Derbyshire Healthcare
NHS Foundation Trust

Meeting Council of Governors
Agenda

Date: Tuesday 19 May 2026, from 14:00-17:00 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.

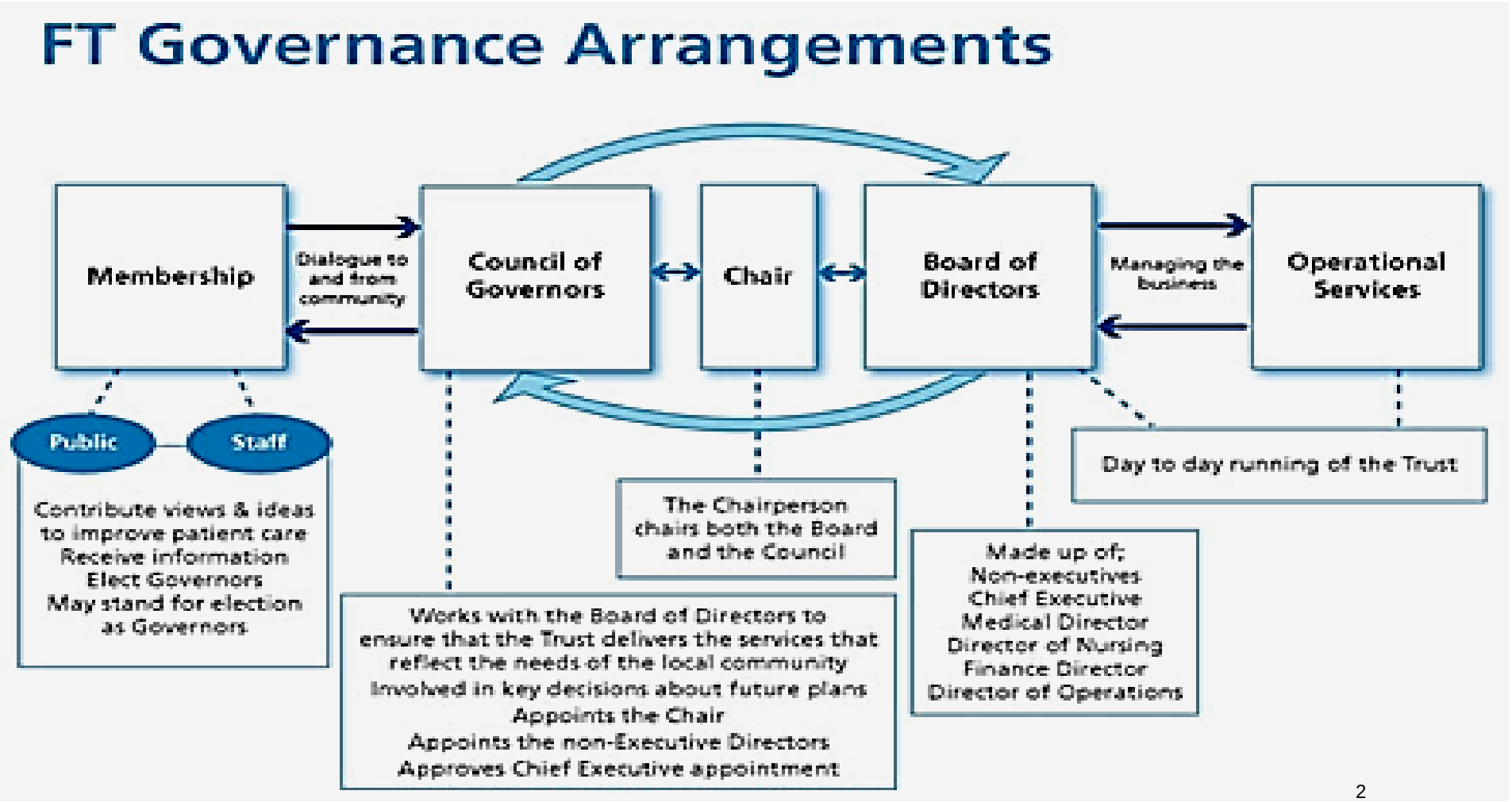
Item	Topic	Lead	Time
1.	Welcome, introductions, Chair's opening remarks, apologies and declaration of interests	Selina Ullah	14:00
2.	Submitted questions from members of the public		
3.	Minutes of the previous meeting held on 24.3.26		
4.	Matters arising and actions matrix		
5.	Chief Executive's update (verbal – copy of Chief Executive's report to Board 19.5.26 is attached for information)	Mark Powell	14:15
6.	Report from Governors Nominations and Remuneration Committee held on 5.5.26	Selina Ullah	14:35
7.	Council of Governors Annual Effectiveness Survey	Denise Baxendale	14:55
8.	Escalation items to the Council of Governors	Selina Ullah	15.00
9.	Staff Survey Results	Rebecca Oakley	15.05
COMFORT BREAK			15.25
10.	Non-Executive Directors reports	Andrew Harkness /Ralph Knibbs	15.35
11.	Integrated Performance Summary Report	Non-Executive Directors	15.55
12.	Report from Governance Committee 21.4.26	Neil Baker	16.25
13.	Review Governor Membership Engagement Action Plan	Denise Baxendale	16.35
14.	Governor Training and Development (verbal)	Denise Baxendale	16:40
15.	Any other business	Selina Ullah	16:45
16.	Review of meeting effectiveness	Selina Ullah	17.00
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:	**Time:**	**Location:**
22.9.26	14.00-17.00pm	Conference Rooms A&B, first floor, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. If you are attending virtually click here to join the meeting.

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

Getting the balance right



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The implications for governors and 'holding to account'

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

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

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

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how do we ask effective questions?

Good questions

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

Strategy on a page

Derbyshire Healthcare
NHS Foundation Trust

Our strategic priorities

Patient focus

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

People

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

We make a positive difference in everything we do

Our vision

Partnerships

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

Productive

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

Our values

Caring

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

Inclusive

We respect and include everyone in all we do.

Ambitious

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

Belonging

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

Collaborative

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

WE MAKE A POSITIVE DIFFERENCE • IN EVERYTHING WE DO •

Find out more

derbyshirehealthcareft.nhs.uk/about-us/strategy

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING
HELD ON TUESDAY 24 MARCH 2026 FROM 14.00 – 16:28 HOURS
HYBRID MEETING DIGITALLY VIA MICROSOFT TEAMS AND FACE TO FACE

PRESENT	Selina Ullah*	Trust Chair
	Angela Kerry*	Public Governor, Amber Valley
	Lai Mei Li*	Public Governor, Amber Valley
	Neil Baker*	Public Governor, Bolsover and North East Derbyshire
	Jean Johnson	Public Governor, Bolsover and North East Derbyshire
	Ruth Day	Public Governor, Derby City West
	Stephen Handsley*	Public Governor, Derby City West
	Christopher Williams*	Public Governor, Erewash
	Brian Edwards*	Public Governor, High Peak and Derbyshire Dales
	Anson Clark	Public Governor, Rest of England
	Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
	Claire Durkin	Staff Governor, Admin and Allied Support Staff
	Nicole Ellis	Staff Governor, Admin and Allied Support Staff
	Mathew Joseph*	Staff Governor, Medical
	Sifo Dlamini*	Staff Governor, Nursing
	Jo Foster	Staff Governor, Nursing
	Rachel Bounds	Appointed Governor, Derbyshire Voluntary Action
	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
	Vikki Ashton-Taylor*	Deputy Chief Executive/Chief Delivery Officer
	James Sabin	Director of Finance
	Chioma Akpom*	Non-Executive Director
	Lynn Andrews*	Non-Executive Director
	Deborah Good*	Non-Executive Director
	Jo Hanley*	Non-Executive Director
	Andrew Harkness*	Non-Executive Director
	Ralph Knibbs*	Non-Executive Director

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

APOLOGIES	Dave Allen	Public Governor, Chesterfield
	Tom Bladen	Public Governor, Derby City East
	Fiona Rushbrook	Staff Governor, Allied Healthcare Professions
	Debra Dudley	Appointed Governor, Derbyshire Mental Health Forum
	Alison Martin	Appointed Governor, Derby City Council
	Sam Redfern	Appointed Governor, Derbyshire County Council

DHCFT/ GOV/20 26/001	**WELCOME, INTRODUCTIONS AND CHAIR'S OPENING REMARKS, APOLOGIES AND DECLARATIONS OF INTERESTS** The Trust Chair, Selina Ullah welcomed all to the meeting, and in particular to the newly elected governors. Introductions were made and apologies were noted above. There were no declarations of interest.
DHCFT/ GOV/20 26/002	**SUBMITTED QUESTIONS FROM MEMBERS OR THE PUBLIC** The Trust Chair confirmed that no questions had been submitted from members of the public.
DHCFT/ GOV/20 26/003	**MINUTES OF THE PREVIOUS MEETING, HELD ON 25 NOVEMBER 2025** The minutes of the meeting held on 25 November 2025 were accepted as a correct record.
DHCFT/ GOV/20 26/004	**MATTERS ARISING AND ACTIONS MATRIX** **Matters arising** There were no matters arising. **Actions Matrix** Governors noted that both actions listed are now complete. **RESOLVED: The Council of Governors agreed to close all completed actions on the actions matrix.**
DHCFT/ GOV/20 26/005	**CHIEF EXECUTIVE'S UPDATE** It was noted that the Chief Executive's report presented to Public Board that morning was included in the papers for this meeting for information. Mark Powell, Chief Executive gave a verbal update which included: • The medium term plan is a three year operational plan for all the NHS, and along with the medium term planning framework sets our various components around national quality, finance and workforce. Mark explained that all NHS Trusts were required to submit their three year plan. He confirmed that for the first year we have complied with all of NHS England's (NHSE) requests. He assured governors that the Trust can deliver its three year plan, and that there is funding to finish the Making Room For Dignity programme. • Care Quality Commission (CQC) – this year the CQC began an inspection of several of our community based mental health services, and our mental health rehabilitation inpatient service, Cherry Tree Court. The verbal feedback of our community based mental health services inspection

	suggested that there were examples of good practice by teams. We are expecting the report with the next two weeks. We have received the report for Cherry Tree Court which was rated 'good' overall • Mental health urgent assessment centre – Mark confirmed the Trust is in the process of developing this new centre which will be at the Radbourne Unit in Derby, adjacent to the Royal Derby Hospital. It should be up and running in July. Brian Edwards, Public Governors asked if there are plans to develop a mental health urgent assessment centre in the north of the county i.e. in Buxton or at Stepping Hill Hospital. Mark explained that he is unaware of any development for a centre in the north but will make enquiries. Brian also asked if there will be enough staff to manage the centre 24/7. Mark explained that like other Trusts the centre will be developed incrementally to make sure that it is safely staffed. The Trust Chair confirmed that there is no new money for the centres but the Trust will work collaboratively within the system to make it work. She also confirmed that there has to be one centre within Derbyshire which has to manage sensibly, safely and financially. Angela Kerry, Public Governor, referred to the 24/7 neighbourhood mental health hubs and asked if this is building on the crisis drop in centres that are already established. Mark confirmed that this is the case and it is really important to work with our partners. Rachel Bounds, Appointed Governor, asked if the Integrated Care Board (ICB) is going to continue to commission the Living Well service. It was noted that funding for this service has been resolved in the short term. Matthew Joseph, Staff Governor, asked the Trust to consider developing a hub in the north of the county so that there is parity between the north and south. It was noted that this is part of the Trust's strategy and Mark will look at ensuring that provision of resources will match the needs of the population. **RESOLVED: The Council of Governors noted the update.**
DHCFT/ GOV/20 26/006	**<u>WELL LED UPDATE</u>** Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary reminded governors that her presentation on CQC Well Led delivered to the joint Board and governors' session on 27 January had been circulated to all governors via *Governor Connect*. An update had also been provided to the Governance Committee on 17 February. For the benefit of newly elected governors, Justine explained that Well Led under the joint CQC/NHS England (NHSE) framework focuses on leadership, culture and governance. Governors play a critical role in this as the public voice and source of accountability. They will take part in a focus group with the CQC as part of the Well Led inspection. It is likely that the inspectors will want to talk to governors about strengths and challenges of the Trust, and what they do in their governor role. She emphasised that the Trust would help and fully support governors through this process. Justine's presentation focused on the role of the governors in Well Led and the eight quality statements which CQC uses to assess strategic vision, capability and culture. To compliment the Trust's preparation for an anticipated CQC Well Led

	inspection, the Trust had commissioned an external development review, something required by NHSE every three to five years (the last one being done in 2023). Justine suggested that it would be useful for a couple of governors to work with her and Denise to look at this in more detail. She confirmed that no date has been given for the Well Led inspection but it is important that governors are fully supported and ready for when it does take place. She reminded governors that they receive a lot of information about the Trust from the NEDs reports and the Integrated Performance Report, and through their two statutory duties: holding the NEDs to account for the performance of the Board and engaging with members and the public. Matthew referred to the reduction in staff through the implementation of the Trust's new operating model and is concerned about low morale and gaps in expertise as staff leave/are made redundant/taking voluntary redundancy/are downgraded and the effect that this could have on risk. Selina explained that the landscape has changed and Foundation Trusts are now expected to live within their means with no additional funding. She assured governors that the Chief Executive is managing the risk. She also explained that the Trust had seen a significant increase in senior roles, an after effect from the COVID 19 when there was an increase in funding to respond to the pandemic. Brian referred to the Nottingham Inquiry and asked if the Trust should be increasing its inpatient beds rather than caring for some people in the community. He suggested that this should be included in the Trust's three year plan. Mark explained that the lack of beds is a national challenge, and we need to wait for the outcome of the Nottingham Inquiry, but the likelihood of commissioning more beds will be challenging and against the direction of the 10 Year Plan. Mark added there are several other key inquiries taking place and hoped that recommendations from these will firm up commissioning services and how to deal with those patients who are difficult to engage with. However, the proposed changes in the Mental Health Act focus on services being less restrictive and advocacy based with more community and less inpatient provisions. He also confirmed that the Trust is working with partners to look at how beds can be used more appropriately. He reiterated that the Trust needs to wait for the outcome of the inquiries to see what the expectation will be. **RESOLVED: The Council of Governors noted the update on Well Led.**
DHCFT/ GOV/20 26/007	**NON-EXECUTIVE DIRECTORS' REPORT** Jo Hanley, as Chair of the Finance and Performance Committee, presented her report which summarised her activities as a Non-Executive Director (NED) since she was appointed in August 2025. The report detailed her role as Chair of the Finance and Performance Committee, the work that the Committee focused on, and assurances relating to financial management, the delivery of the Making Room For Dignity Programme, and progress in building continuous capability across the Trust. Jo also referred to the need to be financially sustainable in the future with a 3% surplus. As no additional money is expected the Trust will need to generate income to re-invest in the services it provides.

	It was noted that James Sabin, Director of Finance is in the early stages of developing a charitable fund which will be used to support services. This is in the process of being promoted with a focus on mental health. James confirmed that the Trust does have links to a charitable fund managed by Derbyshire Community Health Services (DCHS) but the funds are depleting. Regarding financial sustainability Jo Foster, Staff Governor noted that there are issues with some patients on wards who are ready to be discharged but for a number of reasons stay on the ward e.g. lack of support in the community from other organisations including lack of housing/social care placements. She also commented that some inpatients on the new wards would prefer to stay on the ward rather than go back to their accommodation. Jo Foster suggested that wards need more power to push back to other teams/organisations so that patients are discharged when they are ready so the beds are available for other patients. Brian referred to the savings the Trust is required to make and asked what the requirements are for the next financial year. James explained that it is a statutory duty that all NHS Trusts break even next year which will be challenging. The Trust needs to manage ward overspends, for example, reducing out of area placements and use of bank staff. If the Trust does not reach its trajectory the number of staff will need to be reduced. If this happens the Trust will need to come up with a recovery action plan. It was noted that further transformations will be taking place next year to help with the cost efficiencies. He reiterated that reducing the use of out of area placements is essential to cost improvements. Jo Hanley assured governors that the Finance and Performance Committee will be closely monitoring the Trust's plans , this will include how services are managing individual budgets. Matthew asked how many people diagnosed with autism/ADHD and a severe mental illness (SMI) are placed out of area. It was noted that nationally there has been an increase in autism and ADHD diagnosis. Mark agreed to look at the data and suggested that this can be picked up by the Medical Director and shared with clinicians through the Medical Senate as a means of encouraging clinicians to help to solve these challenges by looking at changing services and pathways. **RESOLVED: The Council of Governors noted the Non-Executive Directors updates and gained assurance from this.**
DHCFT/ GOV/20 26/008	**<u>VERBAL SUMMARY OF INTEGRATED PERFORMANCE REPORT</u>** The Non-Executive Directors reminded governors that the purpose of this report is to provide an update of how the Trust was performing and included data up to the end of at the end of January 2026 for internal measures, and to the end of December 2025 where the data source is NHS England. The report focuses on key finance, performance, and workforce measures. Lynn Andrews, as a Chair of the Quality and Safeguarding Committee gave an update on safety and quality care. She referred to improving safety and quality care by monitoring ligature and restrictive practice through the dashboard. Brian asked if ligature points had been eradicated in the new facilities. Lynn explained that the new build environments have reduced ligature points and ligature incidents but this cannot be eradicated as patients could use clothing/plastic bags to harm themselves. It was noted that risk assessments are

	carried out in all areas across our services in line with the CQC framework. Lynn also explained that is difficult to carry out risk assessments and remove ligature points when patients are being cared for in their own homes. Mark reiterated that it is clear in the regulations that trusts are not responsible for assessing environment risks in people's homes, but the level of patient risk is assessed. The Trust does not have the resources or model to do this, and he assured governors that our buildings including patient areas in community buildings are highly regulated. Angela referred to the discussion at the Public Trust Board where Tumi Banda, Director of Nursing, Allied Health Professionals, Quality and Patient Experience mentioned that incident rates had increased because we have more inpatient beds and more complex inpatients. Lynn explained that NEDs do not set the target rates but that they look at compliance and discuss issues with the executive team. The metrics have been reset now that the new facilities are up and running and this will be reviewed in the new financial year. Pippa Hemingway, Appointed Governor noted that seclusions have decreased and asked how this is being monitored. Lynn explained that the Trust has been looking at the appropriateness of seclusions and ensuring that plans are in place for de-escalation. Jo Hanley, Chair of the Trust's Finance and Performance Committee gave an update on operations which focused on: • There continues to be challenges with the mental health helpline regarding response rates. An action plan has been put in place to improve this including standing down the 0800 telephone number so that calls are only coming through NHS 111 (press option 2). There has been an increase in demand for this service and the Trust is having a dialogue with the Integrated Care Board (ICB) to improve the service for the future • There are a number of inappropriate out of area adult acute placements due to demand exceeding bed capacity. The new psychiatric intensive care unit (PICU) which opened in July continues to have a positive impact on the care of male patients with zero males placed out of area for PICU. • The Trust is struggling to meet its target for its transforming care programme. Work is ongoing with the local authority and wider community to help people to have the right care in the community. She also gave the update on finances, which focused on: • Achieving financial balance at the end of the year. NEDs have been assured by the executive team that the Trust's financial position has been adjusted to a deficit of £0.7m which is better than the planned deficit of £1.3m • The Cost Improvement Plan (CIP) is on track with a small amount of non-recurrent savings which will need to be looked at going forwards. Ralph Knibbs as Chair of People and Culture Committee gave an update on people which included: • Annual appraisals have surpassed the Trust's 90% target • Turnover is being managed appropriately

	• The absence focus group set up forward plans which have helped to improve sickness absence. The target is to get below 5% (it is currently 5.70%) • Wellbeing support and psychological support to staff is being amended • Supervision data been cleansed and work is ongoing with teams with low compliance rates which are expected to increase over the coming months • Consultation regarding the operational model is currently taking place with staff affected by the transformation considering options. As with the first transformation model, lessons learnt will be produced. Matthew referred to the fuel crisis in the Middle East and asked if this will have a negative impact on the Trust. For example, will there be a reduction in staff to offset the increase in fuel costs. Mark Powell explained that regardless of the war, the Trust needs to provide more with less money. Discussions are ongoing about what the Trust can do with the increased fuel costs and the impact this may have on staff in the community. It was noted that mental health funding from the Health Secretary has been reduced from 9.5% to under 9%. Brian referred to NHS supply chains and the risk of some drugs being difficult to get. Selina noted Brian and Matthew's concerns and assured governors that the Trust will follow national guidance. **RESOLVED: The Council of Governors noted the updates from the Integrated Performance Report and were assured that the Non-Executive Directors are holding the Executive Directors to account for the performance of the Board.**
DHCFT/ GOV/20 26/009	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE** It was noted that there were no items to escalate to the Council of Governors.
DHCFT/ GOV/20 26/010	**REPORT FROM GOVERNORS' NOMINATIONS AND REMUNERATION COMMITTEE HELD ON 10 DECEMBER 2025** The Trust Chair presented an overview of the matters discussed at the last Governors' Nominations and Remuneration Committee on 10 December 2025 which 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. Selina referred to the government's decision to remove the requirement for foundation trusts to have governors which is mentioned in Fit for the future: 10 Year Health Plan for England. She explained that the removal of governors would require a change to the law which has to go through Parliament and Trusts have not received any national guidance on the time frame or what they need to do to prepare for this change. She noted that this is creating uncertainty for governors, but assured governors that they are valued by the Trust. She also explained that whilst the Trust waits for national guidance, the Trust's approach is business as usual. Selina added that a standard item would be added to Governance Committee agendas to keep everyone updated and at the next joint Board/CoG session in

	July, the Trust's current patient, staff, and stakeholder engagement work will be outlined and Governors invited to help shape ongoing community connections to ensure robust local accountability, whatever the future model looks like. Governors were appreciative of the update and will continue to support the Trust. **RESOLVED: The Council of Governors noted:** **1) The contents of the report** **2) The Trust Chair's update following the government's decision to remove the mandatory requirement for foundation trusts to have membership and governors.**
DHCFT/ GOV/20 26/011	**<u>UPDATE ON GOVERNOR ELECTIONS</u>** Denise Baxendale, Membership and Involvement Manager confirmed that voting closed on 29 January and results were declared on 30 January. She was pleased to advise that four new public governors; and one new staff governor have been elected. She also informed the Committee that two public governors had been re-elected: • Lai Mei Li – Public Governor for Amber Valley • Jean Johnson – Public Governor for Bolsover and North East Derbyshire • Tom Bladen – Public Governor for Derby City East (re-elected) • Sarah Tupling – Public Governor for Dery City East • Stephen Handsley – Public Governor for Derby City West • Brian Edwards – Public Governor for High Peak and Derbyshire Dales (re-elected) • Nicole Ellis – Staff Governor representing our admin and allied support staff. Their terms of office began on 1 February and is up to three years. Denise also confirmed that: • The declaration of results have been published on the website • She has contacted those candidates who were not successful • Induction with the new governors took place on 10 February (with a one to one induction on 30 March for the governor unable to attend this session) • New governors have been assigned a governor 'buddy'. Denise also confirmed that to date the Council of Governors has three vacancies: • High Peak and Derbyshire Dales (unable to fill this vacancy during the election process) • Erewash – the person who was elected uncontested resigned soon after the results were declared • Chesterfield – resigned from the governor role on 4 February 2026. **RESOLVED: The Council of Governors:** **1) Noted the election results** **2) Noted the three vacancies on the Council of Governors.**

DHCFT/ GOV/20 26/012	**REPORT FROM GOVERNANCE COMMITTEE 17 DECEMBER 2025 AND 17 FEBRUARY 2026** Angela, as new Co-Chair of the Governance Committee, presented an overview of the matters discussed at the last Governance Committee meetings which was well attended. This included: • Agreeing the process for the election of Chair and Vice-Chair of the Committee (a co-chair model was adopted again) • Feedback from governor engagement activities • Engagement opportunities including Board visits • Governor's training and development • Governor elections • Reviewing the governors' membership engagement action plan • Receiving an overview of the Well Led review • Consideration of holding to account questions to the Council of Governors • Review of the membership data and governors Membership Engagement Action Plan • Feedback from the Annual Members Meeting task and finish group. Angela encouraged governors to attend future Governance Committee meetings. Governors can attend these informal meetings either in person or online; they are an opportunity to get to know each other and gain an understanding of the governor role. The next meeting is taking place on 21 April and will be chaired by Neil Baker, Public Governor, Bolsover and North East Derbyshire. **RESOLVED: The Council of Governors noted the information provided in the Governance Committee report.**
DHCFT/ GOV/20 26/013	**REVIEW GOVERNOR MEMBERSHIP ENGAGEMENT ACTION PLAN** Denise provided an update on the Governors Membership Engagement Action Plan (the Action Plan). She reminded governors that they are elected to represent their local communities and the Action Plan has been developed to increase engagement with members and to promote the governor role. It was last reviewed and updated by the Governance Committee on 17 February 2026. The updated version was presented to the Council and governors were encouraged: • To subscribe to Derbyshire Mental Health Forum (DMHF) and Derbyshire Voluntary Action (DVA) e-newsletters which provide a wealth of information about voluntary groups • To attend the county wide meetings hosted by DMHF and DVA as a way of meeting voluntary organisations and obtaining feedback on services the Trust provides. It was noted that the next meeting is taking place on 16 September • Take part in the Trust Board visits as an opportunity to meet staff and find out about Trust services. **RESOLVED: The Council of Governors noted the contents of the Action Plan.**

DHCFT/ GOV/20 26/014	**GOVERNOR TRAINING AND DEVELOPMENT** Denise gave the following update on training and development sessions that are being arranged: • An overview of Risk Management was provided by the Trust's Risk and Assurance Manager on 17 February • An update on the Finance and Medium Term Planning (formerly known as Annual Planning) was presented at the joint Board and governors' session on 27 January by the Director of Finance • An overview of Freedom To Speak Up (FTSU) was presented to the joint Board and governors' session on 27 January by the Freedom To Speak Up Guardian. At the last Governance Committee meeting governors were invited to attend a British Sign Language taster session on Monday 16 March at the Deaf Club in Derby. Denise also referred to free of charge mental health awareness training sessions provided by Derbyshire County Council. The majority of these courses are available to those who reside in Derbyshire and Derby city. Governors were encouraged to let Denise know if they have any suggestions to consider for providing in-house training for 2026/27 that will help them in their governor role. **RESOLVED: The Council of Governors noted the training and awareness sessions already undertaken.** **ACTION:** • **Governors to send suggestions for in-house training to Denise to consider.**
DHCFT/ GOV/20 26/015	**ANY OTHER BUSINESS** **Lead governor arrangements** Denise updated governors on the Lead Governor arrangements. She reminded governors that as discussed at the Governance Committee in December our Lead Governor at the time, Susan Ryan's term of office ended on 31 January 2026. This meant that that we needed to elect a public governor (who has been in the role for at least six months) to take up this role from 1 February onwards. Further information about the roles and responsibilities of the Lead Governor was circulated to all governors via emails and *Governor Connect*. The deadline for expressions of interest was 16 January. Following on from this formal notice to public governors no expressions of interest were received. Brian Edwards had however, kindly volunteered to cover the role temporarily. An email to all governors was sent outlining Brian's offer and asking governors to support this interim arrangement. It was noted that governors support for Brian was unanimous. The interim arrangements will be reviewed in six months. Denise conveyed her appreciation to Brian for taking on this role. **Annual Members Meeting – 30 September 2026** It was noted, as agreed by governors at the recent Governance Committee to change the date for the Annual Members Meeting (AMM) from 4-6pm to 6-8pm. It

	is hoped that the later time will mean more people will attend. This has been updated in outlook and on the governors meeting schedule.
DHCFT/ GOV/20 26/016	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** Lei Mai Li was encouraged by the engagement and transparency during the meeting. She has learnt a lot from the reports and discussions and noted challenges that the Trust is facing. She also attended the Public Board session that took place this morning and felt that the Trust has patients' wellbeing at the core of its business. She also appreciated the difficulty the Trust has in providing services which have an increased demand and a reduction in funding.
	GOVERNOR MEETING TIMETABLE 2026/26 AND 2026/27 The governor meeting schedules for 2026/26 and 2026/27 were shared for information. It was noted that electronic invites have been sent.
	CLOSE OF MEETING The meeting closed at 16:28 hours. The next Council of Governors meeting will be held on **Tuesday 19 May 2026** from 14:00-17:00 hours. It will be held as a hybrid meeting.

COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 11.5.26							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
24.3.26	DHCFT/GOV/2026/014	Governor training and development	Governors	Governors to send suggestions for in-house training to Denise to consider	19.5.26	No suggestions received to date (11.5.26)	Amber

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

Derbyshire Healthcare NHS Foundation Trust
(Please note that this report is being presented to Public Board on 19.5.26 and has been included for information.)

Report to the Board of Directors – 19 May 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.

National and regional context

Neighbourhood Health Framework

In March the Government published the Neighbourhood Health Framework, which outlines a neighbourhood health model that puts people at the centre of how their health and care is delivered; by organising services so they can work together to serve a defined population. The aims of this approach are to:

- Improve people's health and care outcomes, reduce health inequalities and help them stay well at home
- Organise services around the person with more convenient, personalised and joined-up care
- Reduce pressure on Acute services, including hospitals and care homes
- Cut waste and duplication
- Help the NHS deliver against core targets.

National Oversight Framework

Quarter 3 results from the National Oversight Framework (NOF) have now been published. Our position in segment three has remained the same since the quarter two results were announced in December. Thank you to colleagues who have worked hard to improve and maintain our performance and appropriately record all the activities we undertake.

As a reminder, NHS England (NHSE) publishes their assessment of trusts' performance through the NOF, which places all NHS trusts into one of four segments (segment one being the highest performing). The framework is being reviewed for 2026/27, with revised metrics aligned with the Medium-Term Planning Framework ambitions as well as wider integration with the strategic direction as set out in the 10-Year Health Plan.

We are carrying out some modelling work against the proposed metrics, the number of which have increased from the previous year. NHSE have indicated that Provider Capability Assessments will need to be refreshed and we are expecting the technical guidance on this and the new NOF this month.

National workforce expansion and challenges

Recently the Government announced the NHS had met its target to recruit 8,500 additional mental health staff early, alongside continued investment and progress towards Community-based care. However, in common with other providers, we are experiencing very high levels of demand for our services as well as some workforce pressures. Overall, the direction of travel is

clear; towards Community, Prevention and Integrated Care, but delivery risks remain significant in the short- to medium-term.

Integrated Care Board (ICB) changes

The implementation of ICB mergers and cost reductions from April 2026 introduces further System change. We are working closely with the ICB cluster leadership to manage any impact on commissioning arrangements and service delivery. The new shift is for ICBs to operate as strategic commissioners across Mental Health, Learning Disabilities (LD) and Autism services, with a strong emphasis on population health, outcomes and partnership with providers.

Independent review into Mental Health conditions, Attention Deficit Hyperactivity Disorder (ADHD) and Autism: interim report

The interim report of the Independent review into mental health conditions, ADHD, and autism has been published by the government. The review aims to understand how common these conditions are, identify key patterns, and explore inequalities experienced by people with mental health conditions, ADHD and autism among children, young people, and adults. It examines why prevalence is changing, the risks and benefits of medication, and considers how to prevent mental ill-health. It also focuses on building resilience, improving early support and developing better access to a range of NHS and Community-based services for timely, appropriate care.

Mental Health Act 2025

In my last report, I mentioned the transitional implementation of the Mental Health Act 2025. Section 51 came into effect on 6 April 2026 and addresses a gap in the application of the Human Rights Act to some mental health patients. The Board's Mental Health Act Committee is overseeing the Trust's implementation of the 2025 Act.

Local context

Care Quality Commission (CQC) activity

The CQC has now published a report following the inspection of our Mental Health Crisis and Home Treatment services and health-based places of safety, which took place earlier this year. I am pleased to confirm the report outlines an overall good rating, with good ratings also being achieved against each of the key lines of enquiry (demonstrating that the services are Safe, Caring, Responsive, Effective and Well-Led).

This is a great achievement for our teams and is another example of Trust services receiving a good rating from the CQC. We continue to wait for feedback following the CQC's inspection of our Community-based Mental Health services, which took place in January 2026.

