

2025/26 Quality Account



Derbyshire Healthcare
NHS Foundation Trust



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Part 1: Statements of Assurance

Statement from Chief Executive - Mark Powell



I am pleased to introduce Derbyshire Healthcare NHS Foundation Trust's Quality Account for 2025/26. This report reflects our continued commitment to providing safe, high quality, compassionate and inclusive care for the people of Derbyshire, and offers a transparent account of what we have achieved, what we have learned, and where we will focus our improvement efforts in the year ahead.

During 2025/26, the Trust has made sustained progress against our Quality Ambition and the priorities set out in our Trust Strategy 2024–2028.

This has been achieved in the context of increasing demand, growing acuity and ongoing workforce and system pressures across mental health and community services. I remain proud of the professionalism, resilience and dedication shown by our colleagues throughout the year, and grateful for the trust and engagement of patients, carers and partners.

We have maintained an overall Good rating from the Care Quality Commission, with all inspected services rated Good. This reflects consistent performance across safety, effectiveness and experience, supported by strong clinical leadership, proactive quality governance and continued focus on learning and improvement. Key achievements during the year include further embedding of the Patient Safety Incident Response Framework, sustained oversight of restrictive practices, strengthened safeguarding and sexual safety arrangements, and full compliance with the Duty of Candour during the reporting period

Significant progress has also been made in improving the quality of care environments and the overall patient experience. Through the Making Room for Dignity programme, we have delivered major new inpatient facilities designed to improve privacy, safety and therapeutic care, and to reduce reliance on inappropriate out of area placements. Alongside this, the development of a new Model of Care has strengthened our focus on purposeful admission, trauma informed practice and personalised support.

Improving experience and involvement remains central to our approach. During 2025/26 we strengthened patient, carer and lived experience involvement through clearer governance, increased co production, sustained Triangle of Care compliance and expanded peer support roles. The Culture of Care Programme has been a particular area of progress, embedding trauma informed, autism informed and anti

racist practice across inpatient services and supporting meaningful improvements in ward environments, therapeutic activity and staff and patient experience.

I am also encouraged by the continued development of our digital and improvement capability. Advances in digital maturity, including use of a single electronic patient record, electronic prescribing and contactless patient monitoring, are supporting safer care, improved observation and better use of clinical intelligence. Our LiveQI platform has strengthened quality improvement capability across the organisation, enabling colleagues to lead structured, data driven improvement at pace.

We are clear, however, that challenges remain. Pressures relating to workforce sustainability, access and flow, digital dependency, unwarranted variation and health inequalities require sustained attention. The priorities set out for 2026/27 reflect these risks and align closely to national and system expectations, including improving urgent and crisis care, reducing inappropriate out of area placements, strengthening suicide prevention and continuing to embed equity, inclusion and anti racist practice through frameworks such as The Patient and Carer Race Equality Framework (PCREF).

As Chief Executive, I remain committed to open, compassionate and accountable leadership. We will continue to listen carefully to staff, patients and carers, use data and lived experience to inform decisions, and ensure that learning is translated into visible improvement. Quality and safety will remain at the heart of every decision we make.

I would like to thank our colleagues across Derbyshire Healthcare, our partners across the Derbyshire system, and the people who use our services for their continued commitment, challenge and support. I am confident that this Quality Account provides a fair, balanced and accurate reflection of our performance in 2025/26, and that the Trust is well placed to continue improving care, experience and outcomes in the year ahead.

Statement from Executive Director of Nursing, Patient Experience and Allied Health Professionals - Tumi Banda



I am pleased to present Derbyshire Healthcare NHS Foundation Trust's Quality Account for 2025/26. This report reflects the collective efforts of our patients, carers, staff and partners, and sets out how we have continued to make progress in delivering safe, compassionate and high-quality care in a challenging and pressured environment.

During the year, the Trust has maintained an overall Care Quality Commission rating of Good, all the services inspected in this period showed improvement. This provides important external assurance that our governance arrangements, leadership and frontline practice continue to support safe and effective care. We have further strengthened our quality oversight through full embedding of our Quality Assurance Framework in the delivery of the Trust's strategic objective: Patient Focused. The Quality Assurance Framework has been key in delivery of the Quality Delivery Plan, enabling better triangulation of data, lived-experience insight and direct observation to inform continuous improvement.

A key highlight of 2025/26 has been the delivery of the Culture of Care Programme across multiple inpatient wards. This has supported tangible improvements in ward environments, therapeutic activity, patient involvement and staff experience, embedding trauma-informed, autism-informed and anti-racist practice. Alongside this, significant investment through the Making Room for Dignity Programme has transformed our inpatient estate, improving privacy, safety and dignity, reducing reliance on out-of-area placements and moving us closer to the eradication of dormitory accommodation.

