Zero Duty Implications

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

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

The Committee meets virtually, reducing requirements for travel to meetings. Papers are circulated electronically.

Public Sector Equality Duty and 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 Fit and Proper Persons Test is applied to all Board members equally

- Equality, Diversity and Inclusion objectives will continue to be integral to the appraisal processes.

Recommendation

The Council of Governors is asked to:

1. Note the update report from the Nominations and Remuneration Committee held on 10 December 2025, confirming agreement of the 2025/26 appraisal approach and noting the compliance of the two latest NED appointments against the FPPT.

Report presented by: Selina Ullah, Trust Chair

Report prepared by: Denise Baxendale, Membership and Involvement Manager

**Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 24 March 2026**

Report from the Nominations and Remuneration Committee

Introduction

This report provides an outline of the business discussed at the meeting on 10 December 2025 and the Committee's recommendations:

1) The appraisal process for the Chair and the Non-Executive Directors (NEDs) for 2025/26

Assurance was received that there is a formal and rigorous annual evaluation process in place, compliant with national guidance¹ and the Code of Conduct. From this year all Board Members will be assessed against the single framework for Board Member appraisals. This new single approach incorporates the Leadership Competency Framework (LCF) and the Fit and Proper Person Test (FPPT) Framework, in compliance with the Code.

The Committee will meet again in May to receive the appraisal outcomes and will then be reporting back to the Council of Governors in May that satisfactory appraisals have taken place and recommend approval of the Chair's objectives for the next 12 months. The Chair then submits an appraisal return to the NHSE Regional Director by 30 June.

2) Fit and Proper Persons Test – Non-Executive Director appointments

The Committee confirmed that it was satisfied that appropriate FPPT requirements had been met for Chioma Akpom and Joanne Hanley, newly appointed NEDs.

Recommendation

The Council of Governors is asked to:

1. Note the update report from the Nominations and Remuneration Committee held 10 December 2025, confirming agreement of the 2025/26 appraisal approach and noting the compliance of the two latest NED appointments against the FPPT.

¹ [NHS England » Board member appraisal guidance](#)

Governor Elections update 2026

Purpose of Report

To update governors on the 2026 round of public governor and staff governor elections and provide assurance on the process taken.

Executive Summary

The election process was undertaken by Civica, an independent company used by many Foundation Trusts to run their elections.

For the 2026 elections, the Council of Governors had the following vacancies:

- Public Governor vacancies
 - Amber Valley (one vacancy)
 - Bolsover and North East Derbyshire (one vacancy)
 - Derby City East (two vacancies)
 - Derby City West (one vacancy)
 - Erewash (one vacancy)
 - High Peak and Derbyshire Dales (one vacancy)
- Staff Governor vacancies
 - Admin and Allied Support Staff (one vacancy)

As in previous elections a significant number of activities were undertaken to promote the vacancies and identify individuals interested in the governor vacancies. This included contacting a comprehensive list of voluntary and community stakeholders, promoting internally and externally and contacting members in the areas with vacancies.

Nominations opened on 24 November 2025 and closed on 9 December 2025. The situation at close of nomination was as follows:

- Amber Valley (uncontested with one nomination)
- Bolsover and North East Derbyshire (uncontested with one nomination)
- Derby City East (contested election)
- Derby City West (uncontested with one nomination)
- Erewash (uncontested with one nomination)
- High Peak and Derbyshire Dales (uncontested with one nomination)
- Admin and Allied Support Staff (contested election)

For the contested election voting opened on 9 January 2026 and closed on 29 January 2026.

The election results for 2026 were declared on 30 January 2026 as follows:

- Amber Valley – Lai Mei Li
- Bolsover and North East Derbyshire – Jean Johnson
- Derby City East – Tom Bladen (elected for a second term) and Sarah Tupling
- Derby City West – Stephen Handsley
- Erewash – Glenn Macauley
- High Peak and Derbyshire Dales – Brian Edwards (elected for a second term)
- Admin and Allied Support Staff – Nicole Ellis

The newly elected governors' terms of office began on 1 February 2026 for up to a three year period. Since the results were declared Glenn Macauley resigned from the role; and more recently Jill Ryalls has resigned as Public Governor representing Chesterfield. This means that there are three vacancies on the council of Governors (Chesterfield, Erewash, and High Peak and Derbyshire Dales).

All newly elected governors (including those re-elected) were invited to attend an induction/refresher session on 10 February. New governors have been encouraged to take advantage of the 'buddy up' system that is provided by more experienced governors to help them in their role.

Strategic Considerations		BAF Risk	Strategic Delivery Plan Reference
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.			
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.			
Productive: We will improve our productivity and design and deliver services that are financially sustainable.			
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X	N/A	4.1

Risk and Assurances

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.