Substance Misuse service changes

On 1 April 2026 the Derby City Substance Misuse service transferred to new providers. The Adult service (Derby Drug and Alcohol Recovery service) has moved to Cranstoun and the Children and Young People's service (Breakout), to Change Grow Live (CGL). This followed a procurement exercise undertaken by our commissioners at Derby City Council.

I wanted to place in public my thanks to a long list of colleagues who delivered these services for Derbyshire Healthcare over many years. Whilst I was very sad to see the team move outside of the Trust, I look forward to building new relationships with Cranstoun and CGL moving forward.

Helpline's contact number moves to 111

Since April 2024, our Derbyshire Mental Health Helpline and Support service have been offering local people two ways to call the team: via an 0800 number and via NHS 111. From 1 July 2026, the only way to contact the helpline will be by calling NHS 111 and then selecting the 'Mental Health' option (option 2). The 0800 number (0800 028 0077) will be switched off on this date.

Using only NHS 111 is the approach recommended by NHS England. When people dial 111 and select 'Mental Health', they are put through to their local helpline team, who can tell them about

local support services nearby. Having one number for the Derbyshire Helpline also simplifies the call handling process and means the team can respond to calls more effectively.

Digitisation of the Mental Health Act

The Trust has recently invested in a specialist digital solution to administer the Mental Health Act (MHA). The Trust currently leads MHA offices across the Joined-Up Care Derbyshire System and has identified several patient-focused and quality benefits to this approach, including:

- Reduced incidents and unlawful detentions
- Empowering patient rights and improved patient experience
- Freeing up clinical and corporate time
- Improved patient flow.

This progress will also support the aims of the Trust Strategy, to progress digital technologies and new ways of working to provide better care for the people of Derby and Derbyshire. It will improve productivity and provide data to improve clinical decision making.

Industrial action

Since the Board last met, the Trust has experienced a further stage of industrial action, with Resident Doctors participating in strike action after Easter. I am pleased to confirm that any disruption to our services was carefully managed by the Incident Management team (IMT).

Recent achievements

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

- The In-Reach and Home Treatment team in Derby were March's DEED of the month winners. A service user nomination described compassionate, empathetic care at a moment of profound crisis, with support that "saved my relationship and my life". This reflects life-changing impact, delivered through collaborative, compassionate team working and strongly embodies all the Trust values. Congratulations to the team!
- Colleagues working at the Bluebell Ward at Walton Hospital were the DEED winners for April. Congratulations to Emily Ulyatt, Registered Mental Health Nurse; Charlotte Cooling, Housekeeper; Natalie Nickson, Nursing Associate and Healthcare Assistants, Rebecca Redfern and Isabel Maseva, who received serval nominations describing their professionalism, co-ordination and dedication to ensure positive outcomes for people in our care!
- At the end of March I presented Anthony Newman, Nursing Assistant at the Kedleston Unit, with an award for 40 years' service. Similarly, at the end of April, I also presented Julian Bannister, Community Lead Nurse at Bolsover Community Mental Health team (CMHT), with his award for 40 years' service, both of which are a tremendous achievement
- Hayley Lawrence, DHcFT Chair of our Armed Forces Network, has been shortlisted for the British Forces in Business Awards 2026
- Selina Ullah, Trust Chair, was announced as a finalist in the Social Leader category of the British Muslim Awards 2026 in May. Although she wasn't the final winner, she was 'recognised for excellence'
- I would like to extend my congratulations to Professor Subodh Dave, who has been elected the new President of the Royal College of Psychiatry (RC Psych). Subodh will take up this post, which is the most senior member role in the RC Psych, from 16 June. This is a great achievement for Subodh and very positive for Derbyshire Healthcare
- Members of our Forensic Community Mental Health team attended a forensic trauma-informed care event hosted in Nottingham by the University of Lincoln last week. The team was asked to send representatives along to this invite-only event, to contribute to conversations about national guidelines and standards. This is great recognition of the team's influence and positive reputation
- Congratulations to Joan Scourfield, Nursing Assistant at Tissington House, for her involvement in creating the play, Punch, which recently won two Olivier Awards. Joan has used her personal experience to help young people understand restorative justice, forgiveness and the

impact that positive role models can have. Through the emotive play Punch, Joan's experience is highlighted on stage ensuring her message reaches people across the country

- We recently supported a national conference held at the University of Derby about an important emerging topic for mental health services: dissociation. This is a term that has grown in popularity and become common in everyday language, but myths and misconceptions remain, some of which are potentially harmful. We're fortunate to have an expert within the Trust on dissociation: clinical psychologist Dr Paul Langthorne, who has co-edited a new book about the topic and was a presenter at the Derby conference. At the conference, Paul and the other speakers discussed the benefits – both human and economic – of identifying and addressing complex dissociation and the importance of mental health professionals becoming more dissociation-informed in their work, so they can recognise and respond to dissociation effectively and reduce the long-term harm. Effective treatments for dissociation are based on a trauma-phased approach and a range of adapted psychological therapies, and they offer hope for recovery.

Staff engagement

New arrangements for staff engagement

At the start of May, I shared a message with all colleagues focused on staff engagement, our culture and behaviours, particularly thinking about colleagues' feedback in the most recent NHS Staff Survey and importantly, how I would like to build on various suggestions that have been put forward. This outlined a number of different themes that have emerged across the Trust, including the level of positive messages we share and the reasons we talk about the Trust's financial position.

From this month we are going to try a couple of new ideas to provide colleagues with the opportunity to engage and receive/share information in a different way. These include the introduction of a new Leadership Cascade and a change to the focus of the all-staff engagement hour. Our principles will remain consistent – to share open and honest news and information and to encourage effective two-way communication.

Staff collaborative – tackling violence, abuse and aggression

Our new staff collaborative continues to meet 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 collaborative is including examples of racist and sexual safety incidents in this work.

In memory of Richard Day

In March we shared the very sad news confirming the loss of our well-respected colleague, Richard Day. I know many colleagues remain deeply affected by Richard's sudden loss.

Colleagues from across the Trust came together to support the team at Kingfisher House in an online memorial where we shared memories and tributes to Richard. We will make arrangements to include a lasting tribute to Richard in our memorial garden at Kingsway Hospital later this year.

NHS birthday parkrun

The NHS turns 78 on Sunday, 5 July. To celebrate, and as part of our wider focus on staff wellbeing, colleagues, partners and communities are invited to take part in a special parkrun at Markeaton Park in Derby at 9.00am on Saturday, 4 July.

Team visits

I have continued to get out across our different sites:

- I visited the Perinatal Support team at the Hope Centre on Curzon Street in Derby on 17 March
- On 22 April I attended the Therapeutic Community meeting at the Resource Centre on London Road in Derby

- I visited the Derbyshire Recovery Partnership, Amber Valley Working Age Adult CMHT and Amber Valley Older People CMHT at Ripley Town Hall on 8 May

- On 13 May I held a CEO's Engagement Hour for colleagues and then joined the Carers Support Group at Cubley Court, Kingsway
- On 14 May, I visited the Erewash Older Adults CMHT, Erewash Living Well team and Working Age Adults CMHT at Ilkeston Resource Centre.

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

- On 25 March, Vikki Ashton Taylor, Deputy CEO and Chief Delivery Officer, visited the Safeguarding team at Kingsway House. She spent time with the Child and Adolescent Mental Health services team at Temple House on 30 March and visited the Derwent Unit in Chesterfield on 10 April. On 13 April, Vikki went to see colleagues in our Psychology services at Dovedale Day Services based at London Road Community Hospital. She also joined a Board visit on 16 April to the CMHT Early Intervention South Team at St Andrew's House and on 23 April, she visited the Amber Valley Living Well team at Ripley Town Hall
- Tumi Banda, Director of Nursing, AHPs, Quality and Patient Experience, visited the Patients' Bank at Kingsway on 1 April. On 8 April, he spent time on Dove Ward and Wren Ward, here at the recently opened Carsington Unit and on 9 April he went to see the Mental Health Liaison team and the Royal Derby Hospital. Tumi spent time with our Estates colleagues in Kingsway House on 22 April and then visited the Liaison North Assessment services in Chesterfield on 23 April
- Dr Girish Kunigiri, Executive Medical Director, visited the Derwent Unit on 26 March, the Carsington Unit on 27 March and also went to see the Crisis Team on 21 April
- Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary, visited two teams at Kingsway; Pharmacy (30 April) and Catering (8 May) and also two Board visits; Domestic/Hotel services, South team (21 April) and North team (13 May)
- James Sabin, Director of Finance, joined a Board visit to the Community Paediatric team on 1 April. He also visited the Contracting team, Estates team and Catering team with Selina Ullah, Trust Chair, on 14 April
- Rebecca Oakley, Director of People, Organisational Development and Inclusion, visited the Derwent Unit, Carsington Unit and Audrey House on 9 April and also the Radbourne Unit on 21 April.

Raising awareness and community engagement

Community engagement update

At a recent Board Strategy and Development Session, we focused on our Community and Stakeholder Engagement Plan, one of the plans that underpins the Trust Strategy.

Significant progress has been made with our relationships with our local Deaf communities, and we now have an active Deaf Focus Group. A review of Deaf service offers and Deaf accessibility on the Trust website is underway, to improve access routes. We are also working with partners to increase workplace opportunities for the Deaf community and developing training materials for colleagues.

In line with our priorities for the second year of the plan, we are working closely with Community Action Derby (CAD) to gain a better understanding of the needs of Black communities in Derby, with a particular focus on access and experience of our services. We will work with CAD to build on existing networks of community organisations to co-produce interventions that are culturally appropriate and responsive to community needs.

Awareness events

The Trust has recognised several awareness raising events over recent weeks. This includes Maternal Mental Health Awareness Week (4-10 May) where our Perinatal (mother and baby) Mental Health team went out into the community, hosting a stall in Derby Market Hall for the day and sharing information with families. This is just part of the outreach work the team delivers in partnership with organisations like the charity Connected.

The theme of Mental Health Awareness Week (11-17 May) is 'action' and the Trust will be encouraging people to join us in taking action to support good mental health. While awareness is vital, real change comes when we take action too.

International Nurses Day (12 May) is a global celebration that acknowledges and celebrates the commitment of Nurses around the world, and we will be celebrating Nursing colleagues throughout the week, sharing their experiences and why they have dedicated their lives to making a positive difference to others.

Service user and carer feedback

Community Mental Health survey

The results of the annual CQC Community Mental Health survey were recently published. The Trust's results show meaningful improvements across core areas of service user experience, particularly around respect and dignity, compassion, therapy privacy, involvement in care planning, family engagement and clarity of medication discussions. These represent positive shifts in relational care and person-centred practice.

The survey also highlights concerns related to declines in care review frequency, support while waiting, physical health support, employment support and proactive inquiry about access needs. These trends align with areas we have identified internally as needing stronger processes and assurance, which form part of the structured improvement plan, including:

- Development and implementation of minimum physical health assessment standards and staff training
- A quality improvement programme to raise care plan compliance to 90%, supported by audits and examples of good practice
- Reinforcement of annual care reviews, monitored through a monthly audit cycle
- Ensuring Support While Waiting (SWW) reviews are completed consistently in line with policy
- Embedding continuous case note audits focusing on employment and individual placement and support referral pathways.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 19 May 2026

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 5 May 2026 and to put forward the Committee's recommendations for approval by the Council of Governors.

Executive Summary

The Nominations and Remuneration Committee meeting held on 5 May 2026 covered the following business:

- The appraisals for the Trust Chair and the Non-Executive Directors (NEDs)
- Year-end governance reports, specifically:
  - Time commitment, balance of skills, committee membership and succession planning
  - Year End Report 2025/26
  - Annual review of Terms of Reference before submission to the Council of Governors.

The Committee's recommendations are listed in the body of the report.

Strategic Considerations		**BAF Risk (e.g. 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	2B	2.1, 2.2
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.			

Risk & Assurances

The Council of Governors can be assured that the Chair and NED appraisals were compliant with the principles of the NHS England guidance.

Consultation

All Board Members and some support staff were invited to submit feedback for the Chair and NED appraisals, and Governors had the opportunity to provide feedback at focus groups. Stakeholders and external organisations were also invited to submit feedback for appraisals as identified by the appraisee.

The Governors' Nominations and Remuneration Committee provides annual confirmation that the appraisal process meets the requirements.

Governance or Legal Issues

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 practice, the Chair is responsible for leading the appraisal process for Non-Executive Directors. The 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. Furthermore, 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 continues to meet effectively virtually reducing environmental impacts of travel to face to face meetings. Appraisal meetings were also held pre-dominantly on-line.

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:

Support was available for completion of online appraisals and also at the focus group. All NEDs are members of Board Committees and there is an equality and inclusion objective within all Committee Terms of Reference.

Recommendation

The Council of Governors is asked to:

1. Note the update report from the Nominations and Remuneration Committee held on 5 May 2026
2. Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors
3. Approve the Chair's objectives as set out in the report
4. Note the year-end report 2025/26
5. Approve the Committee's Terms of Reference.

Report presented by: **Selina Ullah, Trust Chair**

Report prepared by: **Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary**

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 19 May 2026

Report from the Nominations and Remuneration Committee

Introduction

This report provides an outline of the business discussed at the meeting on 5 May 2026 and the Committee's recommendations.

1. NON-EXECUTIVE DIRECTOR APPRAISALS

The Trust Chair leads the appraisal process for the NEDs but due to her absence, Brian Edwards, Interim Lead Governor, presented the results as Chair of the meeting.

The Committee had previously signed off this year's process which follows the NHS Board Member Appraisal framework, which incorporate a 360-degree feedback process facilitated by an external provider (Lumus 360).

Process overview

It was explained that:

- Each NED had completed a self-assessment against the leadership competency framework.
- Feedback was gathered from board colleagues, governors, internal staff, and external stakeholders.
- Qualitative free-text feedback was a key component alongside scoring.
- Objectives for the forthcoming year and personal development plans were agreed as part of each appraisal.

Full year appraisals had been carried out for Lynn Andrews, Ralph Knibbs, Deborah Good and Andrew Harkness, with interim appraisals for Joanne Hanley and Chioma Akpom, who joined the Board later in 2025.

The Committee supported the Trust Chair's assessment that all NEDs had met their objectives and all had performed highly in challenging circumstances. The Committee confirmed they had received significant assurance on the NED appraisals process and congratulated the NEDs on their performance. The Committee requested that the Chair ensures all the objectives are drafted using SMART principles.

2. CHAIR'S APPRAISAL

It is the responsibility of the Senior Independent Director (SID), in conjunction with the Lead Governor and Nominations and Remuneration Committee to lead the process for the Chair's appraisal. The SID, Ralph Knibbs, presented the results to the Committee, which followed the national framework.

Ralph reported that feedback was consistently positive, highlighting Selina's inclusive leadership style, openness to challenge, strong focus on quality and patient experience, and effective engagement with governors.

He was pleased to report that Selina met her 2025/26 objectives and the Committee supported the following as 2026/27 objectives:

1) To support the Chief Executive to deliver the strategy, to hold the executive to account to deliver the core programmes such as: financial stability, operational performance, transformation initiative, implement and embed the new operational model etc.
2) Continue the journey to become a University Trust
3) Enabling the Board to lead by demonstrating the Trust values and behaviours. By shaping and encouraging change, to achieve the appropriate organisational culture for the Trust including equality, diversity and inclusion (EDI).
4) To build strong system partnerships in the newly formed integrated Care Board (ICB) cluster. While balancing the organisational governance priorities with the system collaboration.

As with the NEDs, the Committee requested that the Chairs are drafted using SMART principles. The Committee confirmed that the appraisal was comprehensive and fairly represented performance.

3. YEAR-END REPORTS

- Time commitment, balance of skills, committee membership and succession planning – the Committee noted the contents of the report including that the roles, skills and commitment of NEDs are regularly reviewed in line with best practice and the challenges the Trust is facing. In terms of succession planning, it was noted that the majority of NEDs had term end dates in 2028 so this would need to be carefully managed, noting it is usual to seek the intentions of the NEDs approximately six months before the end of their terms so that adequate planning can be carried out for either re-appointments or new appointments
- Annual collective performance review of the Committee in accordance with its Terms of Reference – the Committee confirmed that it had been effective in 2025/26 and a separate report is included as Appendix 1 for approval
- Annual review of Terms of Reference – no amendments were proposed, apart from a line to cover the absence of the Chair during consideration of the NED appraisals. The Council of Governors is asked to affirm the latest version at Appendix 2.

Recommendation

The Council of Governors is asked to:

1. Note the update report from the Nominations and Remuneration Committee held on 5 May 2026
2. Receive assurance from the Committee that satisfactory appraisals have taken place for the Trust Chair and Non-Executive Directors
3. Approve the Chair's objectives as set out in the report
4. Note the year-end report 2025/26 (Appendix1)
5. Approve the Committee's Terms of Reference (Appendix 2).

Appendix 1

Governors' Nominations and Remuneration Committee
Year End Report 2025/26

Elements of the Committee Terms of Reference are shown in bold with the evidence relating to carrying out this activity described after each element to clearly demonstrate the range of work undertaken by the Committee during the period 1 April 2025 to 31 March 2026.

1. Nominations

1.1 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors (throughout these Terms of Reference treating the Chair as a Non-Executive Director unless otherwise stated) and having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.

A separate review has not been necessary as for each appointment the Board gives the Committee its views on the balance of skills, knowledge, experience and diversity of the Non-Executive Directors (NEDs) and recruitment is targeted where necessary to ensure that the required qualities and experience are reflected on the Trust Board.

1.2 Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.

The performance evaluation process has not highlighted any specific skills gap that would require further appointments to the Board. However, each NED has, through their appraisal process, had areas identified for development to enhance the Board.

1.3 Review annually the time commitment requirement for NEDs.

All NEDs have a terms of service arrangement of four to five days per month, which benchmarks alongside the majority of other Trusts, and the Chair works with all NEDs to keep Trust commitments manageable and appropriate. The Chair's time commitment is three days per week (on average).

1.4 Give consideration to succession planning for NEDs, taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future.

An annual report on this topic is presented to this Committee. The report includes when terms are ending and plans for recruitment/reappointment.

1.5 Make recommendations to the Council of Governors concerning plans for succession.

As each of the respective NEDs, and Trust Chair reach the end of their term the Council of Governors receives this information from the Nominations and Remuneration Committee. In

turn the Council of Governors sanctions the Committee to deal with any re-appointments or recruitment and make recommendations back to the Council of Governors.

1.6 Keep the leadership needs of the Trust under review at NED level to ensure the continued ability of the Trust to operate effectively in the health economy.

This has been a point of consideration in each NED appointment process.

1.7 Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.

In line with previous practice and in line with guidance from NHS England.

1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

Advice is given by the Director or Corporate Affairs and Trust Secretary, and the Director of People, Organisational Development and Inclusion on issues that may affect nominations and remuneration.

1.9 Take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

The views of directors will be considered as part of the planning and recruitment processes for the appointment of a Trust Chair and NEDs. The Committee has agreed principles around the composition of the interview panel which will ordinarily include the Chair (who Chairs the panel), the Lead Governor, a mix of public, staff or appointed governors, a Recruitment Inclusion Guardian and other appropriate observers/advisors. A board member stakeholder group is also common practice.

1.10 For each appointment of a NED, prepare a description of the role and capabilities (which need to incorporate the domains from the national competency frameworks) and expected time commitment required.

The Committee will provide input into the recruitment and selection process for the Trust Chair and NEDs. Role descriptions, capabilities, qualities, and time commitment are reviewed.

1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.

The Committee recommended the re-appointment of one NED; and the appointment of two new NEDs during the financial year. The Committee also approved the appointment of a new Deputy Trust Chair.

1.12 Ensure that a proposed NED is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit and Proper Person Test Policy.

This is built into the recruitment process and the Trust Chair presents an annual declaration of Fit and Proper Person's compliance for all Board members to the Public Trust Board. The last report was presented to the Public Board meeting on 22 July 2025.

1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

Up-to-date Directors' declarations of interest are provided as part of Public Board papers and a register is held by the Corporate Governance Officer.

1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether or not any NED proposed for appointment is independent (according to the definition in the Foundation Trust Code of Governance and/or in the Trust's constitution or governance procedures).

All business interests are disclosed, and conflicts of interest are sought prior to appointment.

1.15 Ensure that on appointment NEDs receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.

Formal letter/contract sent for the two NED appointments in the year.

1.16 Advise the Council of Governors in respect of the re-appointment of any NED, in line with the Code of Governance for NHS Provider Trusts (the Code) which states that re-appointments should be of no more than three years and also NEDs should not remain in post beyond nine years from the date of their first appointment to the Board of Directors and any term beyond six years must be subject to a particularly rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time. The need for all extensions should be clearly explained and should have been agreed with NHS England.

This was carried out in respect of one NED.

1.17 Advise the Council of Governors in regard to any matters relating to the removal of office of a NED.

Not applicable during 2025/26.

1.18 Make recommendations to the Council of Governors on the membership of (Council of Governors) Committees as appropriate, in consultation with the chairs of those Committees.

This is carried out on an annual basis.

2. Remuneration Role

2.1 Recommend to the Council of Governors remuneration and terms of service policy for NEDs, taking into account the views of the Chair (except in respect of her own remuneration and terms of service) and the Chief Executive and any external advisers.

This is done with each appointment, the national pay framework for Chairs and NEDs is followed.

2.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the NEDs.

The national framework for NED remuneration was considered for the re-appointment of one NED, the appointment of a new Deputy Trust Chair and the appointment of two new NEDs.

2.3 Agree the process and receive and evaluate reports about the performance of individual NEDs and consider this evaluation output when reviewing remuneration levels.

The Council of Governors has built up a robust appraisal process over the years incorporating any national guidance.

Full appraisals have been carried out for three NEDs, initial objectives have been agreed for the two new NEDs. The outcomes of the Chair and NED appraisals will be presented to the Committee on 5 May 2026.

2.4 Input into the NEDs appraisals, including approving the appraisal structure in line with the Code and national guidance and frameworks, and giving assurance to Council of Governors that satisfactory appraisals have taken place.

See 2.3 above. The Committee reports the assurance to the Council of Governors annually.

2.5 Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director (SID) and follow the appraisal structure used for NEDs, giving assurance that a satisfactory appraisal has taken place.

The Trust Chair's appraisal was carried out in March 2026 and was presented to the Committee on 5 May 2026 by the SID.

2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:

2.6.1 Are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;

2.6.2 Reflect the time commitment and responsibilities of the roles;

2.6.3 Take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them; and

2.6.4 Are sensitive to pay and employment conditions elsewhere in the Trust.

The Committee considers remuneration for each appointment and will continue to consider against the NHSE remuneration framework. See 2.2.

2.7 Monitor procedure to ensure that existing Directors remain 'fit and proper' persons as defined in law and regulation.

See 1.12.

2.8 Oversee other related arrangements for NEDs.

The job descriptions for the NED appointments were reviewed and amended to reflect the experience of the outgoing NEDs and the qualities required from candidates.

3. Membership

3.1 The membership of the Committee shall consist of governors appointed by the Council of Governors.

- **The Lead Governor and four other Public Governors**
- **One Appointed Governor**
- **One Staff Governor**
- **Chair of the Trust**

There were some vacancies but this did not impact on the ability to meet and be quorate in 2025/26 (stand in governors were used).

3.2 The Committee will normally be chaired by the Trust Chair. Where the Trust Chair is unavailable, or has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair. Where the Trust Chair or Deputy Chair have declared an interest under b), the Committee will be chaired by a Governor member for the duration of the item where b) applies. The Senior Independent Director (SID) will chair the meeting during the presentation of the Chair's appraisal.

The Committee has agreed that the SID will chair the Committee when leading the Chair appraisal and supporting the Chair recruitment. Should the Chair be absent from the meeting for the presentation of the NED appraisals, the Lead Governor, or in their absence, another Public Governor member of the Committee will chair the meeting for this item and any opening business.

3.3 A quorum shall be the Chair of the Trust (or their Deputy/SID), three Public Governor members and one other Governor member. Unless b) applies in which case the quorum shall be two Public Governor members and one other Governor member.

Meetings were quorate throughout 2025/26. The Terms of Reference were reviewed in May 2025 and ratified by the Council of Governors in June 2025. The quorum is two Public Governors and either the Staff Governor or the Appointed Governor. Public and Staff Governor stand ins were used at some meetings to avoid issues with quoracy.

3.4 By exception, in order to achieve quorum, a governor can be nominated to 'step in' from the same category. The step in will be classed as a member of the Committee for that meeting.

This exception was adopted during the year.

3.5 Initial appointment terms will be co-terminus with a member Governor's term of office.

This has been applied. Details are listed below:

Members	Term is co-terminus with Governor term of office
Susan Ryan, Public Governor, Amber Valley (Lead Governor until 31.01.2026)	31/01/2026
Jill Ryalls, Public Governor, Chesterfield	04/02/2026*
Tom Bladen, Public Governor, Derby City East	31/01/2029
Christine Williamson, Public Governor, Derby City West	31/01/2026
Brian Edwards, Public Governor, High Peak, (Lead Governor from 01.02.2026)	31/01/2029
Hazel Parkyn, Public Governor, South Derbyshire (Deputy Lead Governor)	31/01/2028
Fiona Rushbrook, Staff Governor, Allied Health Professions	31/01/2027
Marie Hickman, Staff Governor, Admin and Allied Support	31/01/2026
Debra Dudley, Appointed Governor, Derbyshire Mental Health Forum	18/08/2027

*resigned from the governor role

3.6 Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, then the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.

The Committee had not exercised its right to vote during the year, but had reached conclusions through discussion, deliberation, and debate.

4. Secretary

4.1 The Director of Corporate Affairs and Trust Secretary shall ensure appropriate administrative support to the Committee.

Support was provided to the Committee to support its work throughout the year.

5. Attendance

5.1 Only members of the Committee have the right to attend Committee meetings.

5.2 At the invitation of the Committee, meetings shall be attended by the Chief Executive, but the Chief Executive is not a member of the Committee and shall have no vote on any matter considered by it.

5.3 The Director of Corporate Affairs and Trust Secretary may attend as a non-member.

5.4 Other persons may be invited by the Committee to attend a meeting to assist in deliberations.

A summary of attendance is presented below. As and when required and by invitation the Chief Executive may attend the meeting. The Senior Independent Director attends to present the Chair's appraisal.

Member	12/5/25	14/5/25	10/12/25	Attendance
Selina Ullah (Chair)	Y	Y	Y	3/3
Ralph Knibbs, Senior Independent Director*	Y	-	-	1/1
Susan Ryan, Public Governor, Amber Valley (Lead Governor)	Y	Y	Y	3/3
Jill Ryalls, Public Governor, Chesterfield	N	N	N	0/3
Tom Bladen, Public Governor, Derby City East	N	N	Y	1/3
Christine Williamson, Public Governor, Derby City West**	-	-	-	0/0
Brian Edwards, Public Governor, High Peak	Y	Y	Y	3/3
Hazel Parkyn, Public Governor, South Derbyshire (Deputy Lead Governor)	Y	Y	Y	3/3
Fiona Rushbrook, Staff Governor, Allied Health Professions	Y	Y	N	2/3
Debra Dudley, Appointed Governor, Derbyshire Mental Health Forum	N	Y	Y	2/3
Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary	Y	Y	Y	3/3
Denise Baxendale, Membership and Involvement Manager (note taker)	Y	Y	N	2/3
Alex Dougall, Recruitment Manager	-	Y	-	1/1

* Ralph Knibbs took over as Chair from the item Chair's appraisal, when Selina left the meeting
** Christine Williamson was a stand in but not required for these meetings

6. Frequency of Meetings

6.1 Meetings shall be held as required, but at least twice in each financial year.

In 2025/26 three meetings were held.

7. Minutes and Reporting

7.1 Formal minutes shall be taken of all Committee meetings and approved by the Committee.

Minutes have been received by the Committee but are not routinely circulated to the Council of Governors due to the confidentiality of issues discussed.

7.2 The Committee will report to the Council of Governors after each meeting.

Summary reports were given to the Council of Governors on the business undertaken at each meeting and recommendations made as and when required.

7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director emoluments in order that these are accurately reported in the required format in the Trust's Annual Report.

Details of the work of the Committee is included in the annual report and accounts.

7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

No remuneration consultants were engaged during 2025/26.

8. Performance Evaluation

8.1 The Committee shall review annually its collective performance and report this to the Council of Governors.

The Committee's review of its work in 2025/26 will be presented to the Council of Governors at its meeting 5 May 2026.

9. Review

9.1 The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually.

The annual review of the Terms of Reference forms part of the forward plan for the Committee and they will continue to be reviewed as and when required.

Appendix 2

Derbyshire Healthcare
NHS Foundation Trust

Terms of Reference of Governors' Nominations & Remuneration Committee

a) Authority

The Council of Governors' Nominations and Remuneration Committee (the Committee) is constituted as a Standing Committee of the Council of Governors. Its Constitution and Terms of Reference shall be as set out below, subject to amendment at future meetings of the Council of Governors. The Committee is authorised by the Council of Governors to act within its Terms of Reference. All members of staff are requested to cooperate with any request made by the Committee.

The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

b) Conflicts of Interest

The Chair of the Trust, or any Non-Executive Director present at Committee meetings, will withdraw from discussions concerning their own re-appointment, appraisal, remuneration or terms of service.

1. Nomination Role

The Committee will:

1.1 Periodically review the balance of skills, knowledge, experience and diversity of the Non-Executive Directors (throughout these Terms of Reference treating the Chair as a Non-Executive Director unless otherwise stated) and having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.

1.2 Review the results of the Board of Directors' performance evaluation process that relate to the composition of the Board of Directors.

1.3 Review annually the time commitment requirement for Non-Executive Directors.

1.4 Give consideration to succession planning for Non-Executive Directors, considering the challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future.

1.5 Make recommendations to the Council of Governors concerning plans for succession.

1.6 Keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy.

1.7 Agree with the Council of Governors a clear process for the nomination of a Non-Executive Director.

1.8 Keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates.

1.9 Consider the views of the Board of Directors on the qualifications, skills and experience required for each position.

1.10 For each appointment of a Non-Executive Director, prepare a description of the role and capabilities (which need to incorporate the domains from the national competency frameworks) and expected time commitment required.

1.11 Identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.

1.12 Ensure that a proposed Non-Executive Director is a 'fit and proper' person as defined in law and regulation and in line with the Trust's Fit and Proper Person Test Policy.

1.13 Ensure that a proposed Non-Executive Director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.

1.14 Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether any Non-Executive Director proposed for appointment is independent (according to the definition in the Code of Governance for NHS Provider Trusts and/or in the Trust's Constitution or governance procedures).

1.15 Ensure that on appointment Non-Executive Directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, Committee service and involvement outside Board of Director meetings.

1.16 Advise the Council of Governors in respect of the re-appointment of any Non-Executive Director, in line with the Code of Governance for NHS Provider Trusts (the Code) which states that re-appointments should be of no more than three years and also NEDs should not remain in post beyond nine years from the date of their first appointment to the Board of Directors and any term beyond six years must be subject to a particularly rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time. The need for all extensions should be clearly explained and should have been agreed with NHS England.

1.17 Advise the Council of Governors about any matters relating to the removal of office of a Non-Executive Director.

1.18 Make recommendations to the Council of Governors on the membership of Committees as appropriate, in consultation with the Chairs of those Committees.

2. Remuneration Role

The Committee will:

2.1 Recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, considering the views of the Chair (except in respect of their own remuneration and terms of service) and the Chief Executive and any external advisers.

2.2 In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and the other terms and conditions of office, of the Non-Executive Directors.

2.3 Agree the process and receive and evaluate reports about the performance of individual Non-Executive Directors and consider this evaluation output when reviewing remuneration levels.

2.4 Input into the Non-Executive Directors appraisals, including approving the appraisal structure in line with the Code and national guidance and frameworks, giving assurance to Council of Governors that satisfactory appraisals have taken place.

2.5 Input into the annual performance appraisal of the Trust Chair, which will be led by the Senior Independent Director in consultation with the Lead Governor and follow the principles of the NHS England appraisal structure for Trust Chairs, giving assurance that a satisfactory appraisal has taken place.