Patient safety has remained a core priority. We have embedded the Patient Safety Incident Response Framework, achieved 100% Duty of Candour compliance for incidents, strengthened learning from deaths, and implemented a Trust-wide Suicide and Self-Harm Prevention Plan aligned to national guidance. Safeguarding and sexual safety arrangements have continued to provide strong assurance, supported by high training compliance, robust governance and positive external validation.

Listening to and improving experience has been a central theme throughout the year. We have strengthened carer and lived-experience involvement through a dedicated Patient, Carer and Lived Experience leadership, sustained Triangle of Care compliance and increased co-production across services. Complaints handling has improved, with clearer processes, better timeliness and stronger use of learning to

drive service change. There is room for improvement on seeking feedback and responding to the feedback in all its forms and plans are in place for the year ahead to work on this. Patient feedback continues to highlight compassionate, respectful care delivered by our teams.

Our workforce remains our greatest asset. Staff experience continues to perform at or above benchmark compared to similar organisations, with strengths in teamwork, compassion and inclusion. At the same time, we recognise pressures on morale, wellbeing and psychological safety. In response, we have prioritised action to support staff voice, strengthen leadership capability, improve working lives and sustain an open culture through enhanced Freedom to Speak Up arrangements.

Looking ahead to 2026/27, our focus is on sustaining improvement, addressing identified risks and reducing unwarranted variation. Priorities include workforce wellbeing, access and flow across urgent and inpatient care, further reduction in restrictive practice, digital optimisation and continued delivery of our Quality Delivery Plan aligned to the Trust Strategy 2024–2028.

I would like to thank our patients, carers and families for their trust and feedback, our staff for their dedication and professionalism, and our partners for their collaboration and challenge. Together, we remain committed to making a positive difference in everything we do and to continuously improving the quality, safety and experience of care for the communities we serve.

Statement from Medical Director – Girish Kunigiri



As Executive Medical Director, I am pleased to reflect on the quality and safety of care provided by Derbyshire Healthcare NHS Foundation Trust during 2025/26. This has been the first full year of delivering our Trust Strategy 2024–2028, and it has taken place against a backdrop of rising demand, increasing clinical complexity and ongoing system pressures.

Despite these challenges, I am consistently impressed by the compassion, professionalism and commitment shown by our medical workforce and multidisciplinary teams. Colleagues across the Trust continue to put patients, carers and families at the heart of care, and this Quality Account captures both the progress we have made and the areas where we must continue to learn and improve.

Patient safety remains my foremost priority. During 2025/26, we have made important progress in embedding the Patient Safety Incident Response Framework (PSIRF).

This has allowed us to move towards more meaningful, system focused learning from incidents, involving patients, families and frontline teams more effectively and supporting a culture of openness.

I am reassured that the Trust achieved 100% Duty of Candour compliance for incidents occurring within the reporting period, reflecting our commitment to being honest and transparent when harm occurs. Our learning from deaths processes have been strengthened and aligned to PSIRF, improving consistency and oversight. While reported deaths reduced compared with the previous year, every death is treated with the seriousness and compassion it deserves, and continuous learning remains essential.

Suicide and self harm prevention continues to be a key clinical priority. The implementation of a Trust wide prevention plan, aligned to national guidance, has strengthened personalised safety planning, staff confidence and our focus on high risk transition points such as admission, leave and discharge.

Safeguarding remains strong, supported by high training compliance, effective partnership working and positive external assurance. Sexual safety and professional boundaries have continued to receive focused attention, alongside ongoing work to reduce restrictive practices through trauma informed approaches and improved risk screening.

Clinical effectiveness has been strengthened through active research, audit and accreditation. Supporting over 35 National Institute for Health and Care (NIHR) studies and achieving multiple Royal College of Psychiatrists accreditations reflects the clinical leadership and pride within our services.

The Making Room for Dignity and Culture of Care programmes have made a real difference to our inpatient environments, therapeutic culture and patient experience. I have seen firsthand how these changes have improved dignity, safety and engagement.

Our Quality Assurance Framework, together with positive CQC oversight, gives me confidence in the robustness of our governance and our understanding of care quality at every level of the organisation.

Looking forward to 2026/27, my focus will remain on sustaining safety improvements, reducing unwarranted variation, supporting staff wellbeing, improving access and flow, and ensuring digital transformation genuinely supports better care.

I would like to thank all colleagues for their dedication and commitment during the year. It is a privilege to work alongside such skilled and compassionate professionals, and I

remain confident that, together, we will continue to improve outcomes, safety and experience for the people and communities we serve.

Statement from Trust Chair – Selina Ullah



As Trust Chair, I am pleased to present Derbyshire Healthcare NHS Foundation Trust's Quality Account for 2025/26. This report provides a transparent and comprehensive account of the quality of care we provide, the improvements we have delivered, and the areas where we continue to focus our efforts to ensure services remain safe, effective and compassionate.