Governance or Legal Issues

These elections are being run in line with the guidance detailed in the Constitution.

Net Zero Duty Implications

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

digital transformation; travel and transport estates and facilities (including capital projects, asset management and utilities, green space and biodiversity); medicines; supply chain and procurement; food and nutrition and adaptation.

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

- No meaningful impact identified.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

We have proactively sought to promote governor vacancies to all members of the community. We also provide support to any current or prospective governors to enable them to carry out their role to address any specific needs they may have.

Recommendations

The Council of Governors is requested to:

- 1) Receive and note the report.

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

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met twice since its last report to the Council of Governors on 17 December 2025 and 17 February 2026. This report provides a summary of the meetings including actions and recommendations made.

Executive Summary

Key matters discussed at the meetings had been:

- Agree process for electing chair and deputy chair of the committee
- Feedback from governors’ engagement activities
- Engagement opportunities including Board visits
- Governor training and development
- Governor elections
- Review the governors’ membership engagement action plan
- Well Led review
- Consideration of holding to account questions
- Feedback from the Annual Members Meeting task and finish group.

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

Net Zero Duty Implications

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

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

- No meaningful impact identified.

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

- 1) Note the report made of the Governance Committee meetings held on 17 December 2025 and 17 February 2026
- 2) Note the arrangements made for the Lead Governor for Engagement Between Board and Council of Governors

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

Report prepared by: Denise Baxendale, Membership and Involvement Manager

Council of Governors – 24 March 2026

Report from the Governance Committee meetings held on 17 December 2025 and 17 February 2026

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

Governance Committee meeting held on 17 December 2025

13 (54%) governors attended the meeting.

Agree process for electing chair and deputy chair of the committee

Governors interested in the roles were encouraged to contact the Membership and Involvement Manager prior to the next meeting on 17 February 2026.

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. The Committee agreed to further discuss the issues fed back relating to the helpline at the meeting in February to decide if these issues need to be escalated.

Governor Engagement Opportunities Including Board Visits

Governors were encouraged to attend appropriate local events in their constituencies to promote the governor role, obtain feedback on our services, and to recruit members. Dates of Board visits are shared with governors on a regular basis. The Membership and Involvement Manager provided an overview of Board visits and encouraged governors to take part in them.

Governor Training and Development

The Membership and Involvement Manager gave an outline of training, awareness and development sessions that governors had suggested in the recent governors' annual effectiveness survey including finance, risk management, medium term planning, and an overview of Freedom To Speak Up. Governors were also reminded of mental health awareness sessions provided by Derbyshire County Council and Governor workshops organised by NHS Providers.

Election update

The Membership and Involvement Manager gave a detailed update on the progress of the election programme which included the number of nominations received to date and promotion of the elections and next steps.

Topics for joint session for the Board and Governors joint session on January 2026

This session will include an overview of Freedom To Speak Up, financial update, Well Led review in preparation for the Care Quality Commission (CQC), and medium term planning.

Governance Committee meeting held on 17 February 2026

18 (72%) governors attended the meeting.

Election of Chair and Deputy Chair of the Committee

Neil Baker and Angela Kerry were elected as Co-Chairs of the Governance Committee.

Membership data

Governors discussed the membership data and noted the underrepresented groups/areas.

Governors Membership Engagement Action Plan

Governors reviewed and updated the Governors Membership Engagement Action Plan.

Feedback from governor engagement activities

The Committee reviewed the activity log relating to the membership engagement by governors. Governors were reminded to sign up to the Derbyshire Mental Health Forum and Derbyshire Voluntary Action's e-newsletters as a means of finding out about voluntary organisations in their areas. The Committee was also informed of the forthcoming countywide market stall event that is being hosted by Derbyshire Mental Health Forum.

Board visits and governor participation

For the benefit of newly elected governors, the Membership and Involvement Manager gave an overview of Board visits and the importance of governor participation

Governor training and development

The Membership and Involvement Manager has arranged in-house awareness sessions on finance and medium term planning, and risk management. She also invited governors to attend a British Sign Language taster session on 16 March which is being held in the Deaf Club in Derby. Training courses provided by NHS providers and Derbyshire County Council were also referred to.

Well Led review update

The Director of Affairs and Trust Secretary gave an update on the Well Led inspection readiness for the Care Quality Commission (CQC). This followed on from the presentation given at the joint board and governor session in January.

Governor elections update

The Membership and Involvement Manager confirmed the results of the recent elections. A report is being presented to Council of Governors.

Consideration of holding to account questions to the Council of Governors

Following on from the previous meeting an update on the helpline was given and the Committee there was no need to escalate this.