2.6 In adhering to all relevant laws and regulations establish levels of remuneration which:

2.6.1 are sufficient to attract, retain and motivate Non-Executive Directors of the quality and with the skills and experience required to lead the trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust;
2.6.2 reflect the time commitment and responsibilities of the roles;
2.6.3 consider appropriate benchmarking and market-testing, while ensuring that increases are not made where Trust or individual performance do not justify them; and
2.6.4 are sensitive to pay and employment conditions elsewhere in the Trust.

2.7 Monitor procedure to ensure that existing Directors remain ‘fit and proper’ persons as defined in law and regulation;

2.8 Oversee other related arrangements for Non-Executive Directors.

3. Membership

3.1 The membership of the Committee shall consist of Governors appointed by the Council of Governors:

- The Lead Governor and four other Public Governors
- One Appointed Governor
- One Staff Governor
- Chair of the Trust.

3.2 The Committee will normally be chaired by the Trust Chair. Where the Trust Chair is unavailable, or has a conflict of interest, for example when the Committee is considering the Chair's re-appointment or remuneration, the Committee will be chaired by the Deputy Chair. Where the Trust Chair or Vice Chair have declared an interest under b), the Committee will be chaired by a Governor member for the duration of the item where b) applies. The Senior Independent Director (SID) will chair the meeting during the presentation of the Chair's appraisal. Should the Chair be absent from the meeting for the presentation of the NED appraisals, the Lead Governor, or in their absence, another Public Governor member of the Committee will chair the meeting for this item and any opening business.

3.3 A quorum shall be the Chair of the Trust (or their Deputy/SID), two Public Governor members and one other Governor member. Unless b) applies in which case the quorum shall be two Public Governor members and one other Governor member.

3.4 By exception, to achieve quorum, a Governor can be nominated to 'step in' from the same category. The step in will be classed as a member of the Committee for that meeting.

3.5 Initial appointment terms shall be to the end of a member Governor's term.

3.6 Every member of the Committee shall be entitled to one vote on any question to be determined by voting. In the event of there being equal votes cast to a motion, then the person presiding at such a Committee meeting shall have a casting vote subject to having already voted in the initial vote.

4. Secretary

4.1 The Director of Corporate Affairs and Trust Secretary shall ensure appropriate administrative support to the Committee.

5. Attendance

5.1 Only members of the Committee have the right to attend Committee meetings.

5.2 At the invitation of the Committee, meetings shall be attended by the Chief Executive, but the Chief Executive is not a member of the Committee and shall have no vote on any matter considered by it.

5.3 The Director of Corporate Affairs and Trust Secretary may attend as a non-member.

5.4 Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

6. Frequency of Meetings

6.1 Meetings shall be held as required, but at least twice in each financial year.

7. Minutes and Reporting

7.1 Formal minutes shall be taken of all Committee meetings and approved by the Committee.

7.2 The Committee will report to the Council of Governors after each meeting.

7.3 The Committee shall receive and agree a description of the work of the Committee, its policies and all Non-Executive Director remuneration and expenses in order that these are accurately reported in the required format in the Trust's Annual Report.

7.4 Where remuneration consultants are appointed, a statement should be made available as to whether they have any other connection with the Trust.

8. Performance Evaluation

8.1 The Committee shall review annually its collective performance and report this to the Council of Governors.

9. Review

9.1 The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually.

Ratified by the Council of Governors on 3 June 2025.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 19 May 2026

Council of Governors Annual Effectiveness Survey

Purpose of Report

To approve the process for this year's Governor Annual Effectiveness Survey.

Executive Summary

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

Last year, the Governance Committee considered the survey results at its meeting on 22 October 2025 and a summary was then presented to the 5 November 2025 Council of Governors.

Each year the Governance Committee reviews the content of the questionnaire to ensure it is still fit for purpose. There are 30 specific questions (excluding governor name), three of which are free text sections for capturing suggestions for training and development needs, suggestions for improvements and an overall assessment of effectiveness.

It is recommended that the survey this year:

- Follows the same process and uses the same questions as last year (see appendix i)
- Is undertaken in September 2026 with the results being presented to the Governance Committee in October and the Council of Governors in November.

The survey will be promoted widely in *Governor Connect*, via governor meetings, and emails encouraging governors to complete the survey.

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		

Risks and Assurances

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

Consultation

Through the Governance Committee.

Governance or Legal Issues

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

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:

All governors are given the opportunity to complete the survey. Support is also offered to individuals who may require this.

Recommendations

The Council of Governors is requested to:

1) Approve the recommendations to undertake the governors annual effectiveness survey in September 2026.

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

Appendix I Questions for Governors Annual Effectiveness Survey – 2025

Part one: You as a governor

1.	Name
2.	I feel that I am able to contribute positively to the work of the Council of Governors
3.	I have received adequate training and development opportunities to support me in my role as governor
4.	I feel supported by the Trust to carry out my responsibilities as a governor including the fulfilment of my statutory duties The statutory duties of governors are: To appoint and, if appropriate, remove the chair (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the other non-executive directors (Nominations and Remuneration Committee) To decide the remuneration and allowances and other terms and conditions of office of the chairman and the other non-executive directors (Nominations and Remuneration Committee) To approve (or not) any new appointment of a chief executive (Nominations and Remuneration Committee) To appoint and, if appropriate, remove the NHS Foundation Trust's auditor To receive the NHS Foundation Trust's annual accounts, any report of the auditor on them, and the annual report at a general meeting of the Council of Governors To hold the non-executive directors, individually and collectively to account for the performance of the Board of Directors To represent the interests of the member of the Trust as a whole and the interests of the public To approve "significant transactions" To approve an application by the Trust to enter into a merger, acquisition, separation or dissolution. To decide whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions To approve amendments to the Trust's Constitution (joint responsibility with the Board).
5.	Please indicate in the box below any training or development needs that you would like the Trust to support you with within your governor role
6.	Please use this box to list suggestions for improvement or to raise specific issues regarding your governor role

Part two: The effectiveness of the Council of Governors

7.	The Trust's values, mission and priorities have been adequately explained to the Council
8.	The Council is appropriately consulted and engaged in the Trust's strategy and development
9.	The Trust's strategy is informed by the input of governors
10.	Governors are aware of risks to the quality, sustainability and delivery of current and future services

Part three: Capability and culture

11.	The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in Council meetings
12.	The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage: in sub-committees (Governance Committee and Nominations and Remuneration Committee)
13.	The Council of Governors carries out its work: in an open, transparent manner
14.	The Council of Governors carries out its work: with quality as its focus
15.	The relationship between the Governors and Trust Chair works well
16.	The Council communicates with, listens and responds to members and other stakeholders effectively

Part four: Processes and structure

17.	The role of the Council of Governors is clearly defined
18.	The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well
19.	Governors' views are taken into account as members of the Council of Governors
20.	The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Executive Directors
21.	The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors: with the Non-Executive Directors
22.	The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently
23.	The Council of Governors has a strong voice
24.	The Council of Governors is able to influence change
25.	Council of Governor sub-committees (Nominations Committee and Governance Committee) are effective and provide quality update reports to the council

Part five: Measurement

26.	The Council of Governors receives sufficient information to hold the Board of Directors to account
27.	Governors can identify the key performance issues facing the Trust
28.	Governors can ask questions regarding performance reports
29.	The Council has agreed a process of dialogue with the non-executive directors and the Trust to enable it to carry out its general duty to hold the non-executive directors individually and collectively to account for the performance of the Board of Directors
30.	Governors ask relevant questions of the non-executive directors about challenge at Board meetings
31.	Governor comments on the effectiveness of the Council of Governors

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 19 May 2026

NHS Staff Survey 2025 Results

Purpose of Report

The purpose of this report is to update the Council of Governors on the NHS Staff Survey 2025 results for Derbyshire Healthcare NHS Foundation Trust.

The report provides an overview of the Trust's position against the NHS People Promise themes, staff engagement, morale, response rates, areas of positive performance and areas requiring further focus. It also outlines the proposed Trust-level action plan following the results.

Executive Summary

The NHS Staff Survey 2025 was undertaken between September and November 2025. Derbyshire Healthcare NHS Foundation Trust is benchmarked against 48 organisations within the Mental Health and Learning Disability, and Mental Health, Learning Disability and Community Trust benchmarking group.

The Trust maintained a response rate of 64% in 2025. This remains above the benchmarking group average of 52% and reflects continued positive engagement with the annual survey process. The number of responses also increased, providing a strong evidence base for understanding staff experience across the organisation.

The 2025 results are reported against the seven NHS People Promise themes, alongside staff engagement and morale. Overall, the Trust is above or equal to the benchmarking group average across all combined People Promise elements. However, there are specific sub-themes and individual questions where scores have declined compared to 2024, and some areas have fallen below the sector average.

Key areas of focus emerging from the results include flexible working, wellbeing, violence and aggression, information sharing and communication, responding to concerns, digital improvements, service transformation and learning from patient complaints. These areas have been incorporated into the proposed Trust action plan under the 2 overarching focus areas.

The results will be used alongside other sources of staff experience data, including divisional feedback, team-level reporting, Staff Friends and Family Test results, Equality, Diversity and Inclusion data, and wider staff voice activity. This will support a triangulated approach to identifying areas of good practice, areas requiring improvement and actions that will have the greatest impact for staff and patients.

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		

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

- Assurance that the Trust maintained a strong response rate of 64%, which is above the benchmarking group average of 52%.
- The Trust is above or equal to the benchmark average across all combined People Promise elements.
- A Trust-level action plan has been developed to respond to the key themes emerging from the results.
- The survey provides an opportunity to continue strengthening staff voice, transparency and organisational learning.
- Risk that although the Trust performs well overall against benchmark averages, some sub-scores and individual questions have declined from 2024 to 2025.
- Some areas have fallen below the sector average and will require targeted action.

Consultation

- NHS England
- People and Inclusion Team

Governance or Legal Issues

- The NHS Staff Survey results are released nationally and are published through NHS England.
- The Care Quality Commission reviews NHS Staff Survey results as part of its assessment of provider organisations.

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:

- N/A

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 NHS Staff Survey provides important insight into staff experience across the organisation, including areas linked to inclusion, belonging, fairness, discrimination, bullying and harassment.
- All eligible staff are given the opportunity to complete the NHS Staff Survey each year.
- The results will be reviewed alongside equality-related data, including WRES and WDES information, to identify any areas of disproportionality or concern.

Recommendations

The Council of Governors is requested to:

1. Receive and review the NHS Staff Survey 2025 results.
2. Note the areas of focus and the Trust wide action plan.

Report prepared by: **Lucy Moorcroft, Organisational Development Lead**

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

NHS
Derbyshire Healthcare
NHS Foundation Trust

NHS Staff Survey 2025

Background

Derbyshire Healthcare
NHS Foundation Trust

The Survey was conducted between **September – November 2025**.

The results are compared against 48 organisations in our benchmarking group: **Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts**

The results are divided into the **People Promise themes** below, which cover areas of staff experience helping to present results in these areas in a clear and consistent way. All the themes are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Staff Survey 2025

People Promise Summary

Derbyshire Healthcare NHS Foundation Trust

2024	2025		Comparator
7.68	7.59	↓	7.53 ↑

2024	2025		Comparator
6.49	6.40	↓	6.34 ↑

2024	2025		Comparator
6.98	6.89	↓	6.87 ↑

2024	2025		Comparator
6.52	6.37	↓	6.30 ↑

2024	2025		Comparator
5.93	5.85	↓	5.84 ↑

2024	2025		Comparator
7.05	6.98	↓	6.80 ↑

2024	2025		Comparator
7.31	7.31	●	7.16 ↑

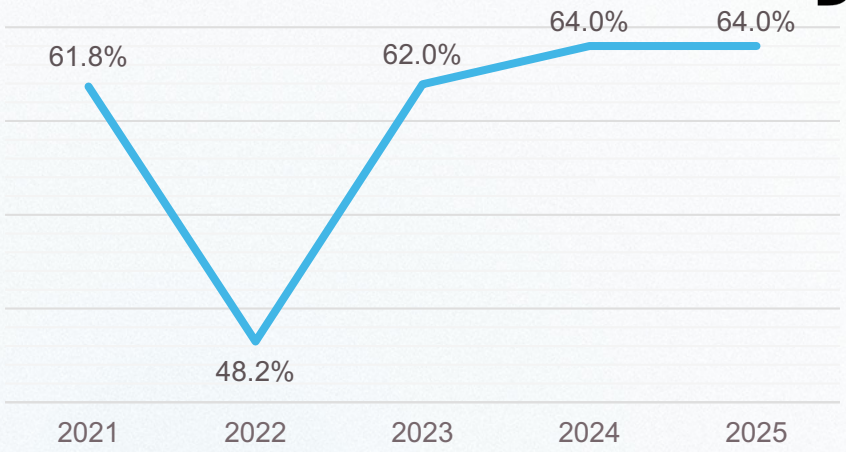
2024	2025		Comparator
7.06	6.99	↓	6.98 ↑

2024	2025		Comparator
6.35	6.22	↓	6.14 ↑

Response Rates

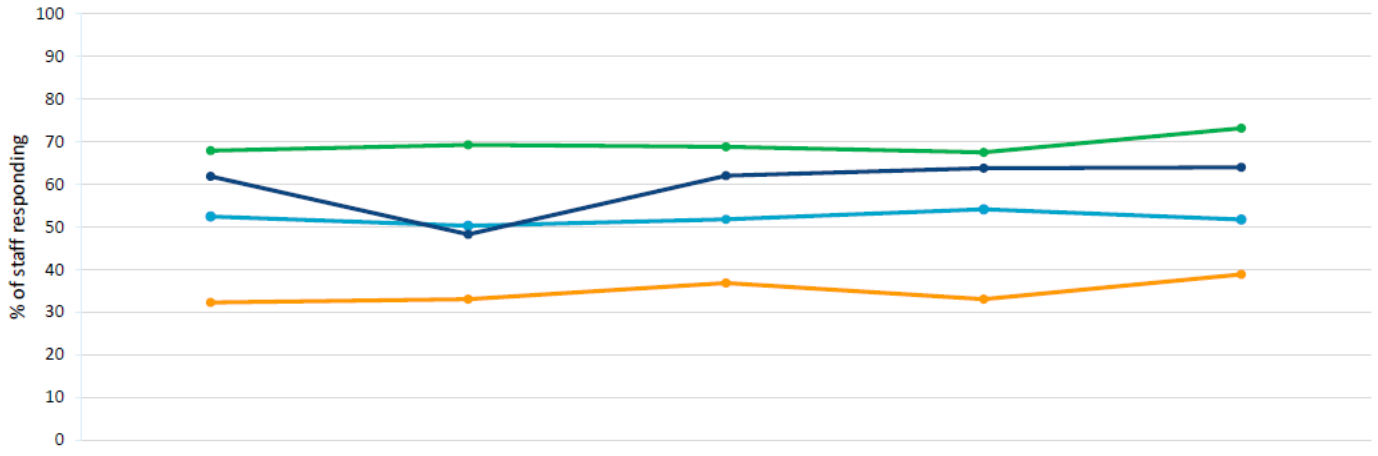
Derbyshire Healthcare
NHS Foundation Trust

Completed questionnaires	2167
2025 response rate	64%



Key Points:

- Percentage maintained
- Above average completion (average: 52%)
- Increase in number of responses



	2021	2022	2023	2024	2025
Your org	61.84%	48.24%	61.96%	63.74%	63.94%
Highest	67.86%	69.24%	68.76%	67.46%	73.12%
Average	52.40%	50.26%	51.76%	54.12%	51.72%
Lowest	32.27%	33.04%	36.86%	33.03%	38.85%
Responses	1703	1412	1901	2081	2167

People Promise Elements

Derbyshire Healthcare
NHS Foundation Trust

When looking at the data across the people promise elements compared to the other organisations we are benchmarked against, we are **above or equal** to the average score in all combined elements. Keeping in mind that there may be specific questions within the theme that may not be above average.

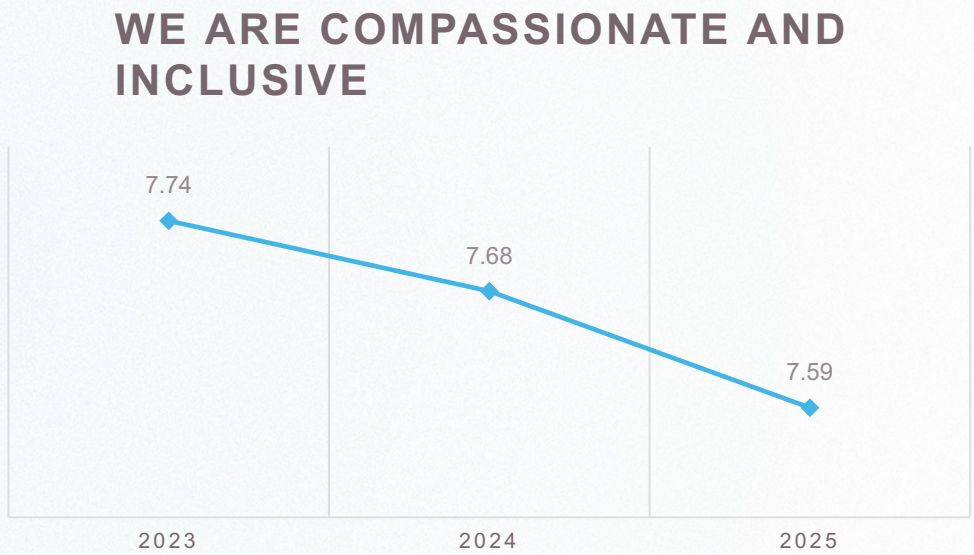
	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.68	6.46	6.93	6.44	5.90	7.05	7.33	7.02	6.25
Best result	7.94	6.72	7.31	6.72	6.38	7.20	7.43	7.48	6.57
Average result	7.61	6.37	6.89	6.34	5.83	6.84	7.17	7.02	6.12
Worst result	7.15	5.92	6.23	5.89	5.14	6.18	6.79	6.37	5.48
Responses	2158	2154	2140	2140	2072	2141	2153	2157	2157

People Promise 1 – We are Compassionate and Inclusive

Derbyshire Healthcare
NHS Foundation Trust

The We Are Compassionate and Inclusive element of the People Promise focuses on creating a working environment where all colleagues feel respected, valued, and able to be themselves at work. It emphasises inclusive leadership, kindness, civility, psychological safety, and fairness, alongside a strong commitment to equality, diversity, and inclusion. Central to this promise is the expectation that staff are treated with dignity and respect, experience supportive relationships, and feel confident that unacceptable behaviours such as bullying, harassment, or discrimination are addressed consistently and compassionately.

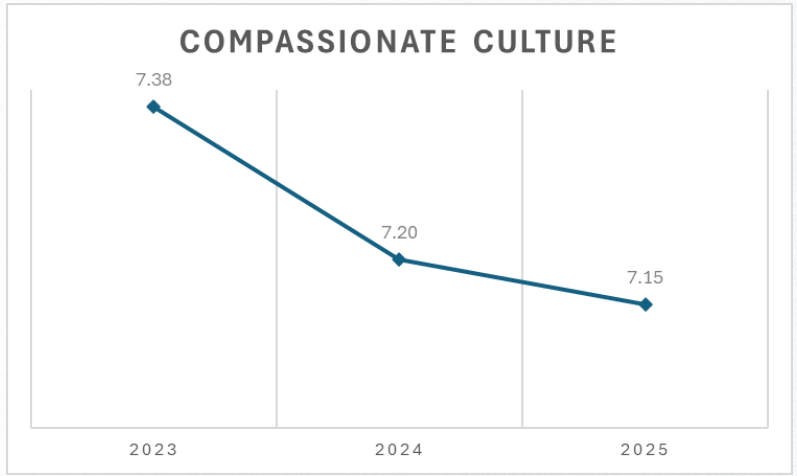
This People Promise Element has 4 sub scores.

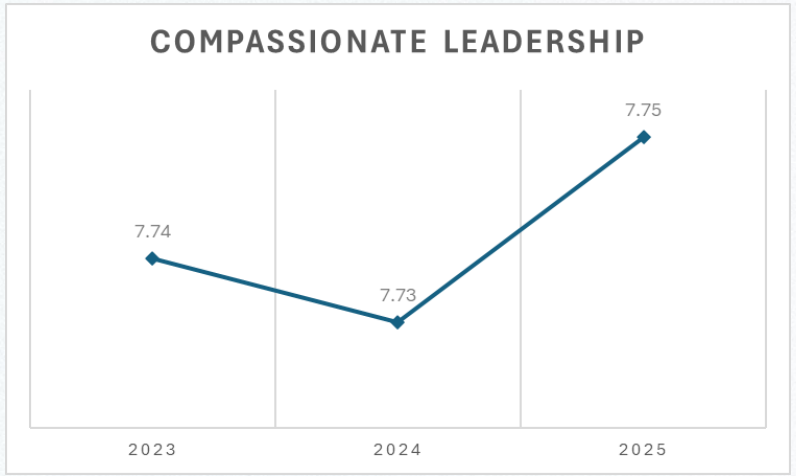


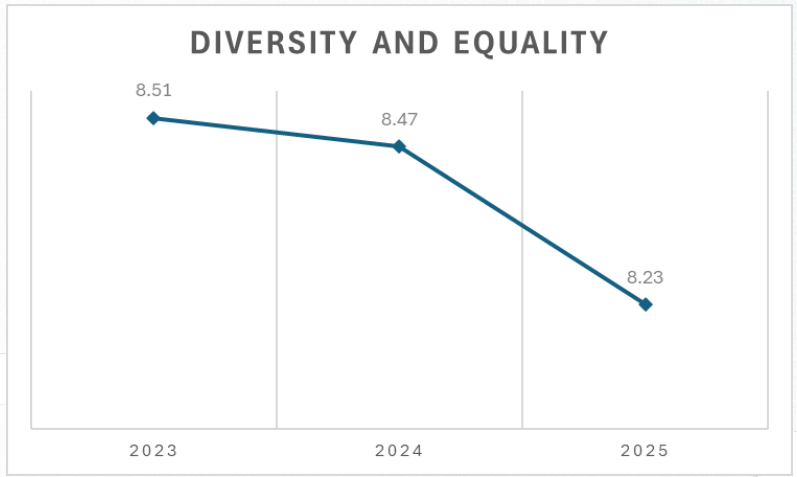
People Promise 1 – We are Compassionate and Inclusive

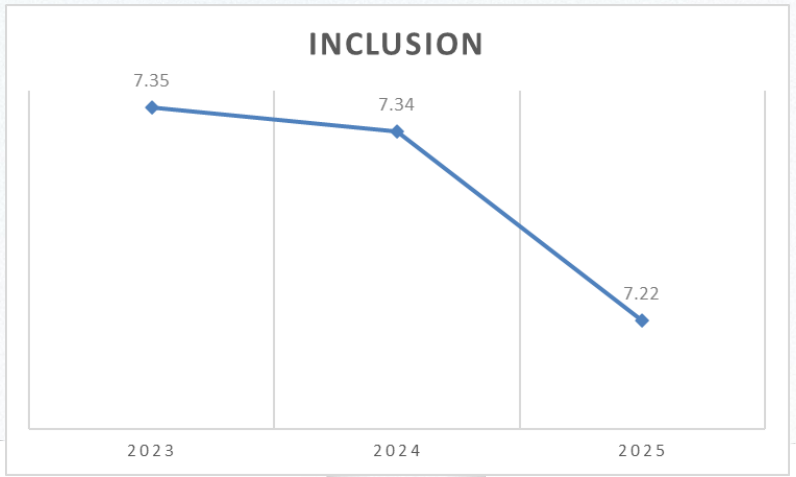
We are compassionate and inclusive

Derbyshire Healthcare NHS Foundation Trust









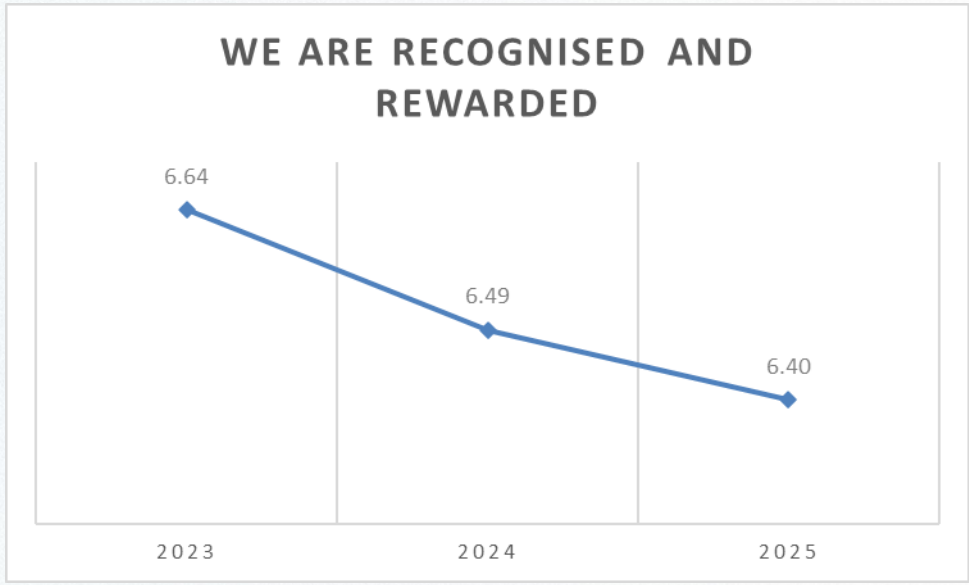
In Summary 3 of the 4 sub scores have gone down from last year, compassionate leadership has improved

People Promise 2 – We are Recognised and Rewarded

Derbyshire Healthcare
NHS Foundation Trust

The We Are Recognised and Rewarded element of the People Promise focuses on whether staff feel valued for their contribution through fair pay, recognition, development opportunities, and access to flexible and supportive working arrangements. It reflects how well the organisation acknowledges effort, supports career progression, and ensures staff feel their work is appreciated and rewarded in meaningful ways. This section of the staff survey provides insight into staff perceptions of fairness, recognition, and reward, and how these experiences vary across the organisation.

People Promise 2 does not have any formal sub themes.

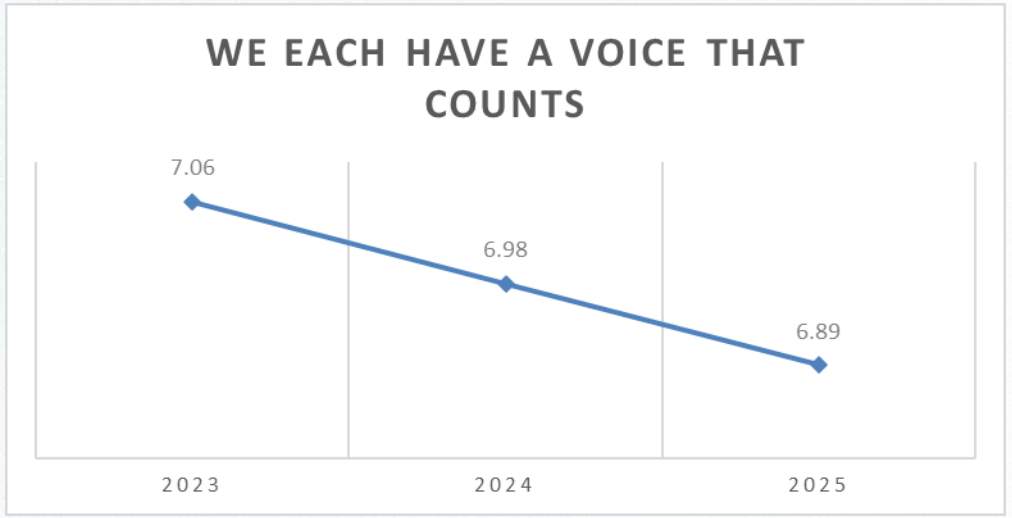


People Promise 3 – We each have a voice that counts

Derbyshire Healthcare
NHS Foundation Trust

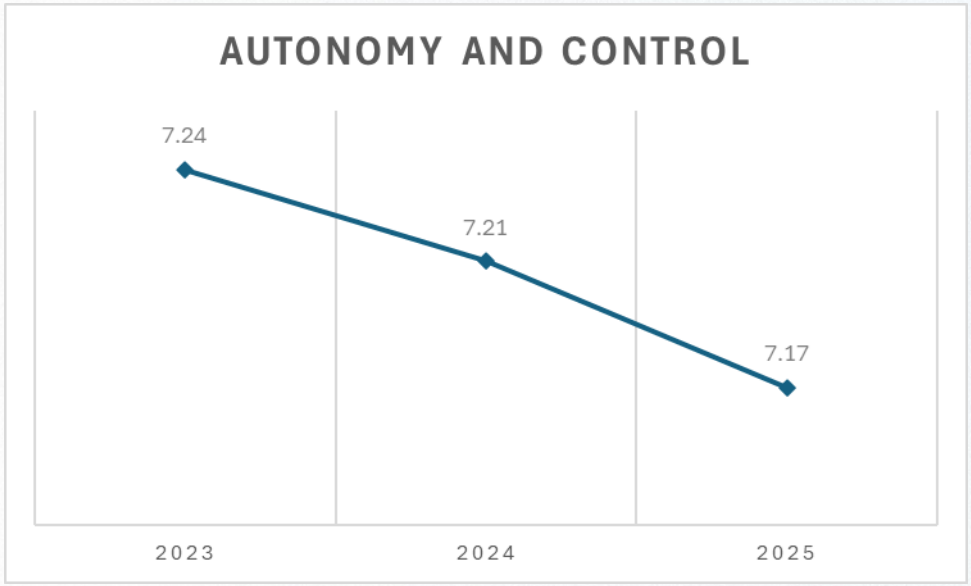
The We Are Safe and Healthy element of the People Promise focuses on whether staff feel physically and psychologically safe at work, are supported to maintain their health and wellbeing, and work in environments where risks are managed effectively. It includes staff perceptions of workplace safety, violence and aggression, health and wellbeing support, workload pressures, and whether appropriate action is taken to protect staff from harm.

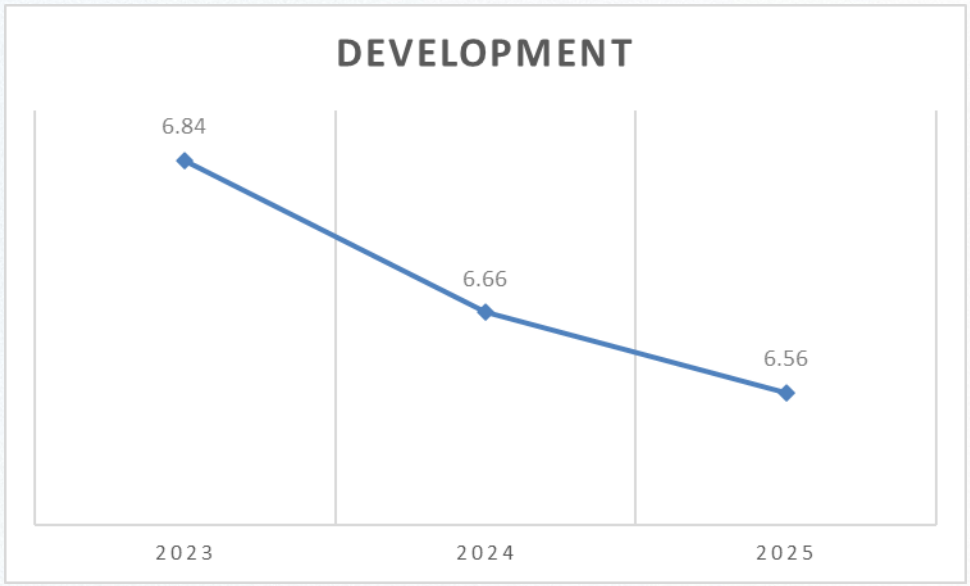
This People Promise element has 2 sub themes.