Throughout 2025/26, the Board has maintained a clear and unwavering focus on quality, supported by robust governance, strong clinical leadership and active engagement with patients, carers, staff and partners. The Trust has sustained its overall Good Care Quality Commission rating, with all inspected services rated Good, reflecting consistent performance across safety, effectiveness and experience. As a Board, we take reassurance from this position while recognising that regulation provides a baseline, not a ceiling, for our ambitions.

This year has seen tangible progress against the Trust's Quality Ambition and strategic priorities. Notable achievements include continued oversight of restrictive practice, strengthened safeguarding and sexual safety arrangements, embedding of the Patient Safety Incident Response Framework, and delivery of major estate investments through the Making Room for Dignity programme. These developments are not only improving safety and outcomes, but also dignity, privacy and therapeutic environments for people receiving care.

The Board has been particularly encouraged by the Trust's continued focus on culture and lived experience. The Culture of Care Programme, increased coproduction, strengthened carer involvement, and expanded peer support all reflect our commitment to trauma informed, autism informed and inclusive care. We have also seen strong examples of staff compassion, professionalism and innovation recognised through internal and national awards, reinforcing the values that underpin high quality care.

At the same time, we are open about the challenges that remain. Demand and acuity continue to place pressure on services, workforce wellbeing requires sustained attention, and access and flow across urgent, crisis and inpatient pathways remain system wide priorities. Digital dependency, unwarranted variation and health inequalities are also areas where ongoing vigilance and improvement are essential.

The Board has reviewed these risks in detail and is assured that clear priorities, mitigations and governance arrangements are in place for 2026/27.

As Chair, I regularly visit services alongside fellow Non Executive Directors, speak directly with colleagues and people using our services, and review triangulated assurance through Board reports, quality visits and external intelligence. These activities give me confidence that the Board has appropriate sight of quality at ward, team and service level, and that concerns are identified, escalated and acted upon in a timely way.

I would like to thank our patients, carers and communities for their trust, our partners across the Derbyshire system for their collaboration, and above all, our staff for their unwavering commitment in a demanding year. Their professionalism, compassion and resilience continue to be the Trust's greatest strength.

On behalf of the Board, I am satisfied that this Quality Account provides a fair, accurate and balanced reflection of Derbyshire Healthcare NHS Foundation Trust's quality of care in 2025/26, and I am confident that the organisation is well placed to continue improving outcomes, experience and safety for the people we serve in the year ahead.

Statement from Derby and Derbyshire Integrated Care Board



Derby and Derbyshire Integrated Care Board (DDICB) welcomes the opportunity to respond to the Derbyshire Healthcare NHS Foundation Trust's (DHCFT) 2025/26 Quality Account. DDICB has continued to work with DHCFT throughout the year to ensure commissioned services met statutory safety and effectiveness standards with learning and improvement embedded into local assurance.

DHCFT's information aligns with ICB quality monitoring findings. Commissioners agree the Quality Account reflects the Trust's commitment to high-quality care, coproduction, and engagement with patients, experts, families, and carers. The 2024–2028 strategy maintains these priorities as a central focus. The NHS National Oversight Framework (NOF) monitors NHS Trust performance and during 2025-26, DHCFT progressed from segmentation 4 to 3 in 2025/26. Access, effectiveness, and workforce metrics remain below average for 2026 with these areas prioritised for improvement by the Trust.

Care Quality Commissioner (CQC)

The Regulator has carried out comprehensive inspections of DHCFT services this year, confirming that the overall rating for the Trust remains "Good," with all inpatient services similarly rated as "Good".

Trust improvement priorities for 2025/26

The Trust continues to implement its strategic plan for 2025-2028. This continues a positive focus, tested through workshop-style Board Development sessions during the year. The 4 P's framework has enabled the Trust to focus its quality improvement work appropriately towards patients, people, productivity and partnerships.

The Quality Account outlines quality improvements made during in 2025-26. Commissioners monitored progress on these through reports submitted to assurance meetings chaired by the ICB. Key achievements included the implementation of the Patient Safety Incident Response Framework (PSIRF) and a sustained reduction in restrictive practices. Significant estate enhancements were accomplished under the *'Making Room for Dignity'* programme, resulting in new adult acute facilities, a male Psychiatric Intensive Care Unit, and a female Enhanced Care Unit. These developments decrease out-of-area placements, enabling individuals to remain closer to home as evidenced by the information provided in the Quality Account which demonstrates the important work undertaken to avoid use of out of area placements. Linked to this Commissioners note the effective work undertaken to reduce Out of Area placements.

Across 2025-26 priorities, Commissioners acknowledge the progress reported by the Trust Quality Account to deliver on these. It is noted that the Trust recognises ongoing workforce, service demand, and system challenges as areas that require ongoing improvement. However, as with previous years, it would be useful for the Quality Account to identify where priorities were not fully met and outline plans for carrying these forward into 2026-7.