Feedback from the governors' annual members meeting task and finish group

The Annual Members Meeting (AMM) will be held online 30 September from 6pm-8pm. The proposed theme is 'A Ray of Hope' to reflect the presentations which will focus on recovery and positive impact of therapeutic environments on service users. An art competition titled 'A Ray of Hope' will be run during the summer with the winners being announced during the AMM.

Recommendations

The Council of Governors is requested to:

- 1) Note the report made of the Governance Committee meetings held on the 17 December 2025 and 17 February 2026**

Review Governors Membership Engagement Action Plan

Purpose of Report

The aim of this report is to review and update the Governors Membership Engagement Action Plan (Action Plan). It was last reviewed and updated by the Council of Governors on 3 June 2025 and by the Governance Committee on 12 February 2026.

Executive Summary

The key objectives for membership engagement are to:

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

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

Strategic Considerations		BAF Risk (eg 1A)	Strategic Delivery Plan Reference
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.			
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.			
Productive: We will improve our productivity and design and deliver services that are financially sustainable.			
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X	N/A	4.1

Risk and Assurances

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

Consultation

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

Governance or Legal Issues

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

Net Zero Duty Implications

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

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

- No meaningful impact identified.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

1. Note and review the contents of the report

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

DHCFT Governors Membership Engagement Action Plan

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

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

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

<p>World Mental Health Day (WMHD) 10 October each year – consider having a governor stall at events arranged by Public Health. Nearer the time, Denise Baxendale will see what the Trust is organising and if governors can be involved. Note CAMHS usually have an open day which governors are invited to. Denise will investigate what the Trust will be doing for 2026.</p>	Denise Baxendale plus elected governors	Denise will investigate in the Summer.
<p>Engagement with members and the public</p> <p><u>BME targeted engagement</u> – Chesterfield and North East Derbyshire – establish links and promote direct links. Denise has had contact with Mike Evans, organiser Chesterfield BME. Denise had produced a piece about the Trust how to contact governors, membership, becoming a governor etc. for the BME forum – this can be adapted for other organisations. Contact was made with the African & Caribbean Community Association (Chesterfield & District) last year.</p> <p>The Equality Diversity and Inclusion (EDI) Forum’s organiser in Chesterfield. There are 250 members and Denise has arranged to write a paragraph about memberships/governors for their newsletter.</p> <p>Note: the Trust is developing co-production with BME and the Deaf Community.</p>		To be picked up by Denise in Spring
<p>Staff engagement</p> <p>Staff Governors meeting regularly with staff through “Grab a Governor” scheme. Will feedback through Staff Governor Engagement Logs to Denise Baxendale alongside other governor feedback. The governor role is also promoted in staff communications (i.e., Staff Facebook group, staff e-newsletter and the intranet). The Staff governor poster has been updated encouraging colleagues to display in staff areas.</p> <p>Contact staff networks to promote the role.</p> <p>Separate meetings have been arranged with staff governors and the Director of People, Organisational Development and Inclusion; and the Trust Chair for 2026.</p>	Staff Governors	Denise to arrange a meeting with staff governors to discuss/review this section.

let Denise Baxendale know which one(s) they would like to link in with. Denise will then see if this is possible and make the necessary introductions	Public Governors	
Communicating with Trust members To consider how governors communicate with members. Email each constituency details of their governor(s) and how to contact them. Including a 'getting to know' your governors – i.e. hobbies, why they became a governor, why they want to hear from you. New public governors featured in members e-newsletter, and staff governors in staff e-newsletter.	Governors	To start with newly elected governors.
Increasing membership Look at key messages for increasing membership in Chesterfield and High Peak and Derbyshire Dales, and with younger people. How do we do this e.g. contact colleges, universities, through appointed governors in the voluntary sector?	Governance Committee	Actions to be agreed.
Governor Feedback – all governors are encouraged to complete the Governor Engagement Log at least two weeks prior to scheduled Governance Committee meetings so they can be included in the engagement log	All Governors	Ongoing – standing agenda item for the Governance Committee

Last reviewed by Governance Committee – 17.2.26

Last updated – 17.3.26 by Denise Baxendale, Membership and Involvement Manager

Governor Meeting Timetable March 2026 – March 2027

DATE	TIME	EVENT	LOCATION/COMMENTS
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
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
9.6.26	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams (<i>this replaces the meeting originally scheduled for 24.6.26 in Derby</i>)
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 <u>Please note that this meeting is held in person.</u>	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
8.9.26	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams

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
3.11.26	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
24.11.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
24.11.26	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
12.1.27	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
26.1.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
26.1.27	2pm-5pm	Council of Governors and Trust Board development session <u>Please note that this meeting is held in person.</u>	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
2.3.27	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
23.3.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway,

			Derby DE22 3LZ. You can also observe online.
23.3.27	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

Please note:

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