People Promise 3 – We each have a voice that counts

Derbyshire Healthcare
NHS Foundation Trust



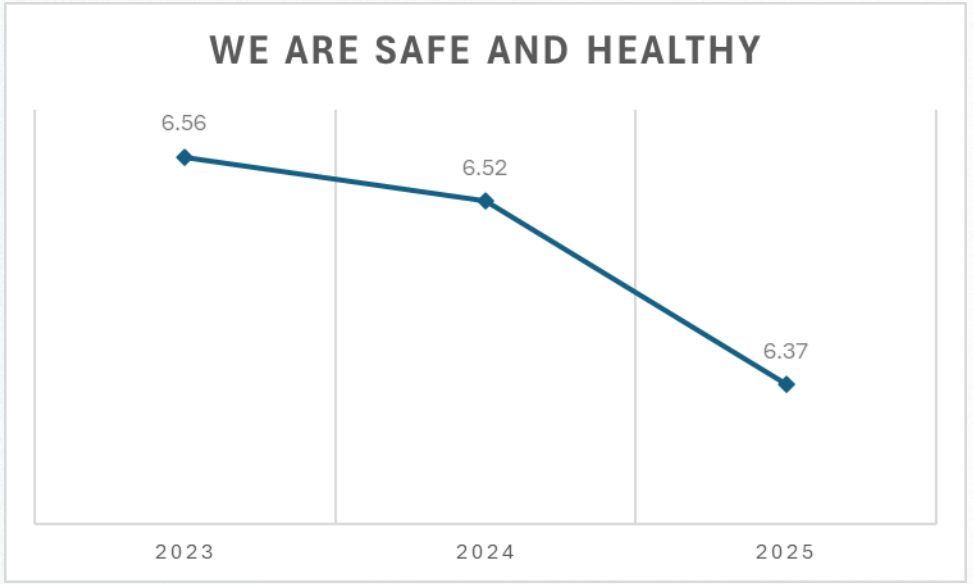


People Promise 4 – We are safe and healthy

Derbyshire Healthcare
NHS Foundation Trust

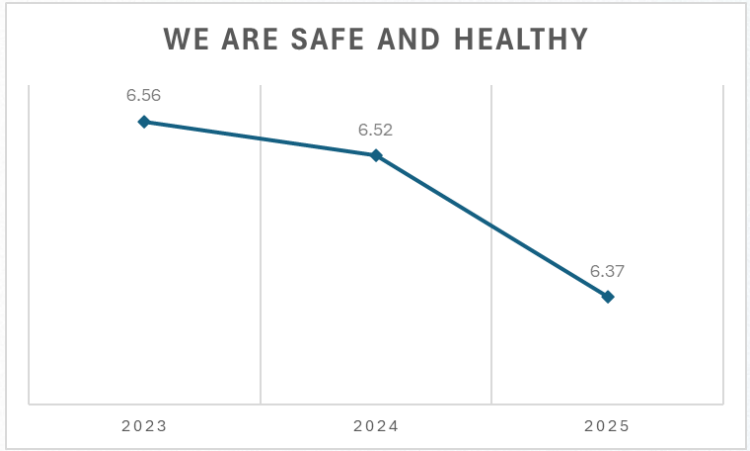
The We Are Safe and Healthy People Promise focuses on whether staff feel physically and psychologically safe at work and are supported to maintain their health and wellbeing. It reflects staff experiences of workload, stress, burnout, workplace safety, and whether the organisation creates conditions that enable people to work safely, raise issues, and sustain their wellbeing over time. This section of the staff survey highlights where staff feel protected and supported, and where pressures or risks may be impacting their health and safety

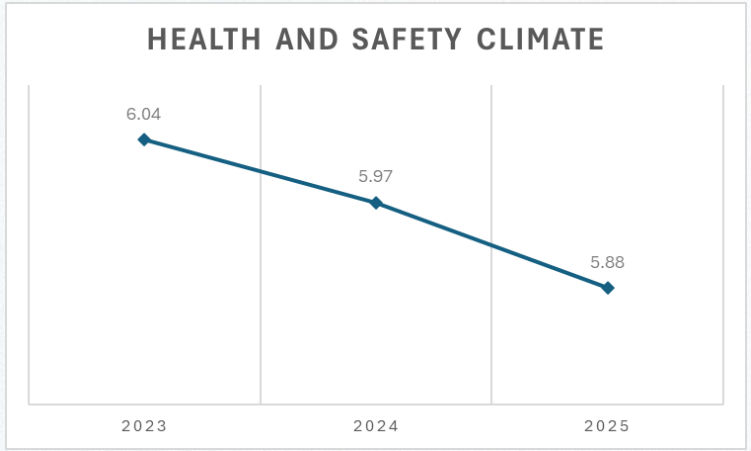
This People Promise theme has 3 sub themes.

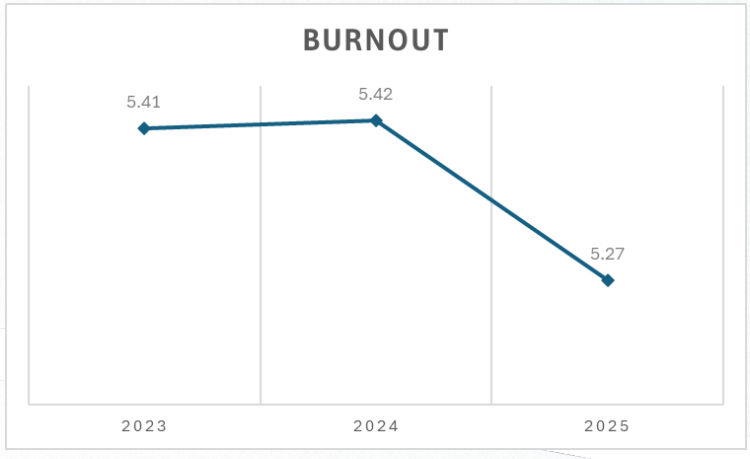


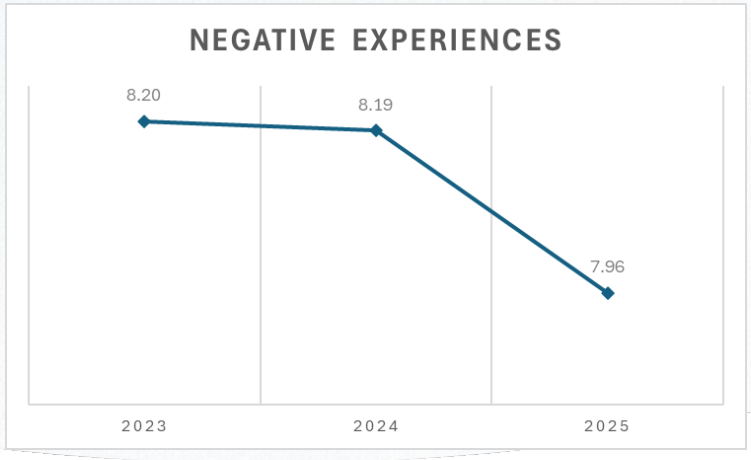
People Promise 4 – We are safe and healthy

Derbyshire Healthcare
NHS Foundation Trust







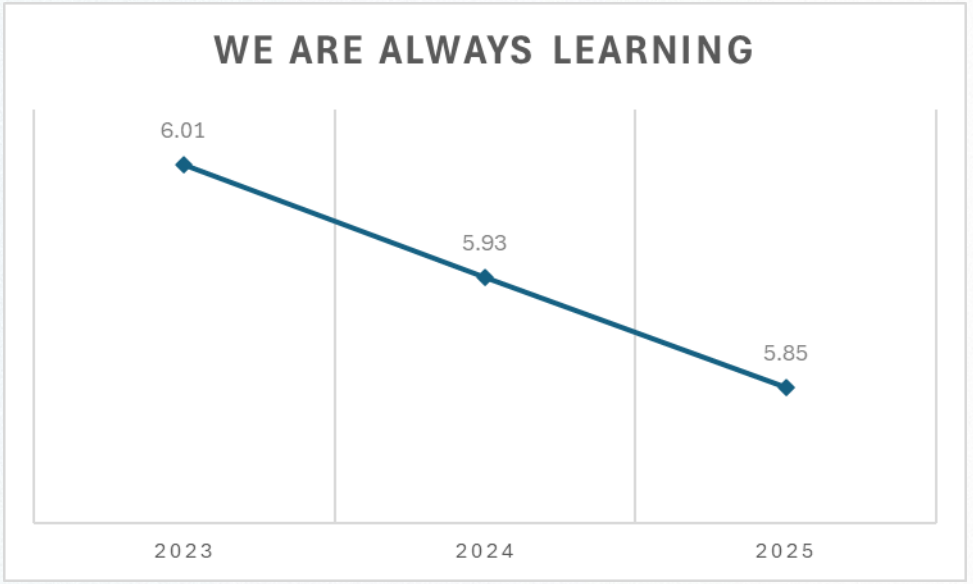


People Promise 5 – We are always learning

Derbyshire Healthcare
NHS Foundation Trust

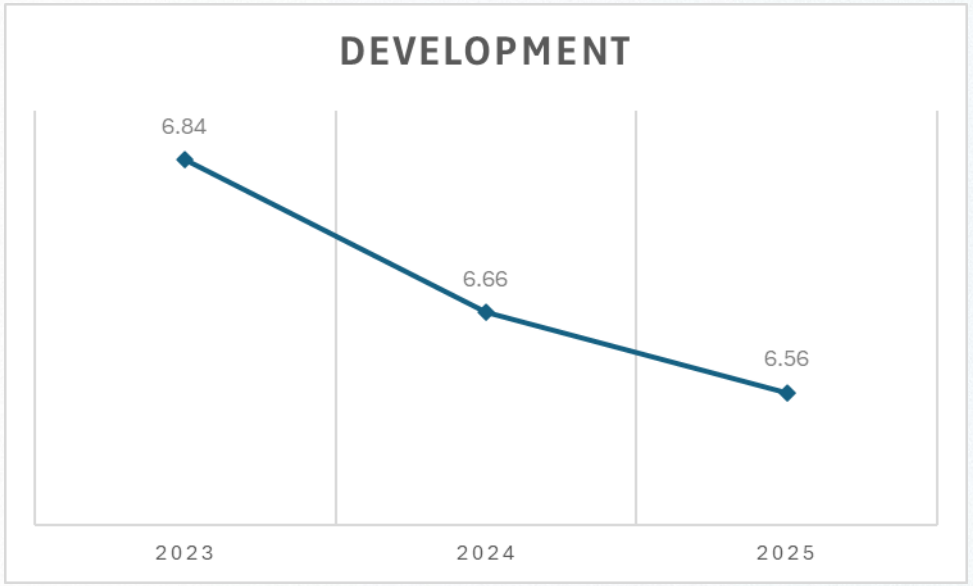
The We Are Always Learning element of the People Promise focuses on whether staff feel supported to learn, develop, and improve in their roles. It reflects access to learning and development opportunities, support for skills development, opportunities to reflect and learn from experience, and whether the organisation encourages continuous improvement and innovation. This section of the staff survey provides insight into how effectively learning is embedded in day-to-day practice and where staff experience of development opportunities varies across the organisation.

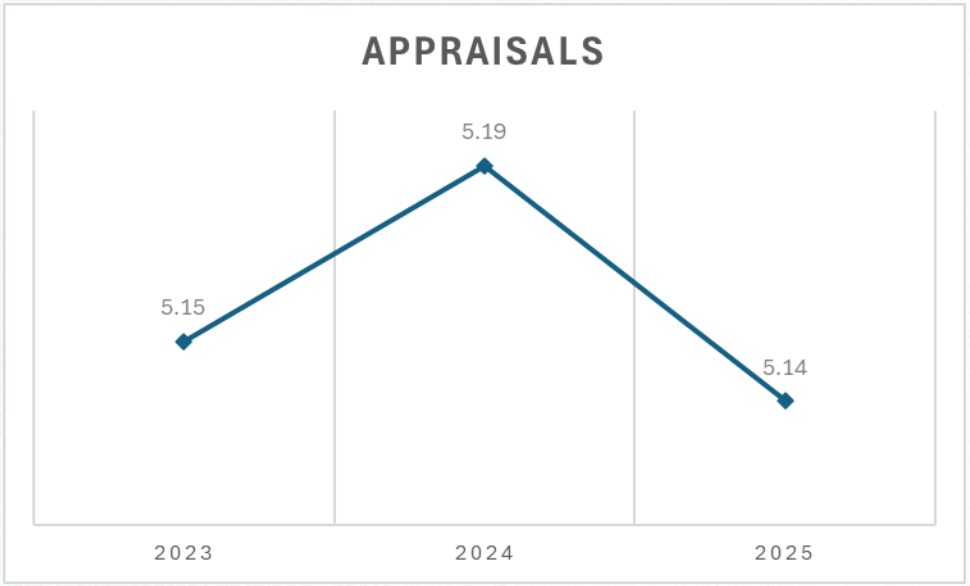
There are 2 sub themes within this people promise element.



People Promise 5 – We are always learning

Derbyshire Healthcare
NHS Foundation Trust



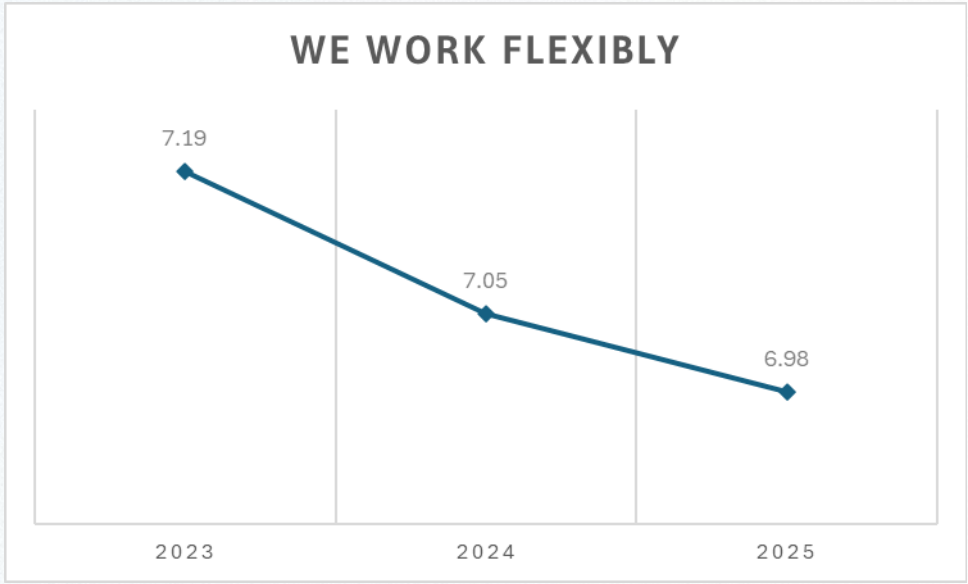


People Promise 6 – We work flexibly

Derbyshire Healthcare
NHS Foundation Trust

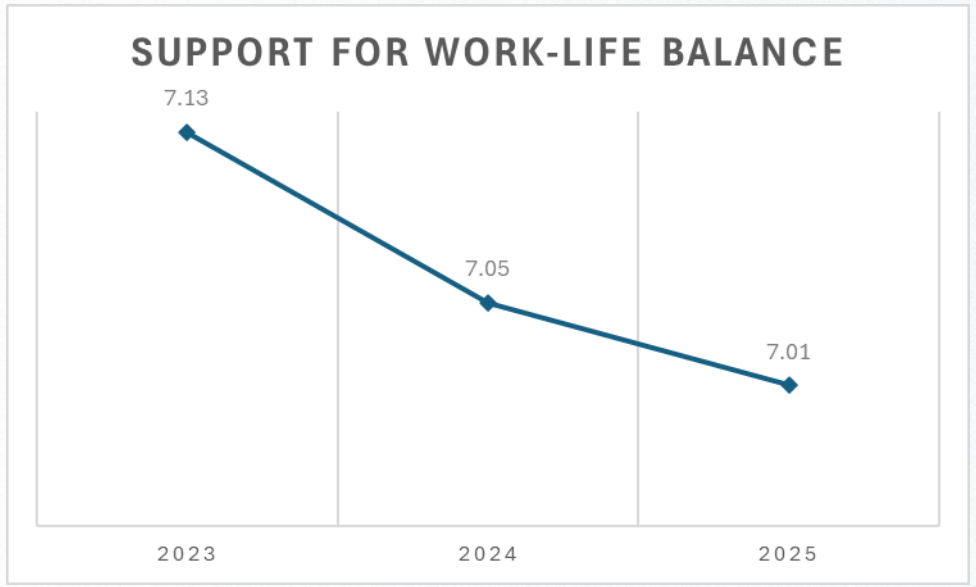
The We Work Flexibly element of the People Promise focuses on whether staff are able to work in ways that support work–life balance while meeting service needs. It reflects staff experiences of flexibility in how, when, and where they work, including access to flexible working arrangements, support from managers to work flexibly, and the organisation's approach to balancing flexibility with operational requirements. This section of the staff survey provides insight into how consistently flexible working is experienced across the organisation and where barriers remain.

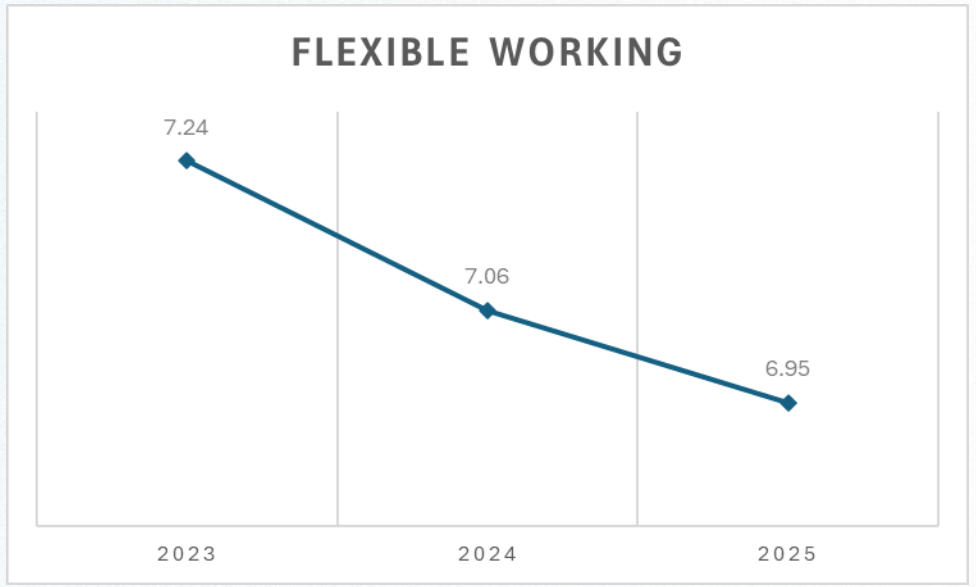
There are 2 sub themes within this people promise element.



People Promise 6 – We work flexibly

Derbyshire Healthcare
NHS Foundation Trust



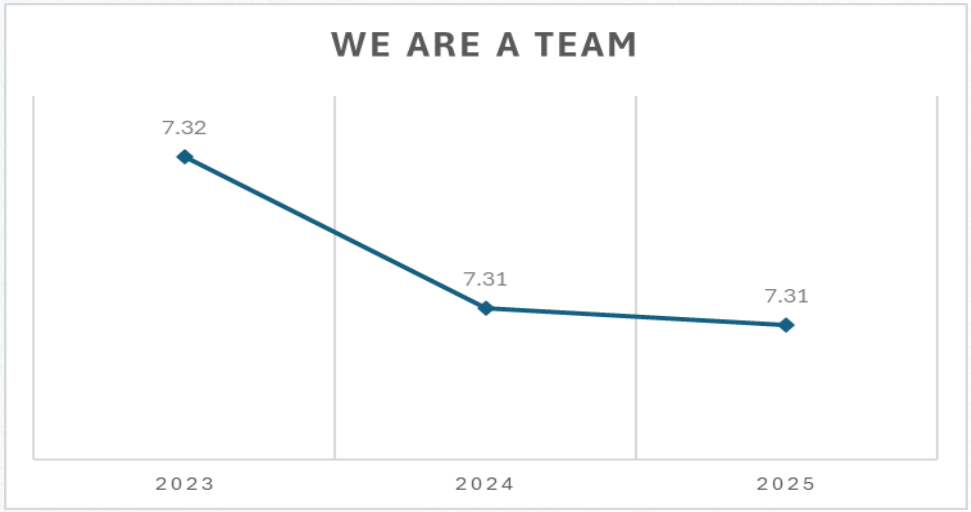


People Promise 7 – We are a team

Derbyshire Healthcare
NHS Foundation Trust

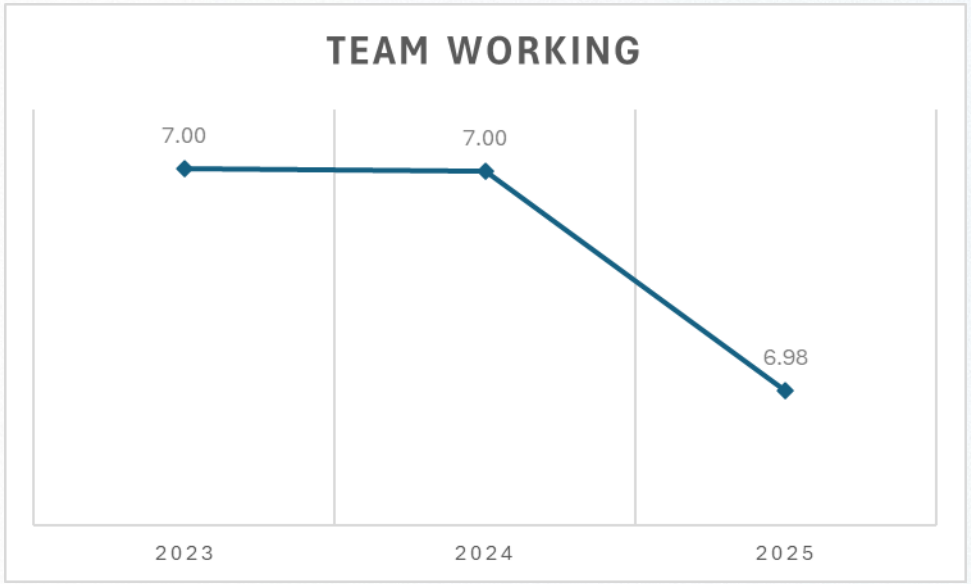
The We Are a Team element of the People Promise focuses on staff experience of teamwork, collaboration, and belonging within the organisation. It reflects whether staff feel part of supportive teams, experience positive working relationships, and are able to work effectively across teams and services. This theme also captures the extent to which staff feel included, supported by colleagues, and able to contribute to shared goals, providing insight into how collective working and team culture are experienced across the organisation.

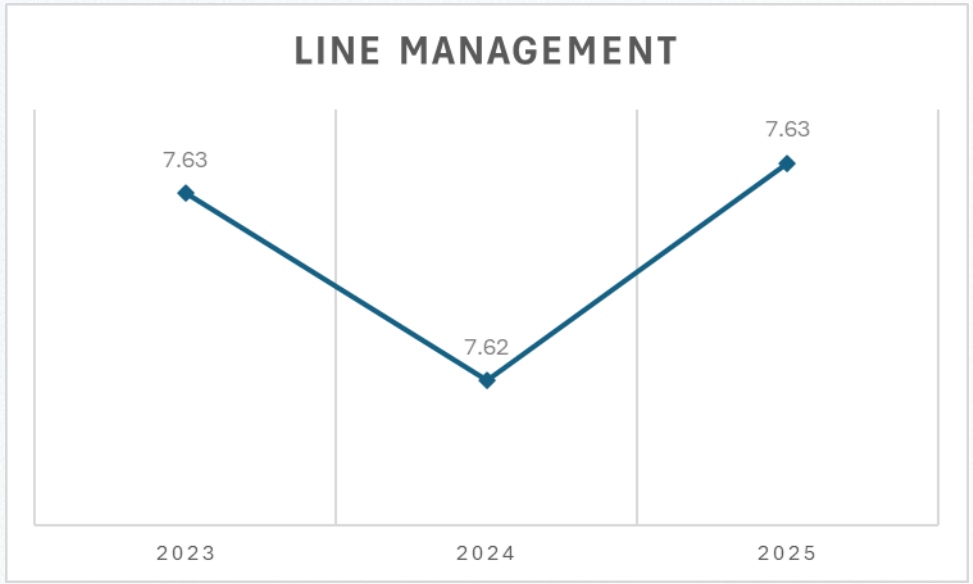
This people promise theme has 2 sub themes.



People Promise 7 – We are a team

Derbyshire Healthcare
NHS Foundation Trust



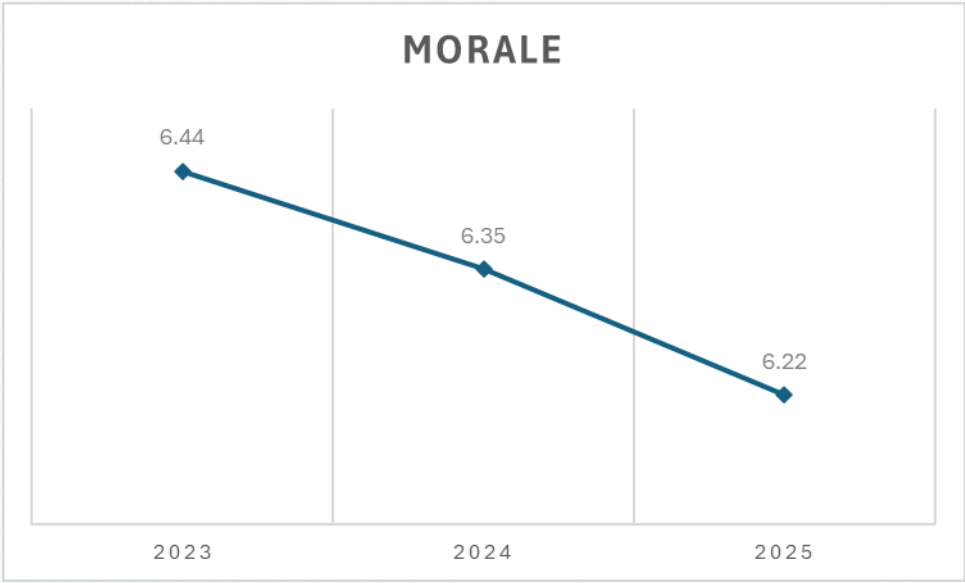


People Promise - Morale

Derbyshire Healthcare
NHS Foundation Trust

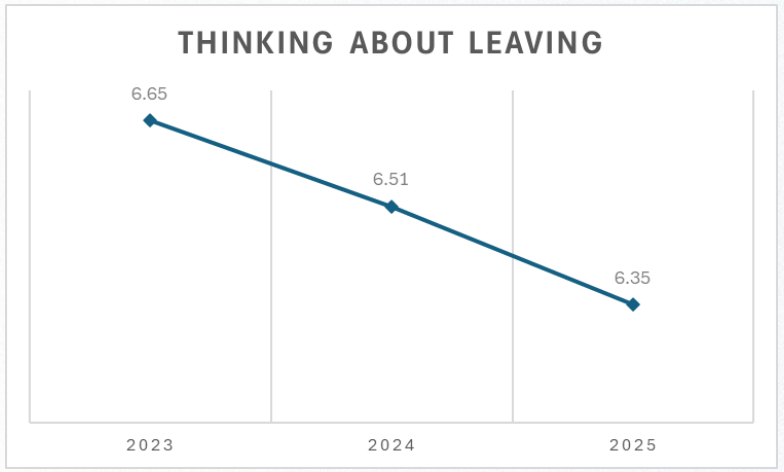
The Morale People Promise reflects staff experience of work pressure, stressors, and thinking about leaving the organisation, as measured through the NHS Staff Survey. It captures the extent to which workload demands and workplace pressures impact staff wellbeing and influence intentions to leave. This theme provides insight into workforce sustainability by highlighting how pressure and stress are affecting staff morale and retention across the organisation.

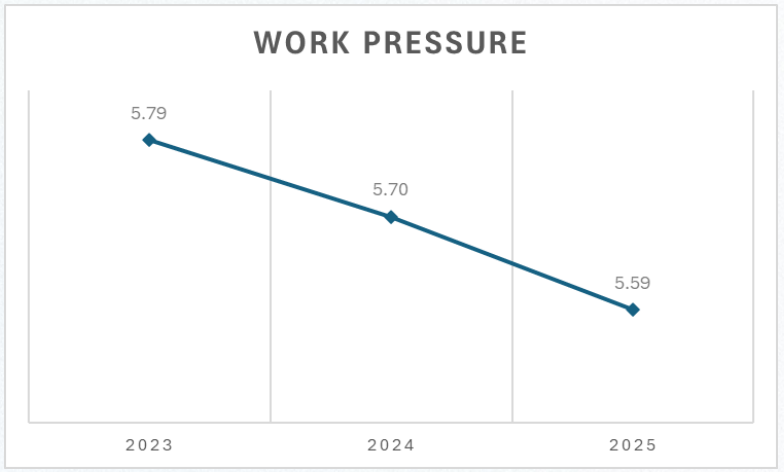
This theme has 3 sub themes.

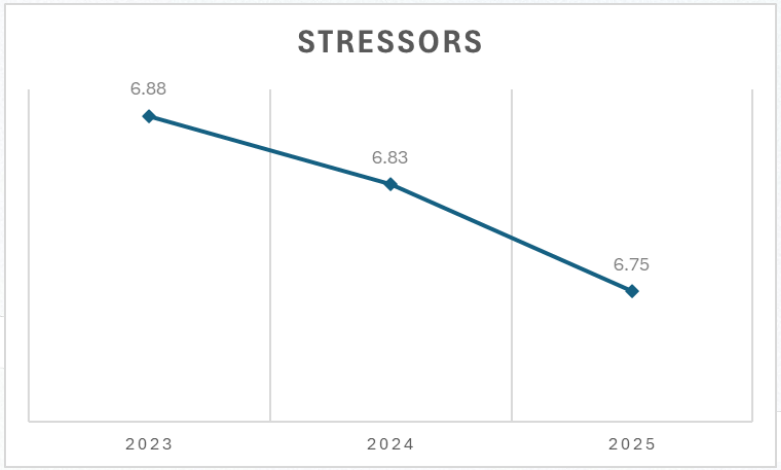


People Promise - Morale

Derbyshire Healthcare
NHS Foundation Trust





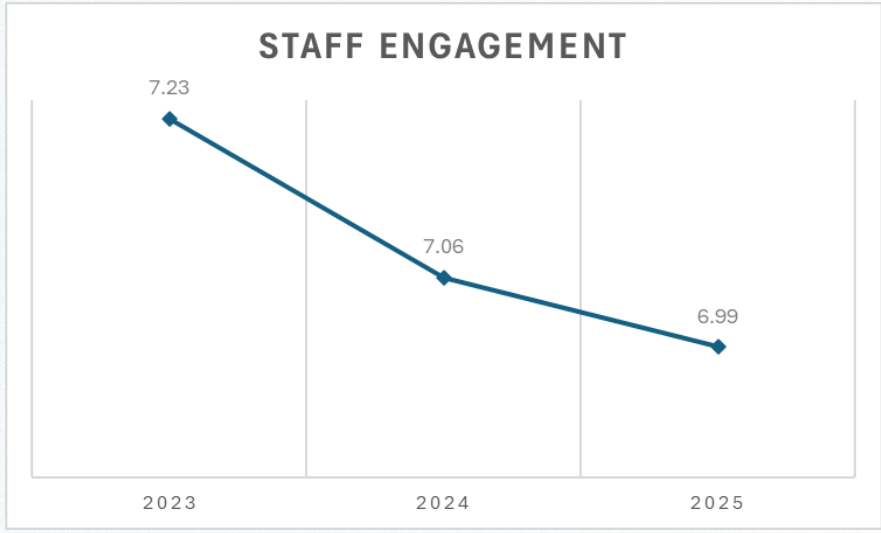


People Promise - Staff Engagement

Derbyshire Healthcare
NHS Foundation Trust

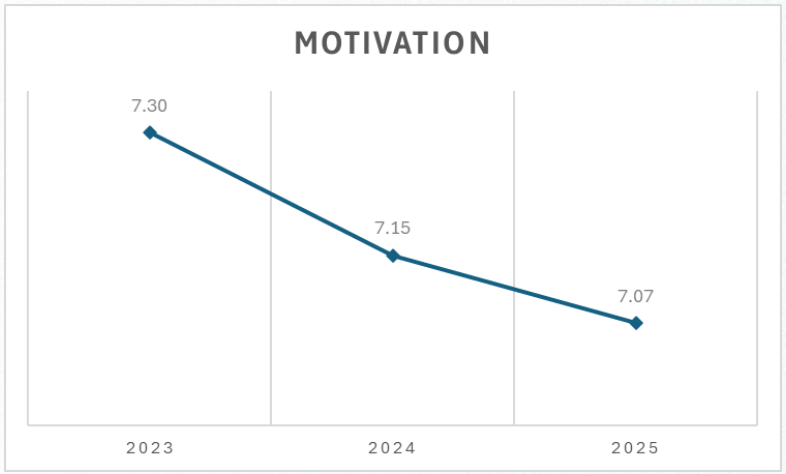
Under the NHS People Promise, Staff Engagement reflects the extent to which staff feel motivated in their work, involved in decisions that affect them, and willing to act as advocates for their organisation. NHS England defines engagement through these three components, recognising that engaged staff are more likely to feel enthusiastic about their role, able to contribute ideas and improvements, and confident in recommending their organisation as a place to work and receive care.

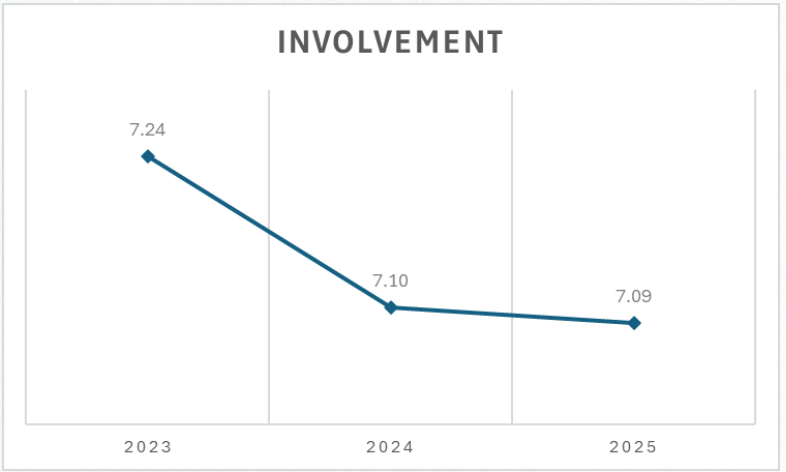
This theme includes 3 sub themes.

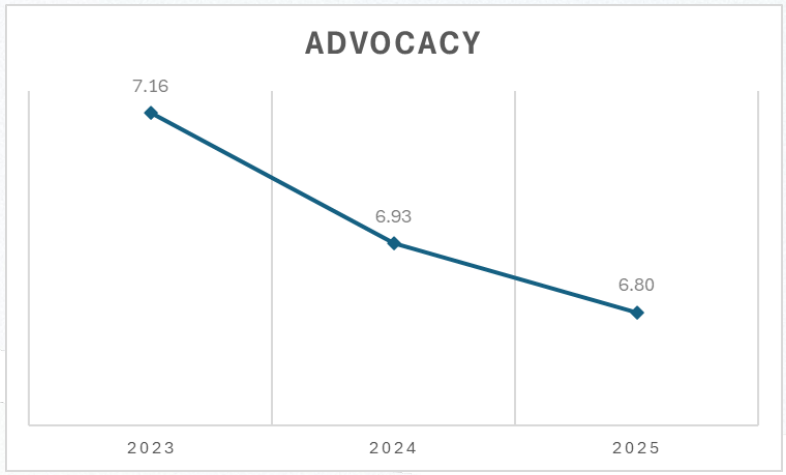


People Promise - Staff Engagement

Derbyshire Healthcare
NHS Foundation Trust



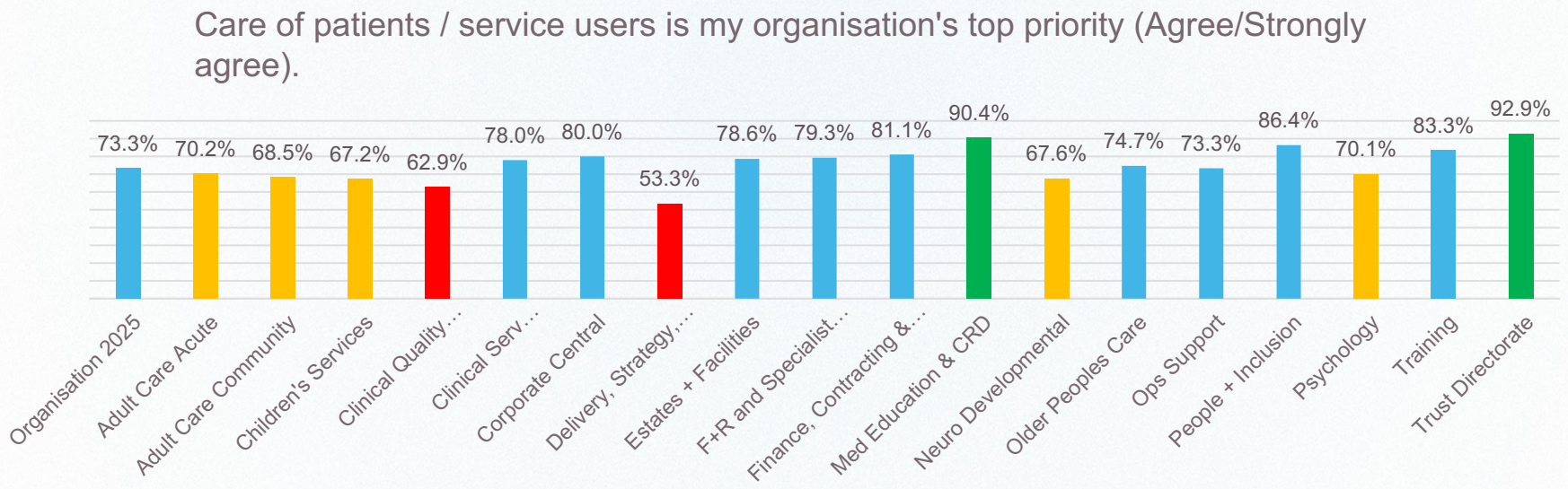




Friends and Family Scores

Derbyshire Healthcare
NHS Foundation Trust

	Question	Sector	Organisation 2024	Organisation 2025	25 vs Sector
Q25a	Care of patients / service users is my organisation's top priority (Agree/Strongly agree).	**76.1%**	**76.1%**	**73.3%**	**-2.8%**
Q25c	I would recommend my organisation as a place to work (Agree/Strongly agree).	**62.4%**	**68.3%**	**63.6%**	**1.2%**
Q25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (Agree/Strongly agree).	**64.3%**	**63.7%**	**63.1%**	**-1.1%**



Derbyshire Healthcare
NHS Foundation Trust

Most declined People Promise scores 2024 to 2025:

Data Type	Metric		2023	2024	2025	Comparator 2025	
			value	value	value	value	Difference
People promise sub-score	PP1_3	Diversity and equality	8.51	8.47	8.23	8.23	-0.23
People promise sub-score	PP4_3	Negative experiences	8.20	8.19	7.96	7.89	-0.23
Theme sub-score	M_1	Thinking about leaving	6.65	6.51	6.35	6.21	-0.16
People promise score	PP4	We are safe and healthy	6.56	6.52	6.37	6.30	-0.15
People promise sub-score	PP4_2	Burnout	5.41	5.42	5.27	5.23	-0.15
People promise sub-score	PP3_2	Raising concerns	6.81	6.75	6.62	6.64	-0.12
Theme sub-score	E_3	Advocacy	7.16	6.93	6.80	6.88	-0.12
Theme score	M	Morale	6.44	6.35	6.22	6.14	-0.12
Theme sub-score	M_2	Work pressure	5.79	5.70	5.59	5.54	-0.11
People promise sub-score	PP1_4	Inclusion	7.35	7.34	7.22	7.17	-0.11
People promise sub-score	PP6_2	Flexible working	7.24	7.06	6.95	6.79	-0.11
People promise sub-score	PP5_1	Development	6.84	6.66	6.56	6.53	-0.10
People promise score	PP1	We are compassionate and inclusive	7.74	7.68	7.59	7.53	-0.09
People promise sub-score	PP4_1	Health and safety climate	6.04	5.97	5.88	5.80	-0.09

Derbyshire Healthcare
NHS Foundation Trust

Of those that have declined since 2024 the following have dropped below the sector average

Data Type		Metric	2023	2024	2025	Comparator 2025		
			value	*value*	*value*	*value*	*Difference*	*Sector differenc*
Theme sub-score	E_3	Advocacy	7.16	6.93	6.80	6.88	-0.12	-0.08
People promise sub-score	PP1_1	Compassionate culture	7.38	7.20	7.15	7.20	-0.05	-0.06
People promise sub-score	PP3_2	Raising concerns	6.81	6.75	6.62	6.64	-0.12	-0.02
People promise sub-score	PP5_2	Appraisals	5.15	5.19	5.14	5.13	-0.05	0.00

Derbyshire Healthcare
NHS Foundation Trust

Most declined questions

	Question	Sector	Organisation 2024	Organisation 2025	2024 vs 2025
Q11b	In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities (No).	65.8%	81.9%	69.4%	-12.5%
Q21	I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc) (Agree/Strongly agree).	72.9%	77.8%	72.9%	-4.9%
Q15	Does your organisation act fairly with regard to career progression / promotion, regardless of e.g. age, disability, ethnic background, gender reassignment, religion, sex or sexual orientation (Yes).	56.7%	63.5%	58.6%	-4.9%
Q25e	I feel safe to speak up about anything that concerns me in this organisation (Agree/Strongly agree).	64.8%	70.9%	66.2%	-4.7%
Q25c	I would recommend my organisation as a place to work (Agree/Strongly agree).	62.4%	68.3%	63.6%	-4.7%
Q25f	If I spoke up about something that concerned me I am confident my organisation would address my concern (Agree/Strongly agree).	52.6%	55.4%	51.1%	-4.3%
Q7i	I feel a strong personal attachment to my team (Agree/Strongly agree).	66.2%	70.0%	65.7%	-4.3%
Q24d	I feel supported to develop my potential (Agree/Strongly agree).	59.5%	64.2%	59.9%	-4.2%
Q11a	My organisation takes positive action on health and well-being (Agree/Strongly agree).	62.0%	67.5%	63.4%	-4.2%
Q12b	How often, if at all, do you feel burnt out because of your work (Never/Rarely).	33.4%	37.2%	33.2%	-4.1%
Q26c	As soon as I can find another job, I will leave this organisation (Strongly disagree/Disagree).	60.6%	66.0%	62.1%	-3.9%
Q5c	Relationships at work are strained (Never/Rarely).	52.9%	56.1%	52.4%	-3.7%
Q10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours (0 hours).	76.9%	77.7%	74.2%	-3.5%
Q12f	How often, if at all, do you feel that every working hour is tiring for you (Never/Rarely).	56.6%	61.5%	58.0%	-3.4%
Q2b	I am enthusiastic about my job (Often/Always).	70.0%	72.7%	69.5%	-3.2%
Q16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public (No).	91.7%	93.8%	90.6%	-3.2%
Q6b	My organisation is committed to helping me balance my work and home life (Agree/Strongly agree).	58.4%	64.3%	61.4%	-3.0%
Q12g	How often, if at all, do you not have enough energy for family and friends during leisure time (Never/Rarely).	37.8%	41.0%	38.0%	-2.9%
Q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public (Never).	76.3%	77.9%	75.0%	-2.9%

Questions that have dropped below sector average:

Derbyshire Healthcare
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	Question	Sector	Organisation 2024	Organisation 2025	25 vs Sector
Q2b	I am enthusiastic about my job (Often/Always).	70.0%	72.7%	58.0%	-12.0%
Q19d	We are given feedback about changes made in response to reported errors, near misses and incidents	65.3%	59.5%	59.2%	-6.0%
Q19c	When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen	70.8%	67.5%	67.1%	-3.7%
Q23c	It helped me agree clear objectives for my work (Yes, definitely).	36.6%	34.1%	33.7%	-2.9%
Q25a	Care of patients / service users is my organisation's top priority (Agree/Strongly agree).	76.1%	76.1%	73.3%	-2.8%
Q10b	On average, how many additional PAID hours do you work per week for this organisation, over and above your	76.9%	77.7%	74.2%	-2.8%
Q24b	There are opportunities for me to develop my career in this organisation (Agree/Strongly agree).	52.1%	52.6%	50.0%	-2.1%
Q20b	I am confident that my organisation would address my concern (Agree/Strongly agree).	60.4%	60.5%	58.5%	-1.9%
Q13a	In the last 12 months how many times have you personally experienced physical violence at work from patients /	86.5%	86.1%	84.7%	-1.8%
Q25f	If I spoke up about something that concerned me I am confident my organisation would address my concern	52.6%	55.4%	51.1%	-1.5%
Q14a	In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from	76.3%	77.9%	75.0%	-1.3%
Q19a	My organisation treats staff who are involved in an error, near miss or incident fairly (Agree/Strongly agree).	60.5%	61.2%	59.4%	-1.2%
Q25d	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	64.3%	63.7%	63.1%	-1.1%
Q25b	My organisation acts on concerns raised by patients / service users (Agree/Strongly agree).	75.2%	74.1%	74.1%	-1.1%
Q3i	There are enough staff at this organisation for me to do my job properly (Agree/Strongly agree).	36.6%	36.7%	35.5%	-1.1%
Q16a	In the last 12 months have you personally experienced discrimination at work from patients / service users, their	91.7%	93.8%	90.6%	-1.1%
Q12a	How often, if at all, do you find your work emotionally exhausting (Never/Rarely).	21.1%	21.4%	20.0%	-1.0%
Q22	I can eat nutritious and affordable food while I am working (Often/Always).	58.2%	58.9%	57.3%	-1.0%
Q8a	Teams within this organisation work well together to achieve their objectives (Agree/Strongly agree).	54.7%	52.9%	53.8%	-0.9%
Q7d	Team members understand each other's roles (Agree/Strongly agree).	72.4%	71.0%	71.5%	-0.9%
Q23b	It helped me to improve how I do my job (Yes, definitely).	26.1%	24.1%	25.5%	-0.6%
Q3a	I always know what my work responsibilities are (Agree/Strongly agree).	84.4%	84.8%	83.9%	-0.5%
Q7i	I feel a strong personal attachment to my team (Agree/Strongly agree).	66.2%	70.0%	65.7%	-0.5%
Q5c	Relationships at work are strained (Never/Rarely).	52.9%	56.1%	52.4%	-0.5%
Q7c	I receive the respect I deserve from my colleagues at work (Agree/Strongly agree).	76.5%	77.9%	76.0%	-0.5%
Q2a	I look forward to going to work (Often/Always).	55.5%	57.4%	55.2%	-0.4%
Q4a	The recognition I get for good work (Satisfied/Very satisfied).	60.4%	62.7%	60.1%	-0.3%
Q18	In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users (No).	72.6%	75.0%	72.4%	-0.3%
Q13c	In the last 12 months how many times have you personally experienced physical violence at work from other	98.9%	99.1%	98.6%	-0.3%
Q7a	The team I work in has a set of shared objectives (Agree/Strongly agree).	77.2%	76.3%	76.9%	-0.2%
Q12b	How often, if at all, do you feel burnt out because of your work (Never/Rarely).	33.4%	37.2%	33.2%	-0.2%
Q4b	The extent to which my organisation values my work (Satisfied/Very satisfied).	48.6%	50.6%	48.4%	-0.2%
Q7g	In my team disagreements are dealt with constructively (Agree/Strongly agree).	61.0%	62.7%	60.9%	-0.1%
Q16b	In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other	92.7%	93.3%	92.6%	-0.1%
Q13b	In the last 12 months how many times have you personally experienced physical violence at work from managers (Never).	99.5%	99.5%	99.4%	-0.1%

Trust Action Plan

Derbyshire Healthcare
NHS Foundation Trust

Strategic Aim	Priority Area	Key Actions	Intended Impact
Great Place to Work	**Flexible Working**	• Establish working group to review current processes • Review supervision arrangements and consistency • Improve transparency and fairness in decision-making	Increased staff perception of fairness, flexibility and consistency in management practices
	Wellbeing Offer	• Review current wellbeing offer • Redesign offer to better meet staff needs • Improve visibility, access and uptake of support	Improved staff wellbeing, reduced burnout, increased utilisation of support services
	Violence & Aggression	• Continue to listen and learn from staff experiences • Develop actions from Violence & Aggression Collaborative • Co-produce practical solutions with staff	Improved staff safety, increased confidence in organisational response to violence and aggression
	Information Sharing & Communication	• Introduce Leadership Cascade sessions • Strengthen divisional/care group forum	Improved staff understanding and engagement
Great Place to Receive Care	**Responding to Concerns (Staff & Patient)**	• Review patient pathways for raising concerns • Review staff processes for clinical concerns • Engage staff to identify improvements (e.g. reporting processes)	Increased confidence in raising concerns and improved responsiveness
	Digital Improvements	• Improve digital tools to enhance patient experience • Align digital developments with staff feedback	Improved efficiency, enhanced patient and staff experience
	Service Transformation	• Use staff feedback to inform service improvements • Align transformation programmes with staff and patient experience	More effective, sustainable service improvements aligned to real needs
	Learning from Patient Complaints	• Review current processes for managing complaints Improve feedback loops into teams • Increase visibility of actions taken	Stronger learning culture and improved patient experience

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 19 May 2026

Non-Executive Director (NED) Report – Andrew Harkness

Purpose of Report
This paper describes the Board and Sub-Committee and wider activities I have undertaken during my last 12 months in post.

Executive Summary

I have now completed my first full year with the Trust having commenced in post in mid-January 2025. I have undertaken a range of activities over this period including participating in team visits, engagement with our local deaf community and attended meetings relating to my role responsibilities.

The following describes my current responsibilities:

- Audit and Risk Committee
- Finance and Performance Committee
- Mental Health Act Committee
- Remuneration Committee
- Strategic Portfolio Oversight Group (NED representative at this operational meeting).

I also attend Board meetings, Board Development sessions and extraordinary meetings convened, for example, to discuss annual operational plan submmissions and other priorities.

I have been involved in the recruitment of Senior Leaders in the Trust, including Non-Executive Director, Medical Director and Medical Consultant roles. I have commenced and welcomed undertaking regular visits to services alongside other Board members and Govenors.

I am the Non-Executive Director lead for engagement with our Deaf Community. Following an initial introductory meeting in August 2025, we have been meeting regularly to explore and agree prioritites and actions to improve access, experience and reduce inequalities.

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

Strategic Considerations		**BAF Risk (eg 1A)**	**Strategic Delivery Plan Reference**
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.	X		

People: We will attract, involve and retain staff creating a positive culture and sense of belonging.	X		
Productive: We will improve our productivity and design and deliver services that are financially sustainable.	X		
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X		

Risks and Assurances

- The Audit and Risk Committee, has consistently and proactively reviewed and used the Board Assurance Framework and has carried out a significant amount of other work during my time in role reviewing the Trust's system of risk management in partnership with both the internal and external auditors.
- The Finance and Performance Committee, has gained assurance across a range of areas with a particular focus on challenging financial performance and plans as well as operational performance and health and safety. The Committee has sought and received assurance on the Trust's Estates Strategy with a particular focus on the Making Room for Dignity programme.
- The Mental Health Act Committee has gained assurance of legal compliance, monitoring of the application of mental health legislation and that patient rights are being protected. The committee provides assurance to the Board that policies for detaining or treating patients are applied correctly and in accordance with the code of practice.

Consultation

This report has been prepared specifically for information 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.

There are no related impacts contained in the report.

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 three committees I am a member of are required within their terms of reference to ensure that consideration has been given to equality impact related risks.

Recommendations

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

Report prepared and presented by: Andrew Harkness, Non-Executive Director

Derbyshire Healthcare NHS Foundation Trust
Council of Governors – 19 May 2026
NED Report – Andrew Harkness

Purpose of Report

This paper provides a description of my activities in the Trust over the last 12 months. In addition to Board meetings, Council of Governors, Board Development days and Remuneration Committee I attend the following meetings.

Finance and Performance Committee

I am a member of the Finance and Performance Committee which monitors and seeks assurance across a range of areas. The challenging financial environment, substantial service pressures and waiting times have provided a very clear focus for the Committee and the wider Board over the last 12 months. This environment alongside the requirement to submit our operating plan has necessitated additional extra-ordinary meetings to be held to update members, discuss, seek support and assurance. The Committee has also sought and received assurance on the Trust's Estates Strategy with a particular focus on the Making Room for Dignity programme and its initial evaluation.

Audit and Risk Committee Member

I am a member of the Audit and Risk committee which has responsibility for obtaining independent assurance on the general effectiveness of the Trust's internal control and risk management systems. The Committee has a key role in overseeing the Board Assurance Framework (BAF) and assessing on whether it is fit for purpose. It also considers the Annual Report and Accounts, Annual Governance Statement as well as progress with internal and external audit plans. The Committee has an important role in seeking assurance about speaking up processes with regular updates from the Trusts Freedom to Speak Up Guardian.

Mental Health Act Committee

I am a member of the Mental Health Act Committee which seeks to provide assurance of legal compliance, monitor the application of mental health legislation and ensure that patient rights are protected. The committee provides assurance to the Board that policies for detaining or treating patients are applied correctly and in accordance with the code of practice.

Strategic Programme Oversight Group

I attend this internal operational meeting on behalf of the NEDs as an attendee. This group oversees the delivery of the strategic plan, with a particular focus on the transformational programmes. The transformational programmes include both internal trust and external system work.

Other activities

I am the NED lead for our engagement with our local Deaf community. Since initially meeting in August we have held regular meetings to discuss and agree priorities and

actions. Our focus has been on improving access, experience and reducing inequalities.

I have participated in a number of Board service visits over the last 12 months. The visits have been really helpful in supporting my understanding of the services we provide, meeting the teams to hear their experiences and understanding both their successes and challenges they face.

I have been involved in the recruitment of Senior Leaders in the Trust, including Non-Executive Director and Medical Consultant roles. I am participating in planned Senior Leader appointments in the next few months.

I have attended my quarterly review meetings with Selina and recently had my first annual appraisal.

Looking ahead to the next 12 months:

- I am keen to build on the knowledge and experience I have gained from my first year to further support and challenge on the delivery of our strategy, ensuring as an organisation we drive a transformative agenda to support the national priorities of prevention reduced health inequalities and more community provision.

Personal Profile – Andrew Harkness (NED since January 2025)

My career has predominantly been within the public sector, working for the NHS and also within Local Authority. I am a clinician by background, initially working as a pharmacist and then following re-training as Consultant in Public Health. I have worked across a variety of health and care settings from local to national level. I have many years of Board experience both as an Executive Director and in a Specialist Advisory role.

I have also worked within the Charity sector as a Chief Executive Officer of a Hospice creating a three year strategy and delivery plan to ensure a sustainable future.

Originally from the North West having grown up near Liverpool and then attending the University of Manchester, I moved to the Midlands in 2005. I initially lived in Derby for a number of years prior to moving to the Lichfield area.

I am a qualified triathlon coach and volunteer to support training sessions at my local club Lichfield and Burntwood Triathlon Club. I regularly participate in triathlons, am a member of my local cycling club and am a member of a local trail running group.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 19 May 2026

Non-Executive Director (NED) Report – Ralph Knibbs

Purpose of Report

This paper provides an overview of my activities as a Non-Executive Director (NED) over the last 12 months and information covering the activities of the People and Culture Committee (PCC), of which I am the Chair.

Executive Summary

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

The Terms of Reference for the purpose of the People and Culture Committee states:

- The Committee supports the organisation to achieve a well-led, values driven and inclusive culture. The Committee is to provide assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective capable workforce to meet the Trust's current and future needs including workforce engagement and development.

This paper gives an overview regarding the PCC's key areas of activities during the last 12 months.

It also highlights other activities I have undertaken in my role as a Non-Executive Director.

Note: In view of the number of new governors, I have included a short personal profile at the end of the report.

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

Risks and Assurances

- PCC has gained assurance across a range of areas as detailed in the report, PCC 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.

There are no related impacts contained in the report.

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 equality, diversity and inclusion (EDI) objectives of the PCC are included within its terms of reference.

Recommendations

The Council of Governors is requested to:

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

Report prepared and presented by: Ralph Knibbs
Non-Executive Director

Council of Governors – 19 May 2026

Non-Executive Director's Report – Ralph Knibbs

Purpose of Report

This paper provides both a description of my activities over the last 12 months and information covering the key activities of the People and Culture Committee (PCC), of which I am the Chair.

People and Culture Committee

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

The role of the PCC is to support the organisation to achieve a well-led, values-driven positive culture. The Committee is to provide assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective capable workforce to meet the Trust's current and future needs by:

- Overseeing the development and implementation of an effective People Plan which supports the Trust Strategy
- Ensuring that the People Plan and associated plans are aligned and focused on meeting the needs of the organisation
- Overseeing compliance with requirements of equality and diversity legislation and development of a culture which supports and embeds equality and diversity for staff, service and patients
- Achieving a well-led values-driven positive culture at all levels of the organisation
- Ensuring a systematic approach to the management of change to deliver an empowered, high-performing workforce
- Ensuring workforce plans are 'fit for purpose' and have sufficient flexibility to meet the changing needs of the Trust
- Having an understanding of the current and future capability required and developing a robust process to inform workforce plans
- Ensuring there are robust performance processes in place for the effective management of the workforce to ensure the Trust meets its priorities
- Driving a positive culture and high staff engagement
- Ensuring the learning and education needs of the organisation are understood and met.

Membership:

Ralph Knibbs	Senior Independent Director and Committee Chair.
Lynn Andrews	Non-Executive Director.
Deborah Good	Non-Executive Director.
Rebecca Oakley	Director of People, Organisational Development and Inclusion. Executive Lead of the Committee.
Vikki Aston Taylor	Deputy Chief Executive/Chief Delivery Officer.
Tumi Banda	Executive Director of Nursing, AHPs Quality and Patient Experience.

Meetings held:

The PCC meets by-monthly. There have been seven PCC meetings since April 2025. They occurred on 1 May, 3 July, 16 September, 6 November, 14 January, 3 March and 29 April.

Key Areas of Activities

The agendas and forward plan are adjusted throughout the year accordingly to focus on a full agenda of essential business which incorporates a range of discussions.

To enable the committee to have confidence in any assurance provided, there is normally a couple of deep dives at each Committee meeting, plus relevant people are often invited to explain their learned experience.

The below are the deep dive subject matters covered by the Committee since June 2022:

- Strategic Priorities for People
- Operating Model Restructure
- Making Room for Dignity
- Staff Survey: 2025 results and 2026 engagement plans
- People plan
- Leadership Development
- Recruitment challenges and retention
- Freedom To Speak Up
- Temporary workforce and agency spend
- Employee relations case management
- Triangulation on team cultures deep dive
- Equality, Diversity and Inclusion (ED&I): Workforce Race Equality Standard, Workforce Disability Equality Standard, EDI Framework
- Health and Wellbeing
- Absence Management.

The standard agenda items for every PCC are:

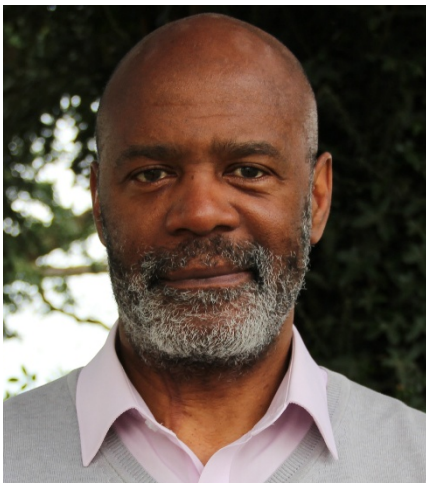
- Review of the Board Assurance Framework (BAF) risks
- People and Inclusion Assurance Dashboard
- Forward plan
- Items escalated to Board or other Committees
- Meeting effectiveness.

Other responsibilities and activities

In addition, I participate in the wider activities of the Board, such as:

- Member of the Remuneration and Appointment Committee
- Member of the Quality and Safeguarding Committee
- Engage in Public and Confidential Board sessions
- Active participant in Board Strategy and Development sessions
- As the Senior Independent Director, conducted the annual appraisal and objective setting for the Chair in conjunction with the Chair of Governors
- The Trust's Wellbeing Guardian
- Been on various service visits
- Participant in the Trust's reciprocal mentoring/mentee programme
- Attend the Disability and Wellbeing Network (DAWN) meetings
- Attend the Network Chairs meetings
- Nominated as the NED to work alongside the Senior Lead for Resident Doctor Experience and the Resident Doctor Peer Lead, supporting the delivery and implementation of the 10 point plan
- Black Communities Project member.

Personal Background



- I am a Fellow of the Chartered Institute of Personnel and Development
- I have gained over 30 years leadership experience in being a Senior Strategic HR business partner. Across the full range of generalist people functions within elite sport, leading blue-chip organisations and public sector
- I moved to Derbyshire c20 years ago, as I was an HR Director for one of the Rolls-Royce plc businesses
- Currently Employed part-time as the Head of HR for UK Athletics
- Founding Member of the Rugby Black List, Member of Steering Committee.
- Played rugby union at a professional level, represented Bristol, Gloucestershire, Southwest of England and England at U23s, B and 7s
- Received a commendation by the African National Congress (ANC) Party for declining an invitation to play for England Rugby against the South African Springbok Rugby Team inn 1984. I declined due to the then apartheid regime and Nelson Mandela's imprisonment
- Parents are from Jamaica, I was born and raised in Bristol, I am married with three children in their 20's.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 19 May 2026

Integrated Performance Report

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance at the end of March 2026 for internal measures, and to the end of February 2026 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 (NOF), and internal operational measures.

Quality

This section summarises performance across key Quality, Safety, Patient Experience and Access metrics. Updated improvement ambitions align to the Trust strategy and Quality Delivery Plan, including a 10% reduction across several high-risk safety indicators over the next 12 months. While there is evidence of stable performance and emerging improvement in a number of areas, significant risks remain relating to access, flow and patient experience that require continued Board oversight.

Areas of Assurance

- **Clear improvement ambitions and targets** aligned to Trust priorities and increased demand from the Making Room for Dignity (MRfD) Programme
- **Robust governance arrangements** for restrictive practice and safety incidents, including Reducing Restrictive Practice (RRP), Positive and Safe and specialist oversight groups
- **Improving or stable trends** in medication incidents, falls, and some restrictive practice metrics, largely within common cause variation
- **100% Duty of Candour compliance**, with systematic Serious Incident review processes in place
- **Clear plan to eliminate prone restraint** by September 2026, supported by incident review and staff training.

Areas of Risk

- **Complaints response times** remains below target, posing ongoing experience and regulatory risk despite recent improvement actions
- **Patients not seen for over 12 months** remains consistently high, representing a access, safety and compliance risk
- **Length of stay (LoS) and delayed discharges** remain above national thresholds, driven by System-wide placement and housing constraints
- **Clinically Ready for Discharge (CRfD) levels** remain above the national benchmark, indicating continued flow and pressure risks
- **High-acuity inpatient cohorts** continue to drive restraint, violence and ligature risks, requiring sustained intensive intervention.

Operational performance

Notable changes since the last report:

- **Inappropriate out of area (OoA) placements:** placements have significantly reduced from a high of 28 back in January 2025. However, the Trust continues to require some external placements owing to demand exceeding bed capacity and there being no Psychiatric Intensive Care Unit (PICU) provision for females in Derbyshire. At the time of writing there are five patients in inappropriate OoA placements – five female PICU, with the appropriate additional three patients in continuity of care female PICU placements. The Acute team is working on repatriation of these female PICU patients once clinically ready
- **Early intervention in psychosis:** the performance improvement plan has been successfully implemented and has achieved the desired effect, resulting in the two-week referral to treatment target being exceeded for the last two months
- **Memory Assessment Service (MAS):** the MAS team has been working hard to reduce waiting times and for the second quarter in a row have seen a slight improvement in comparison to other local systems. In the first quarter of this year, Derby and Derbyshire had the highest waits of any of the 11 Midlands systems, but for the last two quarters have ranked eighth, with a significant reduction in the number of people waiting over 18 weeks – down from approximately 70% to 42%. This is at a time when demand for MAS, despite rigorous pathway work, has increased
- **Transforming Care Programme:** the final position at the end of March 2026 was 19 Learning Disability (LD) and Learning Disability or Autism (LDA) patients in beds versus a trajectory of 18 (+1), and 18 Autistic Spectrum Disorder (ASD) patients in beds against a trajectory of 10 (+8), a total of 37 Adult Inpatients which was nine over trajectory. A performance improvement plan is in place with an emphasis on admission avoidance and an outflow plan in terms of supporting discharges. Deep dives have taken place specifically around autism - those within the Ministry of Justice cohort and also children and young people (CYP). In terms of CYP, at the end of March there were five Inpatients against a trajectory of three, making two over trajectory. The current position mid-April for LD/LDA is 18 versus a trajectory of 16 (+two) and for ASD is 17 versus a trajectory of 16 (+one), so overall adult is +three over trajectory. CYP has seen a recent discharge so there are currently four Inpatients versus a trajectory of 3 (+one), with another discharge expected before the end of April.

Top three things to note from this report:

1. **<u>NOF challenges</u>**

   Performance improvement plans are in progress for all the challenging areas of the framework and are summarised in the main body of the report. The Q3 results have now been published by NHS England. The Trust positioned exactly the same as in Q2, ranking 41st out of 61 NHS providers and remaining in segment 3.

   Proportion of people waiting over 52 weeks for Community services: As forecast, the Trust ranked fourth highest (worst) in the country for waits over 52 weeks, at 66%. The national median was just 0.42% (mean 8%). From internal data, the March position has improved to 51%. This is largely a result of the ongoing transition of the records relating to Community Paediatric ASD assessment waits, and Attention Deficit Hyperactive Disorder (ADHD) assessment waits, from community to mental health. 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% once complete, presenting a more accurate picture. However, this would still place well within quartile 4. Further phased improvement through backlog reduction commenced in April 2026. A performance improvement plan has been updated and implemented with the aim of eliminating physiotherapy waits over 52 weeks by the end of August 2026, and for children aged 0-4 years waiting over 52 weeks by the end of November 2026.

   Crisis response: this is a 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 Q3 NOF ratings, the Trust placed 12th best provider in the country for performance against this metric, climbing 12 places since Q2 and achieving the top quartile, for which the

teams are to be commended. The teams continue to perform strongly and ranked 11th best in January 2026.

Proportion of Acute Inpatients discharged with a LoS of 60 plus days: in the Q3 NOF rankings the Trust placed fifth highest of all providers and in quartile 4 (the worst quartile) at 32.5% versus the national average of 23.3%. If people had been discharged when clinically ready, the Trust would have placed 14th highest, and in quartile 3. Delays to discharge are inflating average LoS by nine days overall. Of the current Inpatients, 10% of adults are CRfD, totalling 612 delayed bed days to date. The main reason for delay is awaiting supported accommodation across both Working Age Adults (WAA) and Older Age Adult (OAA) wards – on average this equates to 35%. The Trust continues to work with System partners via multi-agency discharge events (MADEs) and targeted working group 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. To further support this work a bid for Derbyshire, Lincolnshire and Nottinghamshire (DLN) transformation funds has been submitted for a Housing Lead and Housing Officers to strengthen the health and housing pathway across the System and support in particular delays due to care and accommodation. A revised performance improvement plan across WAA and OAA wards is in progress, with targeted improvements due by Q2.

CYP accessing Mental Health services: with a 0.9% increase in access, as forecast the Trust placed in the second worst quartile of NHS providers once more in Q3. The provider median was an increase of 6.8%. The service improvement programme recruitment process has now finished, and 11.7 whole time equivalent (WTE) additional posts have been recruited to and 12 of the 13 recruits have started in post. The aim of the additional posts is to reduce waiting times to four weeks over the course of the improvement programme and will positively impact on this access metric.

2. **High performing areas**

   The areas where a consistently high level of performance can be seen continue to be access to Perinatal Mental Health services, individual work placement support access, CYP 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**

   Other areas where standards are not currently being achieved include the adult ASD assessment waiting list and waiting times to be seen.

   Regarding the Mental Health Helpline there continues to be challenges relating to demand and capacity, with the increasing demand on the helpline, professional line and mental health response vehicle, outstripping the commissioned funding. The Integrated Care Board (ICB) and Trust are finalising the roll-out of the new text message service which is forecast for implementation from 1 July 2026 with funding of £117k to support the roll-out of this new service. The Trust has explicitly requested formal review points at three, six, nine and 12 months, with a caveat that if funding becomes a shortfall the ICB considers further investment, with an option also for the Trust to serve notice. Performance improvement plans have been formulated for the most challenging areas and are summarised in the main body of the report.

   Living Well: Derbyshire County Council have started a formal process in terms of adult social care withdrawal from the Living Well programme. Their decision is based on year-on-year decisions rather than mid- to long-term commitments. With expected changes from August 2026, the Trust is pulling together a group to manage the route into statutory Adult Social Care services to support the Living Well offer going forward. This change may also affect/stop the Trust's ability to support neighbourhood developments. The risk associated will be reflected and reported through to the Board Assurance Framework (BAF).

Triangulation

Delays to discharge are inflating LoS, which then impacts on capacity to admit patients and results in people being placed OoA, at significant cost. In financial year 2025/26, if there had been zero delayed discharges in Adult Acute and the maximum three days of home leave policy had been adhered to, average LoS would have reduced by seven days, and 19 beds would have been freed up. Guiding principles are in development by the Divisional Medical Director for minimising leave periods to an average of three days.

In Older Adults, if patients were discharged when clinically ready to do so, all four Older Adult wards would be achieving the 2026/27 medium-term plan year-end target for LoS.

People

High Performing Areas

The Trust continues to demonstrate strong performance across several key workforce metrics. Annual appraisal compliance remains consistently high at 92%, exceeding the 90% target for eleven consecutive months, providing assurance of effective performance management and staff development. Given this sustained performance, there is confidence to increase the target to 95% to drive further improvement.

Similarly, compulsory training compliance is robust at 94.8%, well above the 85% target, with plans to further strengthen standards through a 5% increase in both mandatory and role-specific training targets.

Annual turnover remains stable at 11%, in line with national and regional benchmarks and below the Trust's 12% tolerance, indicating a relatively stable workforce.

Supervision arrangements have also improved, with clinical supervision exceeding the revised 95% target at 96%, and the successful implementation of an updated supervision system aligned to policy, representing a significant organisational achievement.

Challenging Areas

Sickness absence remains a key area of concern. While the annual rate has slightly reduced to 5.84%, monthly absence for March 2026 has increased to 6.13%, with a notable rise compared to the same period last year. Long-term absence (3.5%) continues to be a significant contributor, with mental health-related conditions (anxiety, stress, depression) remaining the leading cause. This highlights the need for sustained focus on wellbeing, early intervention, and management capability.

Management supervision compliance, at 94.8%, is marginally below the revised 95% target, indicating a need for continued focus to achieve consistent compliance across all staff groups.

Financial

At the end of the financial year, there is an overall deficit of £6.5m, which has been adjusted for the Private Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change and impairments, bringing the adjusted financial position to a small surplus of £11k, which is slightly better than the breakeven plan.

The required efficiencies of £14.8m have been delivered in full. However, the split between recurrent and non-recurrent schemes was different to the original plan due to the reduced savings from the operating model in year which has been mitigated by non-recurrent one-off benefits.

Expenditure on Adult Acute OoA placements totalled £8.3m, which was above plan by £4.4m.

Bank and agency expenditure continued to be below plan by £0.3m and £0.9m respectively.

In relation to capital expenditure, in total this was below plan by £0.4m. Self-funded schemes were below plan by £1.5m. However, during the year we received additional national funding of £1.1m which related to Estate and Digital schemes. This in turn led to capital expenditure of £18.2m in-year, £0.4m less than originally planned.

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

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WE MAKE A POSITIVE DIFFERENCE IN EVERYTHING WE DO

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

Responsible Committee: **Quality and Safety Committee**

Executive Summary

The Quality metrics in green in the table below have been updated to reflect the improvement ambition related to Metrics including Medication incidents per month, Falls on Inpatient wards per month, Abscond, escape and fail to return incidents, Seclusion episodes per month, Physical restraint incidents per month, Incidents of violence and aggression between patients per month, Assaults on staff by patients per month and Ligature incidents per month involving fixed points by reducing the average by 10% over the next 12 months based on a reduction on the mean over the past 24 months. Metrics including Duty of Candour incidents, Care Programme Approach (CPA) annual reviews, Proportion of patients clinically ready for discharge (CRfD), Inpatient discharges aged 18-64 with a length of stay (LoS) over 60 days, Inpatient discharges aged 65 plus with a LoS over 90 days, Patients open to Mental Health services but not seen for over 12 months, Complaints responded to within 90 working days (rolling 24 months) and prone restraint incidents per month have individual targets to identified in blue in the table below. These updated improvement measures reflect the Trust improvement priorities identified in the Trust Strategy and Quality Delivery Plan and account for the increase in patient numbers linked to the Making Room for Dignity (MRfD) Programme.

Overview

Complaints responded to within 90 working days (Target: 100%)

- Performance remains below target, with only 44–50% of complaints responded to within 90 working days between January and March but it should be noted that performance is improving each month. To improve this further, bank investigators are being employed by the Patient Experience team and the establishment of the service is being reviewed to ensure it can meet the needs of the organisation.

Seclusion episodes per month (Target: ≤18)

- Seclusion episodes were within target in January and February but increased to 25 in March. Analysis suggests this is due to an increase in localised acuity in the Psychiatric Intensive Care Unit (PICU) and the male wards at the Radbourne Unit. In response to this, the Positive and Safe team is doing individualised work with these teams to review their practice and explore less restrictive alternatives to support the reduction of 10% over the next 12 months.

Physical restraint incidents per month (Target: ≤88)

- Physical restraints increased between December 2025 and February 2026 but have started to reduce in March 2026. This is linked to small number of patients requiring repeated interventions and Individualised care plans in place to support these individuals Is expected to sustain the reduction in incidents.

Physical restraint by prone position (Target: 0)

- The Trust has an ambition to reduce restraint by the prone position only to 0 by September 2026. To achieve this every pronoun only restraint will be individually reviewed and staff involved will be provided with support and education using alternative positions when safe to do so. The majority of prone restraint is linked to the use of rapid tranquilization so work around utilising alternate injection sites is included in this intervention.

Incidents of violence and aggression between patients (Target: ≤19.

- The majority of these incidents occur within Organic Older Adult Inpatient services and the PICU and as of March 2026 are on target to meet a 10% reduction over the next 12 months. Work around supporting staff to reduce violence and aggression between patients is led by the Trust Positive and Safe team and is monitored by the monthly Reducing Restrictive Practice Group.

Assaults on staff by patients (Target: ≤24)

- Incidents of assault from patients to staff have followed a common cause variation pattern. The Trust Reducing Restrictive Practice Group has oversight of this data, and it is a focus of the staff collaborative on violence and aggression which launched in January 2026 with a second session that took place in April 2026. This work will focus on reducing violence and aggression towards staff and contribute towards a 10% reduction over the next 12 months.

Ligature incidents per month (Target: ≤55) and Ligature incidents involving fixed points (Target: ≤3)

- The number of ligature incidents reported each month continues to follow a pattern of common cause variation and the numbers reflect the acuity of the female Inpatient wards with a small number of individuals accounting for multiple incidents. This has also been impacted by the opening of the Enhanced Care Unit (ECU) and the higher proportion of female patients within Inpatient services. Interventions to reduce use of ligatures are being explored via the monthly Ligature risk Reduction Group.

Medication incidents per month (Target: ≤122)

- From November 2025, medication incident reporting has been on a downward trajectory and is below the mean of 122. The main incident type reported continues to be storage-related issues and temperature monitoring.

Falls on Inpatient wards (Target: ≤39)

- Falls remain within common cause variation. The majority of incidents are reported as low or no harm. Preventative measures include high training compliance and the introduction of contactless patient monitoring in Older People's Inpatient services is expected to support further reductions to achieve the ambition of reducing the number of falls by 10% over the next 12 months.

Absconds/escapes/failures to return (Target: ≤21)

- The number of incidents has continued to follow a pattern of common cause variation the data will continue to be monitored for any patterns or themes. The higher on average numbers in March relate to acuity within the Inpatient service but do not relate to any increase in patient harm.

Duty of Candour incidents (DoC) (Target: 0)

- In 100% of cases the DoC was discharged, and any DoC incident is reviewed within the twice weekly Trust Serious Incident Groups.

Care Programme Approach (CPA) annual reviews (Target: ≥95%)

- The reduction in CPA reviews being completed is due to staff incorrectly reporting on the electronic patient record, staff sickness and acuity within the Community services. To support an improvement in compliance, any service under 85% compliant has a bespoke action plan in place monitored via the Divisional cross check meeting or Care Group equivalent

Proportion of patients CRfD (Target: ≤3.5%)

- The proportion of service users meeting the criteria of CRfD has remained below the mean of 11% since November 2025 but remains above the national threshold of 3.5%. Twice-weekly, multi-agency discharge event (MADE) meetings with the Integrated Care Board (ICB), Trust Directors, the Head of Social Care, Continuing Health (funding panel members) and Housing take place to discuss any barriers to discharge and support resolution.

Long length of stay (LoS) – discharges aged 18–64 (Target: ≤24%) Discharges aged 65+ (Target: ≤40%)

- LoS within both Adult and Older Adult services are over the respective national targets. This is linked to the impact of the difficulty in identifying placements for patients and care homes requesting periods of leave before they will accept patients and patients not having suitable housing following admission to the Inpatient wards. This is explored as part of the twice-weekly, MADE meetings.

Patients open to Mental Health services not seen for over 12 months (Target: 0)

- Numbers remain consistently high with no improvement between February and March 2026. This represents an access, safety and regulatory concern and is part of the Trust Strategy and Improvement Plan.

QUALITY KEY PERFORMANCE INDICATORS

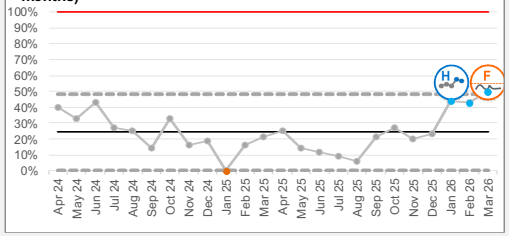
Measure	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
No. of complaints responded to within 90 working days (rolling 24 months)	100%	25%	14%	12%	9%	6%	21%	27%	20%	23%	44%	43%	50%	
Seclusion episodes per month	18	14	21	8	21	42	21	28	15	26	17	16	25	
Physical restraint incidents per month	88	49	62	60	99	145	102	89	72	75	112	146	135	
Prone restraint incidents per month	0	3	3	5	3	13	9	14	14	14	10	19	3	
Incidents of violence and aggression between patients per month	19	23	11	16	18	29	21	34	27	19	18	19	12	
Assaults on staff by patients per month	24	17	34	18	30	32	29	26	24	22	23	25	27	
Ligature incidents per month	55	103	55	70	108	96	100	47	65	35	77	31	73	
Ligature incidents per month involving fixed points	3	2	2	3	15	12	10	4	5	4	4	0	4	
Medication incidents per month	122	102	99	113	143	125	127	162	179	163	161	129	121	
Falls per month	39	46	36	57	45	46	58	33	33	40	43	45	40	
Abscond, escape and fail to return incidents	21	13	17	15	24	22	13	18	23	21	24	20	28	
Duty of candour incidents	0	0	1	2	1	1	5	4	0	1	3	4	4	
Care programme approach (CPA) annual reviews	95%	79%	80%	79%	80%	79%	80%	79%	79%	82%	82%	80%	76%	
Proportion of patients clinically ready for discharge	3.5%	12%	13%	13%	12%	12%	13%	12%	11%	11%	11%	9%	12%	
Inpatient discharges aged 18-64 with a length of stay over 60 days[1]	24%	29%	27%	31%	32%	28%	29%	31%	32%	33%	32%			
Inpatient discharges aged 65 plus with a length of stay over 90 days[1]	40%	53%	45%	42%	32%	33%	36%	46%	45%	41%	42%			
Patients open to mental health services but not seen for over 12 months	0	786	749	661	575	587	503	460	433	399	408	401	401	

[1]NHS England data

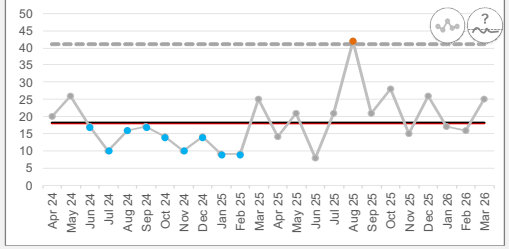
Target
Mean over the past 24 months

Quality Key Performance Indicators – Statistical Process Control Charts

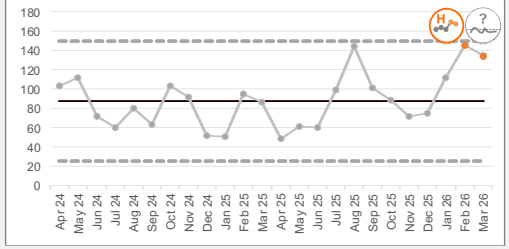
Complaints responded to within 90 working days (rolling 24 months)



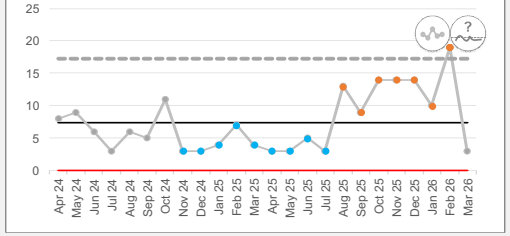
Seclusion episodes per month



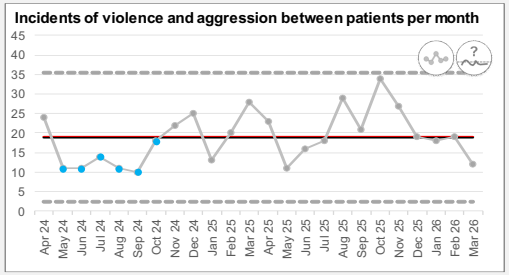
Physical restraint incidents per month



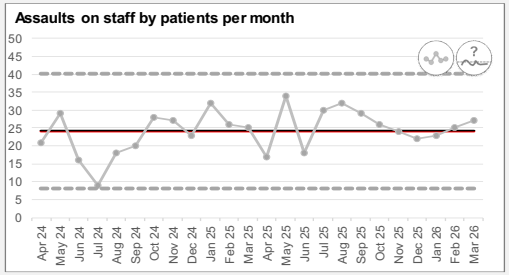
Physical restraint by prone only position per month



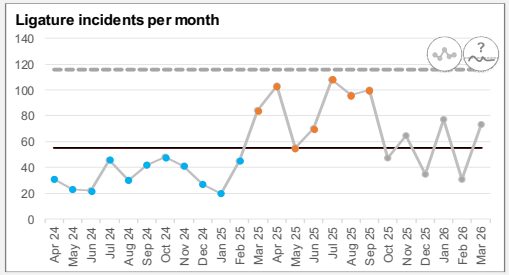
Incidents of violence and aggression between patients per month



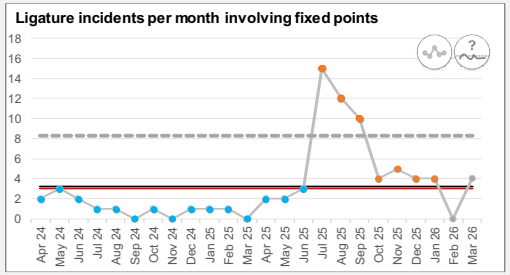
Assaults on staff by patients per month



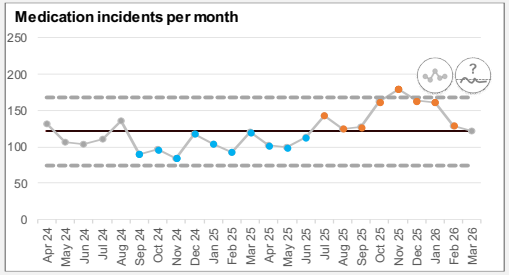
Ligature incidents per month



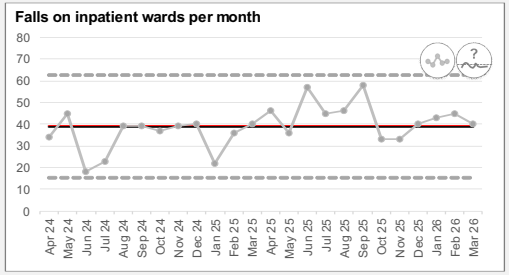
Ligature incidents per month involving fixed points



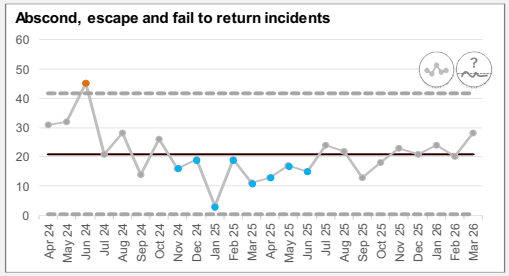
Medication incidents per month



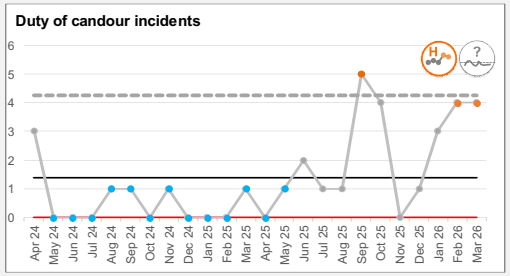
Falls on inpatient wards per month



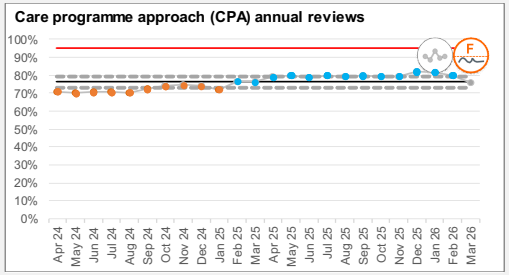
Abscond, escape and fail to return incidents



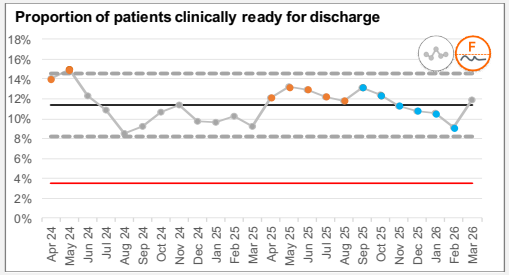
Duty of candour incidents



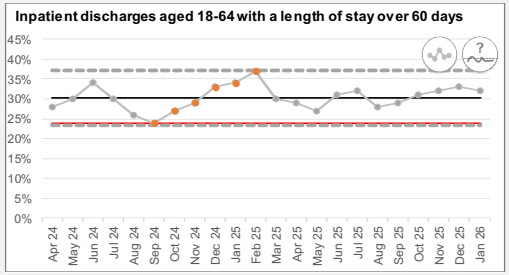
Care programme approach (CPA) annual reviews



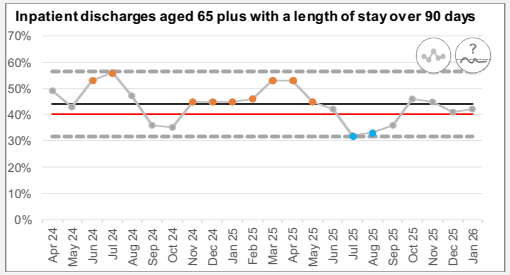
Proportion of patients clinically ready for discharge



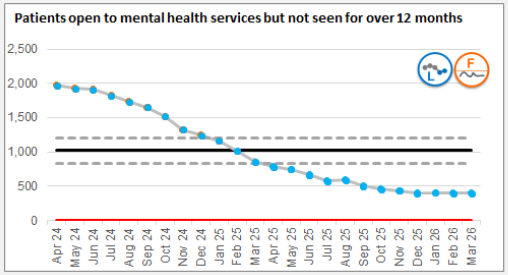
Inpatient discharges aged 18-64 with a length of stay over 60 days



Inpatient discharges aged 65 plus with a length of stay over 90 days

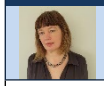


Quality Key Performance Indicators – Statistical Process Control Charts (2)



A reduction of 10% from a benchmark mean based on the period between 1 April 2024 and 31 March 2026 has been agreed as a patient focused priority for improvement in relation to the trust strategy in 2026/27 in restrictive practices, violence and aggression between patients and towards staff, absconding, falls and ligatures.

OPERATIONAL PERFORMANCE



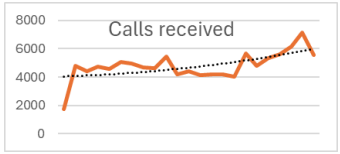
Deputy Chief Executive/ Chief Delivery Officer:
Vikki Ashton Taylor

Responsible Committee: **Finance and Performance Committee**

Executive Summary

Inflow

- **Percentage of patients in crisis to receive face-to-face contact within 24 hours:** 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 Q3 NOF ratings the Trust placed 12th best provider in the country for performance against this metric, climbing 12 places since Q2 and achieving the top quartile, for which the teams are to be commended. The teams continue to perform strongly and ranked 11th best in January 2026
- **Mental Health Helpline:** From the latest official statistics in development published by NHS England (February 2026), the proportion of calls to the helpline which were abandoned (callers hung up) after interactive voice response call steering remained high at 49%. In comparison, the national average for calls abandoned was 28.4%. The Trust's speed to answer calls has remained the third quickest in the Midlands. Demand for the Trust's service continues to increase, reaching a high of 7.1k calls received in January 2026. Over the last month the performance improvement plan has been central to supporting the actions undertaken by the triumvirate. Weekly cross-check meetings review performance against the plan, and there are fortnightly performance delivery and assurance meetings with the divisional lead to ensure progression. Some key actions include:



    - The ICB and Trust are finalising the roll-out of the new text message service which is forecast for implementation from 1 July 2026 with funding of £117k to support the roll out of this new service. The Trust has explicitly requested formal review points at three, six, nine and 12 months, with a caveat that if funding becomes a shortfall the ICB consider further investment, with an option also for the Trust to serve notice
    - The 0800 number will cease on 1 July. Over the next 12 weeks the project team will work through a communication and clinical/operational project plan to ensure that the population who currently use the 0800 route to mental health support know how to continue to access telephone services (111#2 and the new text message service)
    - To ensure greater data accuracy, the professional line will move over to Ignite this week. This is the same telephony system used for 111#2 and will be used for text messaging also. Continued work on securing a new service specification is being worked through with the ICB which is reflective of the service for 2026
    - Recruitment remains a challenge- with only 1.6 whole time equivalent (WTE) recruited out of a possible four WTE
    - Work is ongoing with recruitment around opportunities for skill mix and recruitment drives. The team are also increasing bank opportunities to support the performance. Demand still outstrips capacity even with baseline recruitment filled and this continues to be a risk to performance and service delivery.

Outflow

- **Inappropriate OoA Adult Acute placements:** placements have significantly reduced from a high of 28 back in January 2025. However, the Trust continues to require some external placements owing to demand exceeding bed capacity and no PICU provision for females in Derbyshire. At the time of writing there are five patients in inappropriate OoA placements. The male PICU for Derbyshire which opened in July 2025 has enabled male patients to be cared for close to their family and local support networks. At the time of writing there are no male PICU patients OoA. There are currently eight females in PICU placements in total – three continuity of care and five inappropriate. The Acute team is working on repatriation of these female patients once clinically ready. There are also 19 Adult continuity of care Acute placements in total
- **Proportion of Adult Acute Inpatients aged 18-64 discharged with 60 days plus LoS:** In the Q3 NOF rankings, the Trust placed fifth highest of all providers and in quartile 4 (the worst quartile) at 32.5% versus the national average of 23.3%.

If people had been discharged when clinically ready, the Trust would have placed 14th highest, and in quartile 3. Delays to discharge are inflating average LoS by nine days overall. Of the current Inpatients, 10% of adults are currently ready for discharge, totalling 612 delayed bed days to date. The main reason for delay is awaiting supported accommodation (35%). 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. A revised performance improvement plan is in progress, with all actions due to be completed by September 2026

- **Average LoS for Adult Acute, Older Adult and PICU mental health beds:** the latest monthly Mental Health services dataset data published by NHS England (January 2026) placed the Trust 16th highest of all NHS providers for average LoS, at 63 days. However, if patients had been discharged when CRfD the Trust's Q3 average LoS would have been 55 days, which would place below the national average of 58 days. Currently there are a total of 21 Adults and Older Adults who are CRfD, who have been delayed for a total of just under 2,000 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 have been developed and are currently in the implementation phase
- **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.

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, placing NHS Derby and Derbyshire ICB in the top 10 nationally
- **Adult Autistic Spectrum Disorder assessment (ASD):** activity levels continue to exceed the commissioned target for assessments, with the full year target exceeded by 81%. Waiting times remain very high at around 54 weeks, with demand far exceeding commissioned capacity. The waiting list has reduced over the last four months but more than 1,100 people are currently waiting
- **Community waits over 52 weeks:** In the latest NOF ratings (Q3) the Trust ranked fourth highest (worst) in the country for waits over 52 weeks, at 66%. The national median was just 0.42%. From internal data, the March position has improved to 51%. This is largely a result of the ongoing transition of records from Community to Mental Health. The majority of the long waits are for Community Paediatric ASD assessment or ADHD 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% once complete, presenting a more accurate picture. However, this would still place well within quartile 4. Demand over the past six years has been as high as 450% above capacity and remains to date at 250% above. There has been limited System ownership to prevent flow into health services. There has been no increase in funding to match increased demand or population increase of 10% over the past 15 years. A performance improvement plan has been devised and implemented and further phased improvement through backlog reduction commenced in April 2026. Actions include:
  - Improved System ownership and prioritisation of early intervention strategy to reduce flow - Neurodevelopmental Hubs
  - Successful multi-disciplinary early years programme reduced improved access and wait times for 0-4 pathway
  - Workforce – revised skill mix and fast track of vacancies
  - Upskilling of Band 5 and 6 to take on increased acuity in Physiotherapy caseload
  - Band 7 Physiotherapist from Adult LD team providing additional support to address code 5 (medium priority, ie cerebral palsy/musculoskeletal (MSK) waits – agreed extension for three months to work on Code 6 waits
  - Community Paediatrician extended hours and weekend clinics

  Planned date for recovery/compliance: end of August 2026 – seen all Physiotherapy waiting over 52 weeks. End of November 2026 – projected delivery to have seen all children aged 0-4 years who had been waiting over 52 weeks

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 coordinator within two weeks of people being referred into the service (target 60%). The issues impacting on performance last time have been addressed through implementation of the performance improvement plan, normal service has resumed, and for the last two months the target has been exceeded

- **Children and young people (CYP) Mental Health access:** with a 0.9% increase in access, as forecast the Trust placed in the second worst quartile of NHS providers once more in Q3. The provider median was an increase of 6.8%. The service improvement programme recruitment process has now finished, and 11.7 WTE additional posts have been recruited to and 12 of the 13 recruits have started in post. The aim of the additional posts is to reduce waiting times to four weeks over the course of the improvement programme and will positively impact on this access metric
- **Memory Assessment Service (MAS):** the MAS team has been working hard to reduce waiting times, and for the second quarter in a row have seen a slight improvement in comparison to other local systems. In the first quarter of this year, Derby and Derbyshire had the highest waits of any of the 11 Midlands systems, but for the last two quarters have ranked eighth, with a significant reduction in the number of people waiting over 18 weeks – down from approximately. 70% to 42%. This is at a time when demand for MAS, despite rigorous pathway work, has increased.

Collaboratives

Transforming care programme: the Trust and System reset a trajectory to achieve a total of no more than 32 adult 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. The final position at the end of March was 19 LD and LDA patients in beds versus a trajectory of 18 (+one), and 18 ASD patients in beds against a trajectory of 10 (+eight) a total of 37 Adult Inpatients which was nine over trajectory. A performance improvement plan is in place with an emphasis on admission avoidance and an outflow plan in terms of supporting discharges. Deep dives have taken place specifically around autism - those within the Ministry of Justice cohort - and also CYP. The reviews have supported effective discharge planning and have given assurance around case management. There is also a separate opportunity to look at housing (accommodation) strategies. In terms of CYP, at the end of March there were five Inpatients against a trajectory of three, making two over trajectory. The Trust and System will continue to meet with NHSE regional team in order to monitor performance and progress. The current position mid-April for LD/LDA is 18 versus a trajectory of 16 (+two), and for ASD is 17 versus a trajectory of 16 (+one), so overall Adult is +three over trajectory. CYP has seen a recent discharge so there are currently four Inpatients versus a trajectory of 3 (+one), with another discharge expected before the end of April.

Living Well: Derbyshire County Council have started a formal process in terms of adult social care withdrawal from the Living Well programme. Their decision is based on year-on-year decisions rather than mid- to long-term commitments. With expected changes from August 2026, the Trust is pulling together a group to manage the route into statutory Adult Social Care services to support the Living Well offer going forward. This change may also affect/stop the Trust's ability to support neighbourhood developments. The risk associated will be reflected and reported through to the Board Assurance Framework (BAF).

OPERATIONAL KEY PERFORMANCE INDICATORS

Measure	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
Long term plan 2025/26														
Inappropriate adult acute & PICU mental health out of area placements at month end^	5	13	8	13	4	11	10	4	7	4	7	3	6	
Women accessing specialist perinatal mental health services (rolling 12 months)* ^^	1242	1390	1390	1395	1400	1395	1365	1360	1365	1360	1355			
Perinatal access rate (ICB)*	10%	12.8%	12.9%	12.9%	13.0%	12.6%	12.4%	12.3%	12.4%	12.3%	12.2%			
Individual work placement support access (rolling 12 months)*	690	745	765	760	755	780	810	805	810	805	845			
Average length of stay for adult acute, older adult & PICU mental health beds**	55	64	61	60	59	61	63	62	63	62	63	63	60	
NHS oversight framework 2025/26														
Proportion of people waiting over 52-weeks for community services*	0%	65%	64%	65%	68%	65%	65%	66%	62%	66%	62%	63%	51%	
Children and young people accessing NHS-funded MH services - annual change*	15.9%	0.6%	0.7%	1.8%	0.1%	0.4%	0.4%	1.0%	0.4%	1.0%	1.7%			
Proportion of acute inpatients aged 18-64 discharged with 60 days plus length of stay**	20.6%	31%	33%	27%	27%	33%	31%	31%	31%	31%	31%	34%	29%	
Percentage of patients in crisis to receive face-to-face contact within 24 hours*	65.4%	47%	52%	53%	65%	76%	75%	76%	75%	76%	78%			
Key operational measures														
Children & young people eating disorder routine referrals seen within 4 weeks*	95%	100%	100%	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	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	100%	#N/A	#N/A	
Inpatient discharges followed up within 72 hours	80%	90%	87%	88%	92%	85%	89%	86%	91%	86%	91%	92%	89%	
Dementia diagnosis rate (ICB)*	68%	69.2%	68.9%	68.6%	68.7%	68.9%	68.8%	68.9%	68.8%	68.9%	68.7%	68.7%		
Early intervention in psychosis 2 week waits from referral to treatment - complete	60%	43%	37%	39%	52%	85%	56%	78%	41%	78%	41%	67%	73%	
Early intervention in psychosis 2 week waits from referral to treatment - incomplete	60%	46%	50%	58%	75%	92%	88%	63%	73%	63%	73%	72%	92%	
Adult ASD assessment – number of people waiting at month end	219	1492	1429	1401	1370	1388	1366	1390	1432	1371	1357	1286	1154	
Adult ASD assessment – average wait (weeks)	18	55	56	54	52	53	55	55	54	56	53	50	54	
Adult ASD assessment – number of assessments completed per month	26	61	64	29	36	44	47	34	53	34	53	54	56	

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

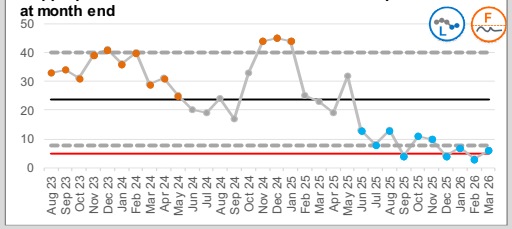
* Data source = NHS England

^^ Perinatal and maternal mental health services

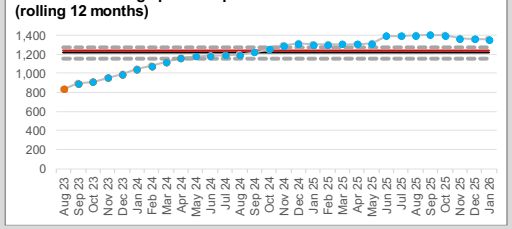
** Rolling 3 months, length of inpatient spell of patients discharged

Operational Key Performance Indicators – Statistical Process Control Charts

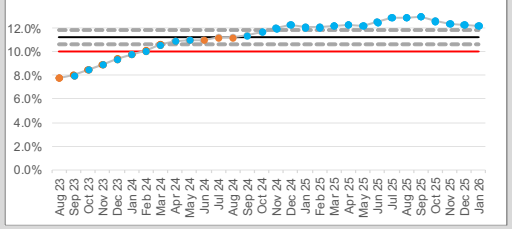
Inappropriate adult acute mental health out of area placements at month end



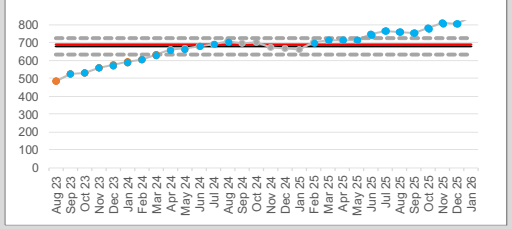
Women accessing specialist perinatal mental health services (rolling 12 months)



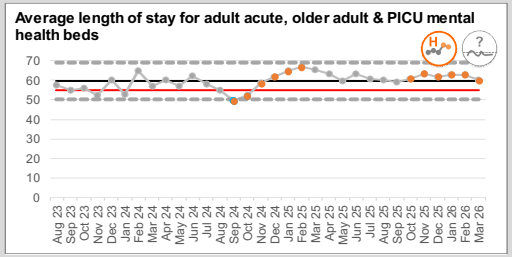
Perinatal access rate (ICB)



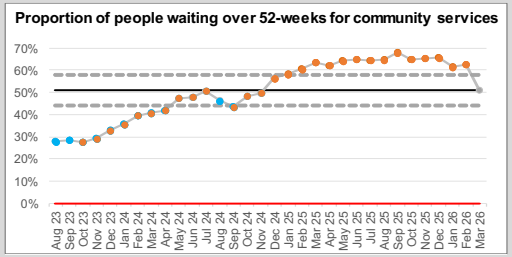
Individual work placement support access (rolling 12 months)



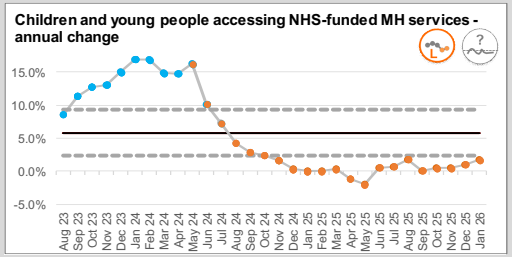
Average length of stay for adult acute, older adult & PICU mental health beds



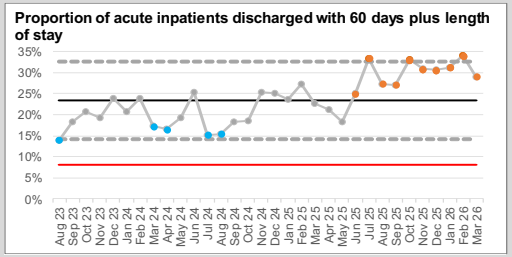
Proportion of people waiting over 52-weeks for community services



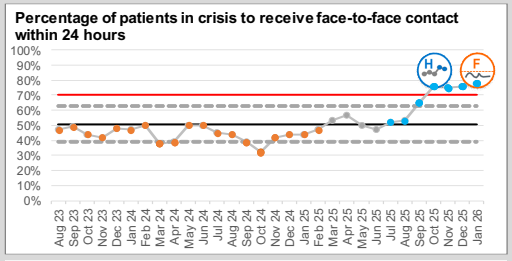
Children and young people accessing NHS-funded MH services - annual change



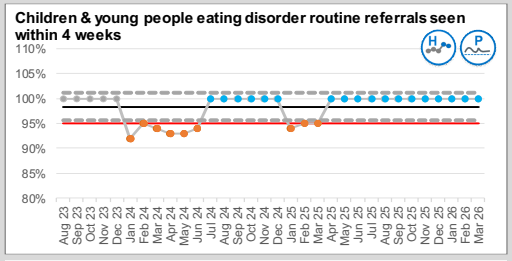
Proportion of acute inpatients discharged with 60 days plus length of stay



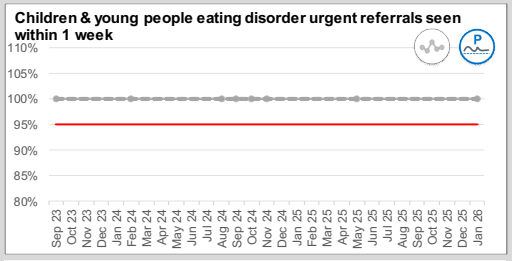
Percentage of patients in crisis to receive face-to-face contact within 24 hours



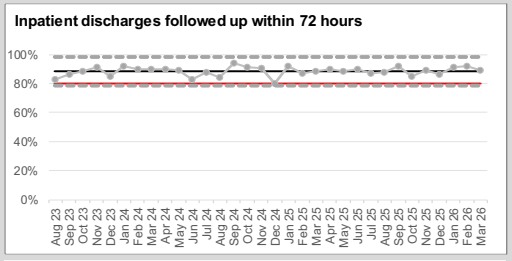
Children & young people eating disorder routine referrals seen within 4 weeks



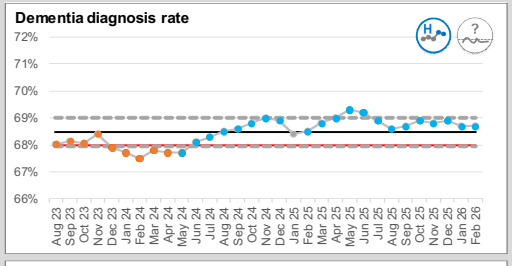
Children & young people eating disorder urgent referrals seen within 1 week



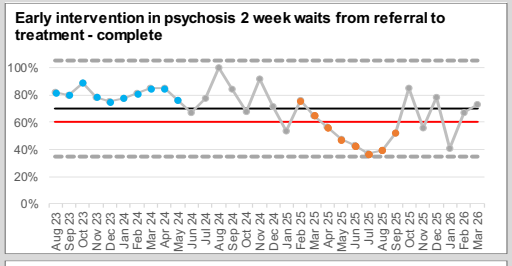
Inpatient discharges followed up within 72 hours



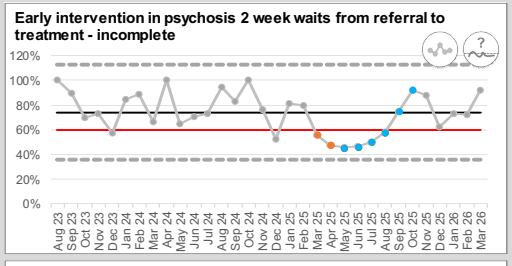
Dementia diagnosis rate



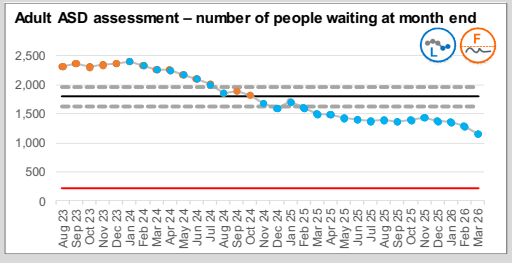
Early intervention in psychosis 2 week waits from referral to treatment - complete



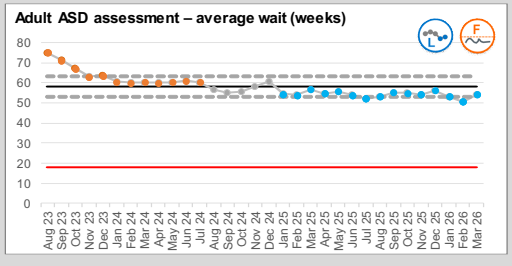
Early intervention in psychosis 2 week waits from referral to treatment - incomplete



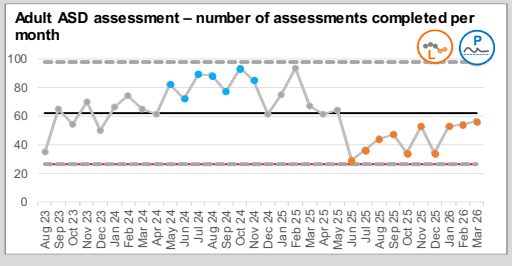
Adult ASD assessment – number of people waiting at month end



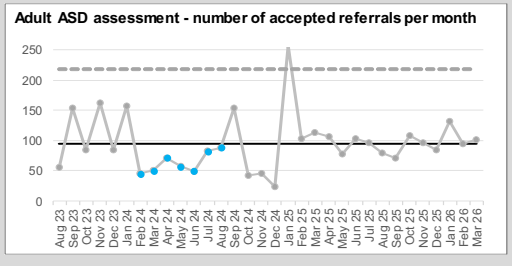
Adult ASD assessment – average wait (weeks)



Adult ASD assessment – number of assessments completed per month



Adult ASD assessment - number of accepted referrals per month



TRANSFORMATION AND IMPROVEMENT

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

FLOW PATHWAY

National Planning Priority 2025/26: Reduction of adult acute mental health inappropriate out of area placements

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

Interventions:

A 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:

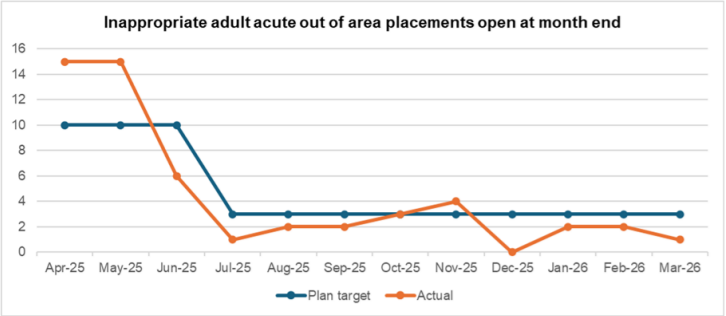
Pathway	Work stream
Inflow	1. Admission review form and process
	2. Safety Huddles and MaST (Digital tool) application
Inflow and Flow	3. Operational management and controls
Flow	4. Purposeful admission and 72 hour review
	5. Rapid review (Red2Green) evaluation
	6. Inpatient leave protocol
Outflow	7. 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 Midlands Learning and Improvement Network, through which there is a focus on shared learning to deliver improved LoS.

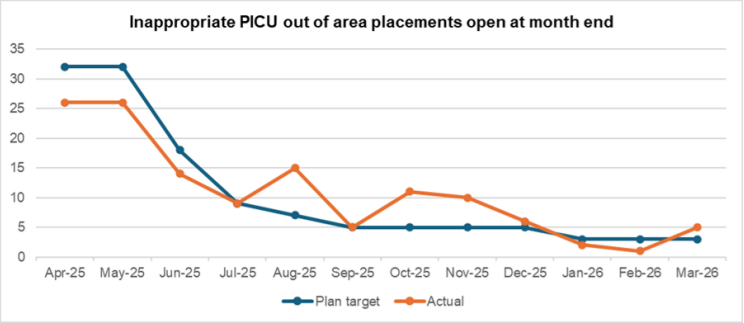
The final work stream above is supporting the development of a strategic programme to improve our 'end to end' care pathways and processes across Inflow, Flow and Outflow ensuring every person who needs Acute Mental Health care receives timely access in, or close to, home.

Impact:

The inappropriate Adult Acute OoA placement position achieved at 31 March 2026 was one, below the operational plan trajectory of three.



The inappropriate PICU OoA placement achieved at 31 March 2026 was five, above the operational plan trajectory of three.



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

The Operational Plan ambition for 2026/27 is focused on phased withdrawal from the privately commissioned beds with an agreed trajectory for delivery in place.

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. Outputs from the third workshop have been applied to inform a draft plan that has been consulted upon with the 120+ colleagues who have engaged with the process. This has been presented to the Trust Delivery Group (TDG) and is currently under consideration to inform the final 2026/27 plan through the Patient Flow Delivery Group. Action also remains focused on the approach for integration and localisation of services in alignment with the 10-Year Health Plan and recently published Neighbourhood Health Framework with a Board Strategy and Development Session hosted 15 April to further define strategic intent and next steps for action in delivery.	

TRANSFORMATION AND IMPROVEMENT

NHS Derbyshire Healthcare NHS Foundation Trust

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

COMMUNITY AND CRISIS

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

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

Interventions:	**Impact**
Metric: Access standards for Mental Health Helpline An improvement plan is in place comprising operational, improvement, and transformational solutions over 10 workstreams 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. The plan has recently been reviewed for 2026/27 and presented to the TDG.	**Metric: Access standards for Mental Health Helpline** Phased recovery has not been delivered in 2025/26 aligned to originally agreed trajectory A revised trajectory for 2026/27 is currently in design aligned to review and refresh of the performance improvement plan and conversation with the ICB regarding the service offer that can be delivered within funded resources given the significant imbalance in demand vs capacity demonstrated through modelling.

Metric: People in Mental Health Crisis seen face to face within 24 hours For Crisis services, an improvement plan has been delivered comprising operational, improvement and transformational solutions over eight workstreams that include: Accurate triage and logging; Consistent overnight staffing; Review of triage functions; Modelling of demand and capacity; Streamlining administrative tasks; Weekly cross-check meetings; Development of data reporting for emergency duty; Digital pilot for use of ambient voice technology. For Community services, a plan has been delivered to include Revision of the standard operating procedure for response to urgent referrals; and development processes for review and correction of referral urgency level to drive accurate data capture.	**Metric: People in mental health crisis seen face to face within 24 hours** Recovery fully delivered aligned to Performance Improvement Plan with action in delivery to sustain performance into 2026/27.
Metric: Early intervention in psychosis two-week referral to treatment An improvement plan has been delivered comprising operational, improvement and transformational solutions over eight workstreams that include: Enhanced operational controls and breach analysis to inform learning and improvement action; Demand and capacity modelling; Workforce review; Pathway development in partnership with Crisis service with potential prescribing before assessment and diagnoses; Review of assessment and allocation processes; and Review of flow along the pathways with the aim of ensuring effective deployment of all available capacity within the service.	**Metric: Early intervention in psychosis two-week referral to treatment** Recovery fully delivered aligned to Performance Improvement Plan with action in delivery to sustain performance into 2026/27.

TRANSFORMATION AND IMPROVEMENT

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

ELECTIVE ACCESS

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

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

Interventions:	**Impact:**
Metric: Waits over 52 weeks for Community services Neurodevelopmental hubs have been established working with Community services for earlier upstream triage. This is delivering positive impact, reducing the average number of new referrals received to around 250 in recent months. An improvement and transformation plan is in design to further address the imbalance to include: 1. Addressing the referral pathway and reviewing processes with all partners 2. Enhancing internal efficiency and productivity through optimisation of assessment processes and workflows 3. Exploring options to increase capacity through recruitment, partnership and alternative workforce/ service models.	**Metric: Waits over 52 weeks for Community services** 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 has been delivered for transition of records with further phased improvement through backlog reduction commenced from April 2026.
Metric: CYP accessing Community Mental Health services Performance against the new oversight framework metric measuring contacts vs 12 months prior has been impacted a time limited waiting list initiative in 2024/25 which successfully reduced the backlog through additional capacity that was not subject to recurrent funding. Current performance is being measured against waiting list initiative performance and this will correct from August 2025. Following submission of a business case to expand capacity in routine Child and Adolescent Mental Health services (CAMHS) through reducing wait times, enhancing timely access, improving service flow and increasing participation, the ICB has recently committed £0.986k in recurrent System development funding to DHcFT in order to expand capacity within routine CAMHS.	**Metric: People in Mental Health Crisis seen face to face within 24 hours** Annual issue with comparative capacity corrected 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 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. For the last 19 months, the waiting list has been reducing month on month. Digital solutions to further improve productivity and the volume of assessments that can be delivered within current capacity are currently being explored.	**Metric: Adult ASD Assessment service** Trajectory is on track to achieve national standard for referral to assessment within three months (13 weeks) by June 2027.

TRANSFORMATION AND IMPROVEMENT

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

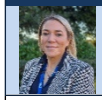
JOINED UP PATHWAYS AND SERVICES: EAST MIDLANDS ALLIANCE

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

Interventions:	**Impact:**
East Midlands IMPACT Collaborative St Andrews (STAH) beds remain closed with continued support from the collaborative to the Intensive Oversight and Assurance Group and Recovery Support Programme action plan. Detailed analysis has been completed of occupied bed days over the last five years with this demonstrating the success of interventions in maintaining a very slight upward trend. Financial stability for providers and reconfiguration of services to balance demand and capacity is an ongoing priority with financial recovery plans presented for consideration by EMA Board.	**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 St Andrews remains on Intensive Quality Assurance and Improvement level in response to the systemic quality and safety concerns. An action plan is in delivery for recommendations from the Nottinghamshire Healthcare CAMHS Inpatients' Independent Closed Culture Review. Concerns being addressed for the Chesterfield Enhanced Community service (tier 3.5) which has been significantly impacted by staff sickness and vacancies over Q3. Recurrent funding has been supported following evaluation of the Enhanced Care Referral team. Financial forecast of £4m carry forward for investment in 2026/27.	**East Midlands CAMHS Collaborative** Recruitment of the Co-Production and Involvement Lead is progressing. Family Ambassador Programme expansion into the CAMHS Enhanced Community services is progressing for the three pilot sites. Leicestershire and Lincolnshire have been agreed as the Day service pilot sites with an implementation plan in development.
East Midlands Adult Eating Disorder Collaborative Nova Ward remains on enhanced quality assurance and improvement level of oversight due to systemic quality concerns across Cygnet Elowen Hospital. A Quality Improvement Plan is in place with clear governance to oversee progress. Activity levels have increased following the significant reduction earlier in the year. Due to ongoing funding pressures no additional transformational projects can be supported at this time with this position to be reviewed each quarter.	**East Midlands Adult Eating Disorder Collaborative** Projections now indicate a sufficient surplus to fully fund the Waterlily programme into 2026/27. AED commissioning intentions have been agreed through the EMPC governance including the Strategic Partnership Board.

East Midlands Perinatal Provider Collaborative Both Mother and Baby Units remain on routine quality assurance and improvement level with no escalations this quarter. Margaret Oates continues to have high room temperatures as an item on their risk register with mitigations in place. Admissions increased in the quarter although average LoS for discharged patients has decreased. Due to acuity, two patients were initially admitted to beds outside of the East Midlands with repatriation as soon as beds available. A drop in appraisal and clinical supervision rates has been addressed at the Beeches.	**East Midlands Perinatal Provider Collaborative** Air conditioning now installed at The Beeches with full resolution of ongoing issues over recent years with high room temperatures. Learning being reviewed from redeployment of teams to Community-based support over the period of closure for the unit. A focus on patient and carer experience, learning and improvement within the quarterly 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 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. Service continues to improve referral numbers with quarter on track to exceed upper target. Service demand is driving challenges in wait times for late evening clinics with waiting well arrangements in place. Demand also driving need for resources to support awareness-raising, gambling harms training and input into strategic planning for service expansion.	**East Midlands Gambling Harm service** Lived experience partners have been engaged to support a project with Leicestershire County Council to develop messaging and raise awareness among local authority staff about gambling harm, available services, and support for affected others. A funding bid has been submitted to NHSE to support data-led service improvement and reduce inequalities.

PEOPLE PERFORMANCE



Director of People, Organisational Development and Inclusion:
Rebecca Oakley

Responsible Committee: **People and Culture Committee**

Executive Summary

Update

Annual appraisals: continue to remain high at 92% and has surpassed the 90% Trust target for the last 11 consecutive months. Efforts continue to address appraisals that are out of date and approaching renewal, to both maintain and increase compliance further. In light of our sustained success in meeting the compliance target, it is now proposed to raise this threshold from 90% to 95%.

Annual turnover: remains in line with national and regional comparators running at 11% and has remained below the Trust's 12% upper tolerance limit for the last year.

Compulsory training: compliance continues to remain high at 94.8% and has surpassing the 85% target. Efforts continue to address training that is out of date and approaching renewal, to both maintain and increase compliance further. Mandatory training target and role specific training targets will now increase by 5%.

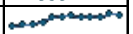
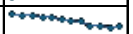
Sickness absence: for the month of March 2026 is running at 6.13%, an increase of 1.05% compared to the same period last year. Short-term sickness absence represents 2.6% and long-term absence represents 3.5%. The annual sickness absence rate is running at 5.84%, a reduction of 0.17% compared to the 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 March 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. Agency staff continue to be used among Medics, Registered Mental Health Nurses (RMNs) and some Healthcare Assistants (HCAs). The Agency Reduction Panel now meets fortnightly to oversee a new plan, focusing on filling vacancies and ensuring proper approval processes.

Supervision: The Trust target has been reviewed against other mental health trusts and reset at 95%, reflecting a more sustainable and realistic benchmark for ongoing compliance. The Trust's supervision system was successfully aligned to the revised Supervision Policy for the end of March 2026. This was a long-awaited, complex, technical system development which took several months to plan, develop, test and deploy. Compliance for clinical supervision has surpassed the target at 96% and management supervision remains just slightly below target at 94.8%.

PEOPLE KEY PERFORMANCE INDICATORS

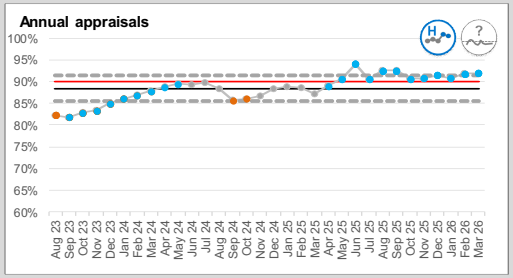
Measure	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
People Performance														
Annual appraisals	90%	89%	91%	94%	91%	93%	93%	91%	91%	91%	91%	92%	92%	
Annual turnover (target 8-12%)	12%	10.7%	10.6%	10.2%	10.0%	10.1%	10.1%	10.4%	10.7%	10.8%	10.7%	10.8%	11%	
Compulsory training	85%	93.2%	93.6%	93.7%	94.0%	94.6%	94.6%	94.8%	94.5%	94.6%	94.5%	95.0%	94.8%	
Vacancy	5%	11.6%	11.2%	10.9%	10.2%	10.4%	9.1%	8.9%	8.5%	6.7%	6.4%	5.8%	6%	
Bank staff use	5%	4.5%	4.0%	4.1%	3.9%	4.5%	5.1%	4.5%	5.2%	4.7%	4.2%	4.7%	5.2%	
Agency staff use	1.9%	0.3%	0.4%	0.3%	0.4%	0.5%	0.4%	0.5%	0.4%	0.5%	0.4%	0.5%	0.7%	
Management supervision - staff compliant with supervision policy[3]	95%	84%	85%	86%	86%	85%	87%	88%	86%	89%	88%	85%	94.8%	
Clinical supervision - staff compliant with supervision policy[3]	95%	81%	83%	82%	82%	82%	83%	85%	86%	88%	88%	89%	96%	
NHS oversight framework 2025/26														
Sickness absence rate	5%	5.4%	4.9%	5.3%	5.8%	5.5%	5.8%	6.6%	6.6%	6.3%	6.0%	6.2%	6.1%	
Long term sickness (28 days plus)	n/a	2.8%	2.6%	2.6%	2.9%	2.8%	3.5%	3.6%	3.9%	3.7%	3.2%	3.2%	3.5%	
Short term sickness (<28 days)	n/a	2.6%	2.3%	2.7%	2.9%	2.7%	2.3%	2.9%	2.6%	2.6%	2.8%	2.9%	2.6%	
Annual NHS staff survey - raising concerns sub-score[1]	6.64	6.76	6.76	6.76	6.76	6.76	6.76	6.76	6.76	6.76	6.76	6.76	6.64	
Annual NHS staff survey engagement theme score[1]	7.02	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.07	7.02	
National Education and Training Survey overall satisfaction score (C.)[2]	77.4%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	78.9%	79.4%	

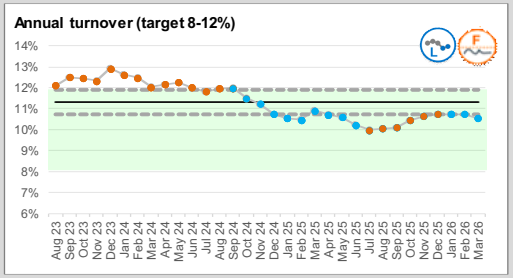
[1]2025 survey results were published in March 2026. Target = national average (2024 raising concerns = 6.74, and 2024 engagement = 7.07).

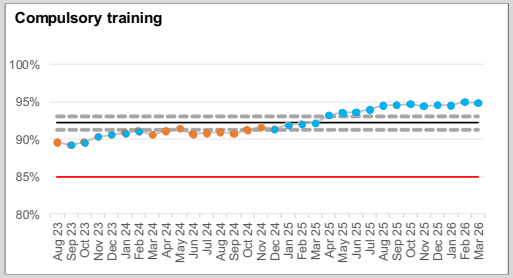
[2]2025 survey results were published in March 2026. Target = national average.

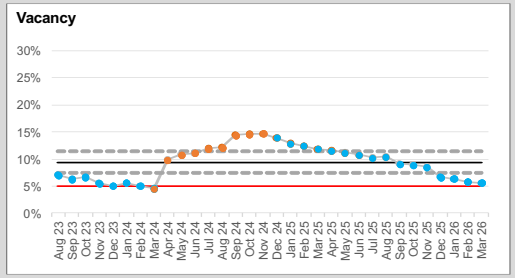
[3]System changes implemented from March 2026

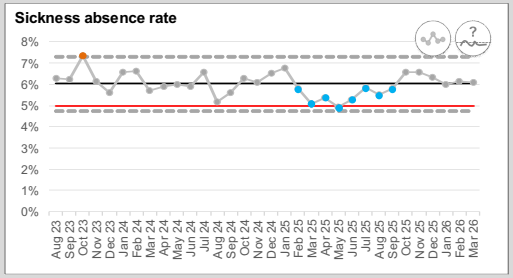
People Key Performance Indicators – Statistical Process Control Charts

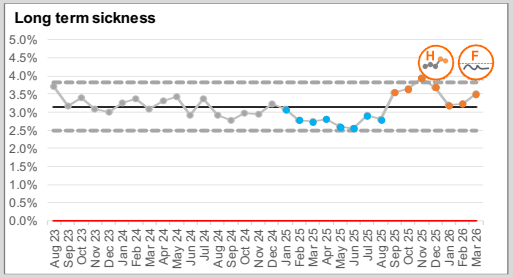


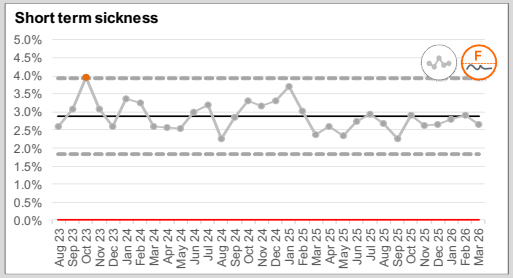


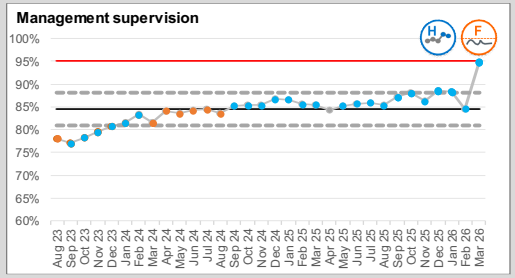


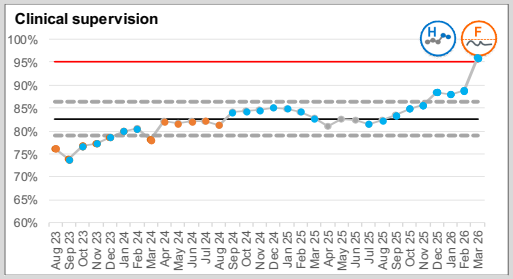


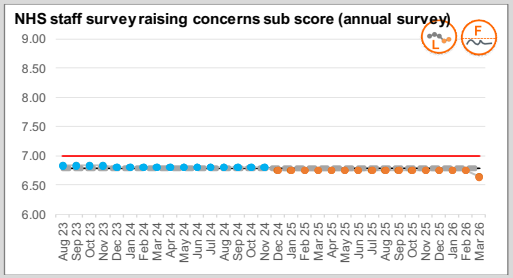


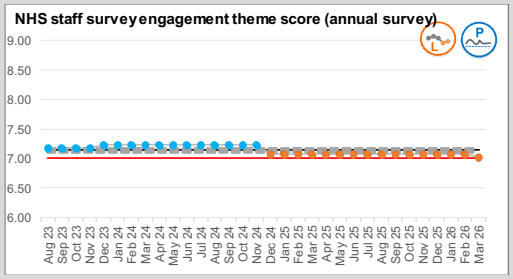


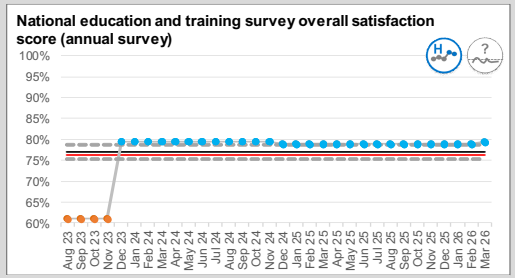


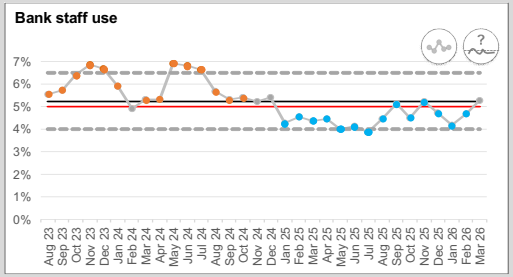


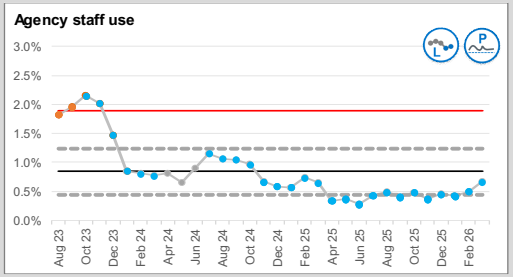












FINANCIAL PERFORMANCE

Director of Finance:
James Sabin

Responsible Committee: **Finance and Performance Committee**

Executive Summary

Overall

At the end of the financial year, there is an overall deficit of £6.5m, which has been adjusted for the Private Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change and impairments, bringing the adjusted financial position to a small surplus of £11k which is slightly is better than the plan of breakeven.

Efficiencies

The plan includes an efficiency requirement of £14.8m with the plan assuming 82% is delivered recurrently. At the end of the financial year efficiencies were delivered in full. However, the split between recurrent and non-recurrent schemes was different to the original plan due to the reduced savings from the operating model in year which has been mitigated by non-recurrent one-off benefits.

Agency

Agency expenditure at the end of the financial year is £2.5m, which equates to 1.3% of the total pay expenditure and is below plan by £0.9m as per the previous forecast. The two highest areas of agency usage continue to relate to Consultants and Nursing staff.

Adult Acute OoA Placements

The biggest area of risk all year has been in relation to adult acute out of area placements, with expenditure being above plan by £4.5m which is slightly worse than last month's forecast.

Capital Expenditure

Capital is below plan at the end of the financial year by £0.4m. The plan included a 5% over planning assumption of £105k which all organisations agreed to remove that expenditure. As a System, there were several cost pressures that emerged that need to be mitigated. Therefore, all organisations were asked to consider contributing a further underspend on their capital plans to help mitigate the System capital position. Therefore, business as usual (BAU) capital is forecast to be under plan by £1.0m. Additional national monies for Estate and Digital schemes have been secured totalling £1.3m.

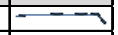
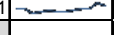
Cash

Cash at the end of March is at £26.9m which is higher than plan by £1.5m due to the timing of receipts. There are no concerns in relation to debt recovery.

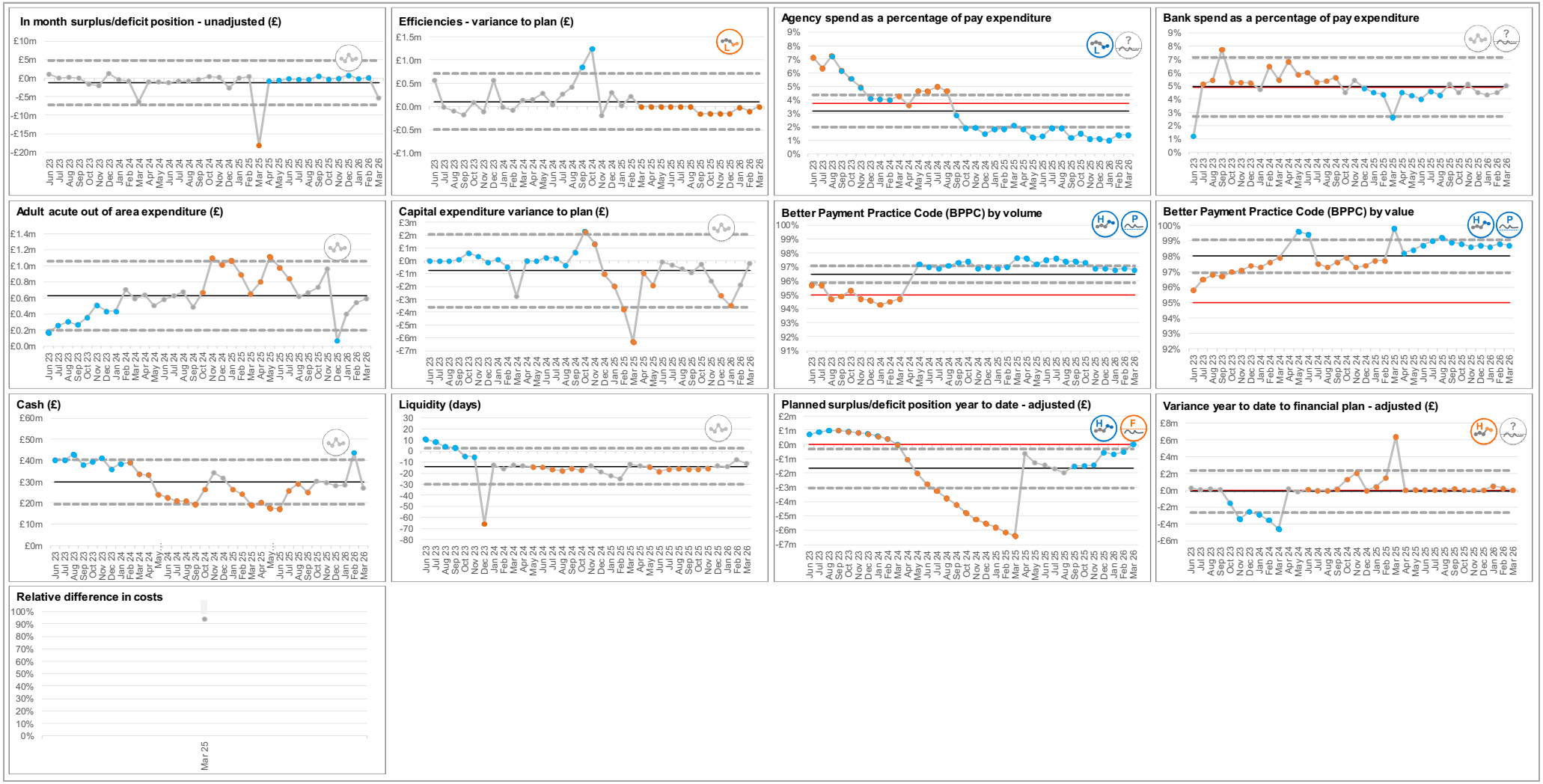
Better Payment Practice Code

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.

FINANCIAL KEY PERFORMANCE INDICATORS

Measure	Target	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	
Financial Performance														
In month surplus/deficit position - unadjusted (£)	-	-£ 759,497	-£ 618,647	-£ 181,431	-£ 356,503	-£ 340,743	£ 546,298	-£ 224,055	-£ 16,211	£ 792,384	-£ 181,752	£ 105,378	-£ 5,302,531	
Efficiencies - variance to plan (£)	-	£ -	£ -	£ -	£ -	£ -	-£ 153,000	£ 2,000	£ 1,000	-£ 150,000	-£ 17,000	-£ 96,000	£ -	
Agency spend as a percentage of pay expenditure	3.7%	1.8%	1.2%	1.3%	1.9%	1.9%	1.2%	1.5%	1.0%	1.1%	1.0%	1.4%	1.4%	
Bank spend as a percentage of pay expenditure	4.9%	4.5%	4.3%	4.0%	4.6%	4.3%	5.1%	4.5%	4.9%	4.5%	4.3%	4.5%	5.0%	
Adult acute out of area expenditure (£000)	-	£ 799	£ 1,110	£ 977	£ 839	£ 618	£ 660	£ 727	£ 956	£ 60	£ 399	£ 543	£ 592	
Capital expenditure variance to plan (£)	-	-£ 953,000	-£ 1,907,000	-£ 107,000	-£ 333,000	-£ 640,000	-£ 917,000	-£ 274,000	-£ 1,606,000	-£ 2,719,000	-£ 3,479,000	-£ 1,905,000	-£ 244,000	
Better Payment Practice Code (BPPC) by volume	95%	97.6%	97.2%	97.5%	97.6%	97.4%	97.4%	97.3%	96.9%	96.9%	96.8%	96.9%	96.8%	
Better Payment Practice Code (BPPC) by value	95%	98.2%	98.4%	98.7%	99.0%	99.2%	98.9%	98.8%	98.6%	98.7%	98.6%	98.8%	98.7%	
Cash (£000)	-	£ 20,204	£ 17,589	£ 17,175	£ 25,805	£ 29,130	£ 25,167	£ 30,338	£ 29,717	£ 27,969	£ 28,403	£ 43,653	£ 26,925	
Liquidity (days)	-	-13	-14	-19	-16	-16	-16	-16	-16	-13	-14	-8	-11	
NHS oversight framework 2025/26														
Planned surplus/deficit year to date - adjusted (£)	£ -	-£ 643,118	-£ 1,289,243	-£ 1,442,742	-£ 1,714,677	-£ 1,986,468	-£ 1,521,049	-£ 1,472,000	-£ 1,421,000	-£ 557,000	-£ 669,000	-£ 521,000	£ 11,000	
Variance year to date to financial plan - adjusted (£)	tbc	£ 26,588	£ 43,183	£ 76,791	£ 63,671	£ 65,060	£ 207,015	£ 5,116	£ 6,456	£ 33,609	£ 496,585	£ 240,026	£ 11,000	
Relative difference in costs	<100%	93.76%												

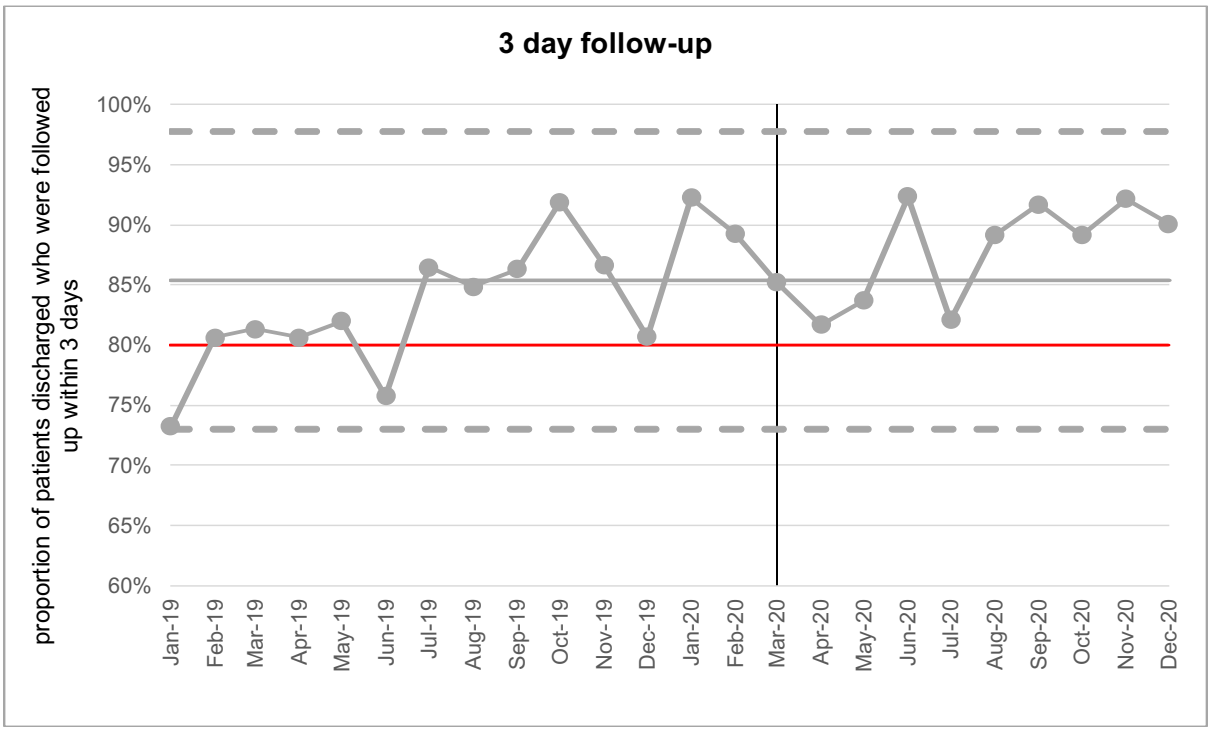
Financial Key Performance Indicators – Statistical Process Control Charts



Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



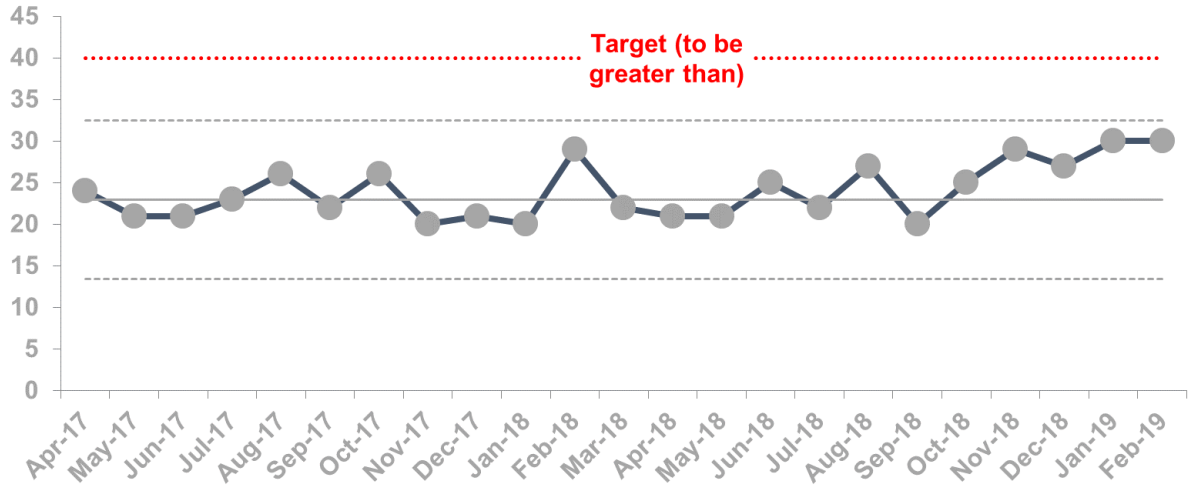
- The red line is the target
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example
- The solid grey line is the average (mean) of all the grey dots
- The grey dotted lines are called process limits, or control limits.

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.

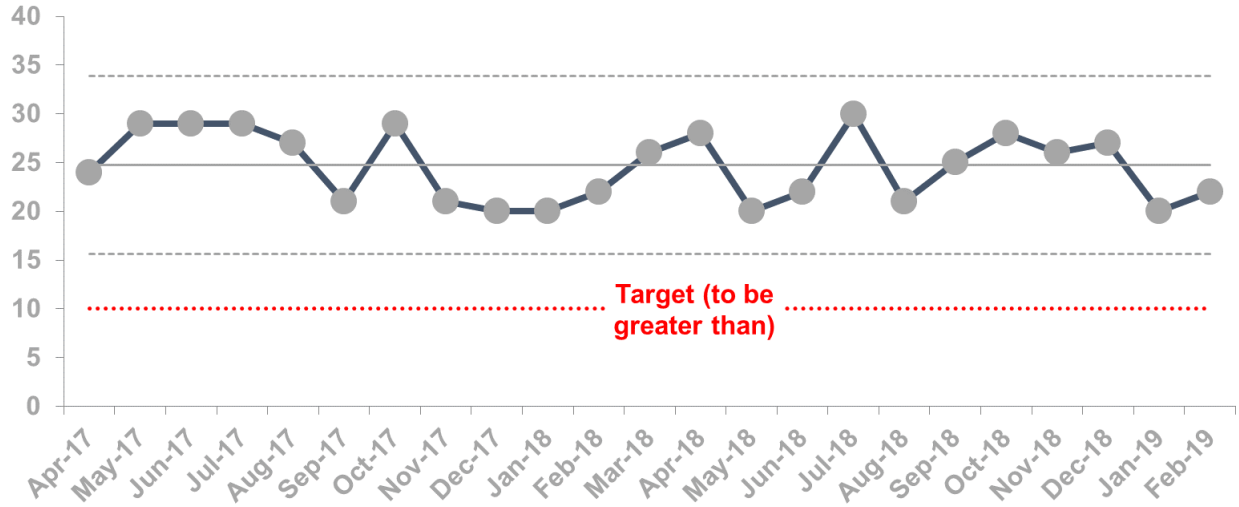
Things to look out for:

1. A process that is not working:



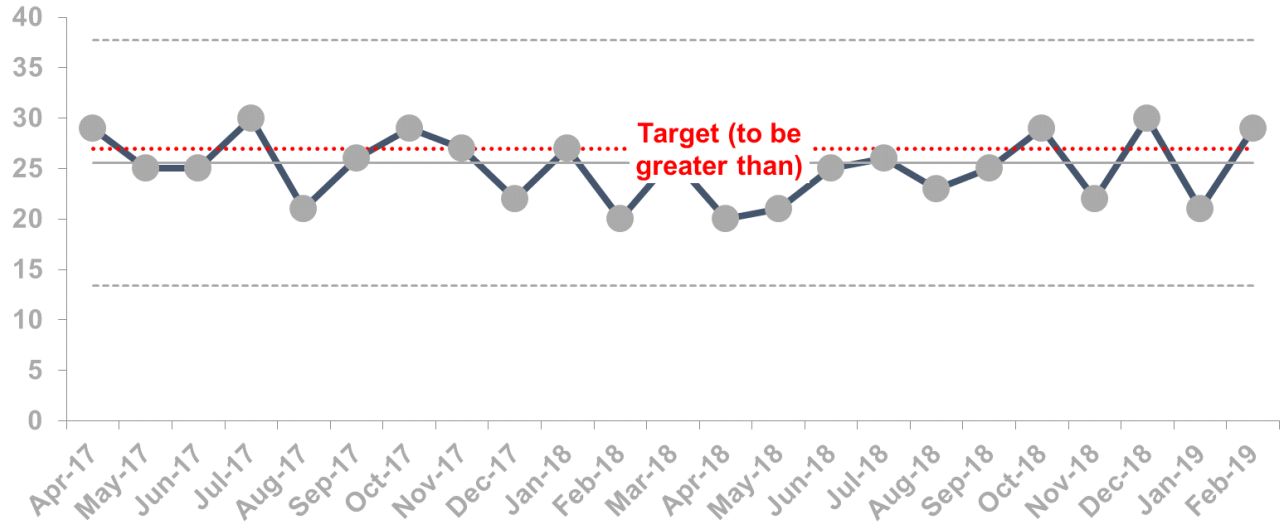
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

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:

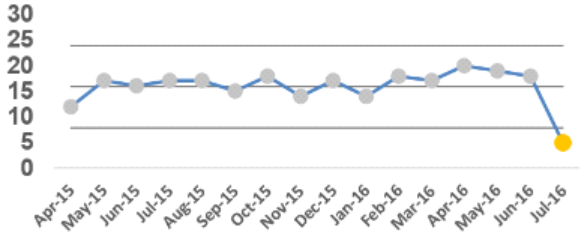
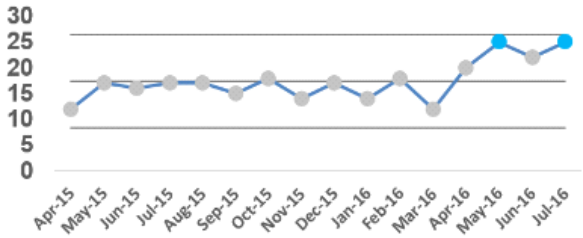
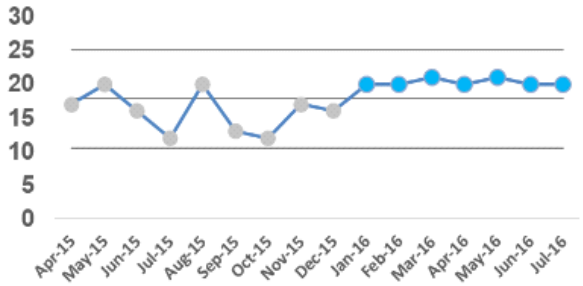
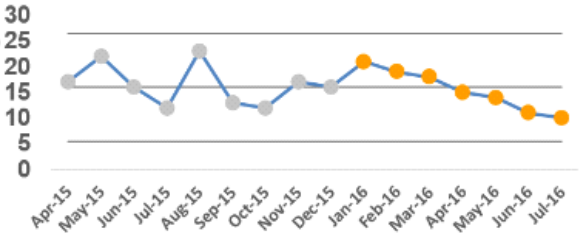


In this example, the target line sits between the two grey dotted lines. As it is normal for the grey dots to fall anywhere between the two dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned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

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

Frequently seen in the NHS:

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

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

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

Appendix 2

Assurance Ratings

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 19 May 2026

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors on 21 April 2026. This report provides a summary of the meeting including actions and recommendations made.

Executive Summary

Key matters discussed at the meeting had been:

- Review the governors' declaration of interests register
- Approve the governor and membership section of the Annual Report
- Feedback from governors' engagement activities
- Engagement opportunities including Board visits
- The Quality Account and draft governor statement
- Consideration of holding to account questions.

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

Net Zero Duty Implications

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

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

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

- No meaningful impact identified.

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

email). Governors are also supported to attend meetings where they have disability and/or access issues.

Recommendations

The Council of Governors is requested to:

1) Note the report made of the Governance Committee meeting held on 21 April 2026
2) Approve the governor statement for the Quality Account.

Report presented by: **Neil Baker, Co-Chair of the Committee and Public Governor for Bolsover and North East Derbyshire**

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

Council of Governors – 19 May 2026

Report from the Governance Committee meeting held on 21 April 2026

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

21 (80.8%) governors attended the meeting.

Declarations of Interest report

The annual review of the Declarations of Interests Register was presented for information. In line with paragraph 30.1.3 of the Trust's Constitution, relevant declaration of interests for governors are recorded. Where a nil return has been recorded, it signifies that the declaration of interests' form has been returned with no interests declared.

Draft Governor and Membership Section of The Annual Report

The draft governor and membership section for the Trust's Annual Report content for 2025/26 was agreed.

Feedback from Governors' engagement activities

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

Governor engagement

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. Governors discussed different ways in which they can engage with members and the public.

Board visits

An overview of the Board visits was presented, and governors were encouraged to take part. Dates of Board visits are shared with governors on a regular basis.

Quality Account and governor statement

The Lead Governor has been working with the Trust's lead for the Quality Report to draft a governor statement for inclusion in the document. This is included as Appendix i to this report. The Governance Committee recommend that the Council of Governors approve the statement.

Consideration of holding to account questions to the Council of Governors

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

Recommendations

The Council of Governors is requested to:

1) **Note the report made of the Governance Committee meeting held on the 21 April 2026**
2) **Approve the governor statement for the Quality Account.**

Council of Governors Quality Account Statement 2025/26

As representatives of the public, patients, carers and members, the Council of Governors welcomes this Quality Account for 2025/26 and confirms that it provides a clear, transparent and balanced account of the quality of care delivered by Derbyshire Healthcare NHS Foundation Trust during the year.

Throughout 2025/26, Governors have met regularly with the Trust Chair, Executive and Non-Executive Directors, attended Trust committees, participated in service visits, and engaged with local communities, patients and carers. These activities have enabled the Council of Governors to gain assurance over the Trust's performance against its quality priorities, and to provide constructive challenge where risks and pressures have been identified. The Governors are encouraged by the Trust's continued overall Care Quality Commission rating of 'Good', with all inspected services rated Good, and by the positive outcomes of Mental Health Act monitoring visits. We have received clear assurance that patient safety remains a core priority, with sustained progress in embedding the Patient Safety Incident Response Framework, strong Duty of Candour compliance, and demonstrable learning from incidents and deaths.

We recognise and commend the significant investment made through the Making Room for Dignity programme, which has delivered new inpatient facilities that improve privacy, dignity, safety and therapeutic environments, while reducing reliance on out-of-area placements. Governors have seen first-hand the positive impact of these new environments on both patient and staff experience. This represents a major step forward in the Trust's quality programme.

The Council of Governors also welcomes the Trust's strong focus on safeguarding and sexual safety, including high training compliance, positive external assurance and the implementation of Trust-wide improvement programmes to strengthen professional boundaries and promote a zero-tolerance culture. We have been assured that safeguarding governance arrangements are robust and that learning is shared effectively across services.

We are encouraged by the Trust's continued commitment to listening to and learning from patients, carers and people with lived experience. The strengthening of co-production, peer support, carer involvement and lived experience participation within quality assurance and improvement activity is a clear area of progress. Governors value the Trust's transparency in reporting feedback, complaints and concerns, and its use of learning to drive improvement.

The Council of Governors recognises the dedication, compassion and professionalism of the Trust's staff despite the pressures faced by colleagues. Governors welcome the Trust's open approach to staff feedback, the embedded Freedom To Speak Up arrangements, and the clear priorities set out to support wellbeing, morale and psychological safety.

We are reassured that the Trust is realistic about the challenges ahead, including increasing demand, workforce pressures, access and flow across urgent and inpatient care, and digital dependency. The pressures generated by increased patient demand and a challenging financial environment are real. The Key Quality Risks and Priorities for Improvement for 2026/27 reflect issues that have been appropriately identified and discussed with Governors, and we are satisfied that clear plans and governance arrangements are in place to manage these risks.

Looking ahead, the Council of Governors will continue to work closely with the Board to maintain oversight of quality, safety and experience, and to represent the voices of our communities. We thank patients, carers, staff and partners for their ongoing contribution to improving services, and we support the Trust's ambition to deliver safe, effective, compassionate and inclusive care for the people of Derbyshire.

On behalf of the Council of Governors, we confirm our support for this Quality Account and our commitment to continued engagement and assurance throughout 2026/27.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors, 19 May 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 24 March 2026.

Executive Summary
The key objectives for membership engagement are to:

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

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

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

Risk and Assurances

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

Consultation

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

Governance or Legal Issues

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

Net Zero Duty Implications

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

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

- No meaningful impact identified.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

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

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

DHCFT Governors Membership Engagement Action Plan

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

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

Activity with comments/actions	Lead and support	Updates/timescales
General events – governors encouraged to let Denise Baxendale know of any appropriate events that are taking place in their areas that they wish to attend.	Governors	Ongoing
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.	Denise Baxendale	To discuss at Governance Committee
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.	Governors	Do any governors attend Derbyshire Dialogue Citizens panel. Have any governors contacted PPG's?
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.	Denise Baxendale	Denise to continue this work in Spring

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

for 2026. These are not well attended due to work commitments – different dates/times are being looked at for future meetings. Meetings with the Trust Chair have been arranged for this year where staff governors can raise issues/concerns etc. **Note:** Encouraging staff leaving to join as public members is included in the leaver's pack.		
Derby University – to contact to share information on membership/governor role with students on nursing/health and social care courses. Denise had a meeting with Donna Evans-Thomas Apprenticeship Customer Support. Denise needs to follow this up.	Denise Baxendale	Denise waiting for a response – will follow up.
Social media – All governors on X or Facebook to follow DHCFT. Governors can promote governor role/Council of Governors/governor vacancies/how to contact governors and how to become a member. Denise sent link for joining leaflet, address for Trust X and Facebook page. Governors to include social media engagement on the governor engagement log if any issues/feedback relating to the Trust arises. Governors to promote the use of DHCFT X and Facebook specifically for membership messages and encourage members to follow the Trust.	All governors All governors	An update from governors would be useful
Annual Members Meeting (AMM) – Encourage members to attend and participate in the meeting when visiting local events/engaging with members and the public. All governors to attend the virtual meeting. Date for AMM is 30 September 2026 from 6-8pm.	All governors	Task and finish group met on 16 January and fed back to the Governance Committee on 17 February.
Working with the Voluntary Sector • Governors are encouraged to sign up to the voluntary forum e-newsletters. Subscribe online: Bulletin Updates | Derbyshire Voluntary Action (dva.org.uk) and Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) • Governors are encouraged to attend the joint mental health forum organised by DVA and DMHF in March and September each year. These are currently held face to face. • Governors are encouraged to attend the DVA and DMHF forums. Each organisation has three meetings a year. Find out the dates on their	All governors Public/Appointed Governors Public/Appointed Governors	Denise Baxendale and Debra Dudley met on 16 March Are there any governors who haven't signed up to the e-newsletters? Are any governors attending these?

websites: Derbyshire Mental Health Forum (erewashvoluntaryaction.org.uk) and Derbyshire Voluntary Action (dva.org.uk) • DVA and DMHF will inform governors of events they will be attending in public governors localities so that they can attend. Governors to check out the voluntary organisations in their locality (Community Mental Health Support Map Derbyshire – Google My Maps) and let Denise Baxendale know which one(s) they would like to link in with. Denise will then see if this is possible and make the necessary introductions	Public/Appointed Governors 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	Met with Amber Valley governors to take this forward
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 Council of Governors on 24.3.26
Last updated on 12.5.26 by Denise Baxendale, Membership and Involvement Manager

Governor Meeting Timetable May 2026 – March 2027

DATE	TIME	EVENT	LOCATION/COMMENTS
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
8.6.26*	12-1pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams *(this replaces the meeting originally scheduled for 24.6.26 in Derby)*
21.7.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
21.7.26	2pm-5pm	Council of Governors and Trust Board development session Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
25.8.26	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
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

Updated 26.3.26 (v4)

30.9.26	6pm-8pm**	Annual Members Meeting	To be confirmed
20.10.26	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
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 Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.2.27	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
2.3.27	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
23.3.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
23.3.27	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research

			and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

*This was originally scheduled for 9 June but is now 8 June

** This has been changed from 4-6pm to 6-8pm as agreed by the Governance Committee on 12.2.26

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)