Internal quality assurance and effectiveness

Commissioners note the positive work undertaken by the Trust during 2025/26 to successfully embed its Quality Assurance Framework as a key organisational achievement, providing a structured and triangulated approach to understanding and improving the quality of care people received. Updates on the development of this framework and its implementation and findings have been welcomed by Commissioners at assurance meetings. During these discussions the Trust has been able to demonstrate how it has usefully implemented quality improvement as clinical care level and detect early warning signs where intervention is required to enhance care and maintain safety. Linked to this, it is extremely positive to note that 91 Fundamentals of Care quality visits have been undertaken across all care groups, comprising a combination of both planned and targeted, intelligence-led reviews.

Evidence of this assurance process and the positive impacts have been noted through Commissioner led quality visits and assurance meetings. Commissioners will continue to support further development on further development to strengthen and expand the involvement of lived experience partners within these Quality Assurance Frameworks in 2026-27.

The Quality Account notes that the Trust has strengthened clinical effectiveness through research, audit and evaluation with multiple services achieved or retained Royal College of Psychiatry accreditation, demonstrating alignment with nationally recognised quality standards.

Patient, family and carer experience

The Quality Account provides a summary of complaints and compliments made to the Trust. It is positive to note that care, compassion and empathy feature as highest compliment themes. It is also important to acknowledge that these same themes appear as the most common complaints which demonstrate further work is required as already noted by the Quality Account.

It is helpful that the Quality Account includes patient stories to demonstrate the positive difference the Trust has made to the patients it cares for. Their stories provide real examples. Linked to this Commissioners support the Trusts ambition to co-produce with the people the Trust serves which will further empower people to share positive and not so positive stories to help the Trust continue to improve, listen and learn. Linked to this, it is positive to note that the Trust has again retained its Triangle of Care with positive and constructive feedback to our most recent submission. This supports the Trust's commitment to support family and carers. To support this commitment, commissioners acknowledge the work undertaken this year to develop the carer dashboard, enhance carer champion roles and launch a carer hub on the Trust website.

Commissioners note that care planning has remained a top complaint theme across a number of years with a small decrease noted. Commissioners will be keen to discuss with the Trust how further decrease of complaints about care planning can be achieved via targeted action connected to Trust priorities for 2026-27

Keeping People Safe

Commissioners note that extensive staff training that has been undertaken in relation to the Patient Safety Incident Response Framework (PSIRF). As a national framework PSIRF enhances learning and improvements following incidents and supports a focus on priorities via a Patient Safety Incident Response Plan (PSIRP). These priorities are explained in the Quality Account and commissioners support the identified improvements which include learning from incidents. It is important and positive to note 100% Duty of Candour compliance for incidents within the reporting period.

Inpatient Environments

Commissioners note the extensive estates work that has been underway through the 'Making Room for Dignity' programme with a number of new units open which eradicate dormitory provision and enhance environments for patients and staff. Whilst much of this work is complete further work continues into 2026/27 to refurbish the Radbourne Unit. The new Trust Psychiatric Intensive Care Unit for Males and Enhanced Care Unit for Females will remove the need for people to travel outside of Derbyshire to receive this support. Commissioners also continue to discuss with the Trust how these new units are being supported to embed new models.

Commissioners acknowledge positive work undertaken in previous years to align to CQC ligature risk reduction principles and tools. This work continues, noting DHCFT has not yet fully embedded this process. Commissioners note that the suicide and self-harm prevention plan maintains a strong focus on inpatient safety and ligature reduction which is supported by the new enhanced inpatient environments under the Trust 'Making Room for Dignity' programme.

Workforce and staff experience

Commissioners would like to express their congratulations to DHCFT staff as 2025 HSJ (Health Service Journal) winners of two Digital Awards, recognising the organisation's commitment to digital innovation and the transformative impact of digital technology on patient care and population health across Derbyshire. Celebrating national recognition for two of its leaders. Congratulations also to Selina Ullah as Trust Chair who has once again been named by the Health Service Journal (HSJ) as one of the 50 most influential Black, Asian and Minority Ethnic people in health.

The national staff survey shows staff experience is above comparator averages, with strengths in compassionate leadership and line management. However, it is important to acknowledge that a number of scores have declined from last year. The Quality Account could have explained more about these declines, outlining planned actions, and including relevant findings from the quarterly pulse survey for context.

Commissioners commend the progress in embedding Freedom to Speak Up (FTSU) throughout the organisation, as observed during ICB quality visits to DHCFT Services. Commissioners support further action identified by the Trust through targeted leadership support, mediation, strengthened monitoring and the implementation of the "A Kind Life programme".

Looking ahead into 2026/27

This Quality Account (2025–2026) confirms the Trust's commitment to high-quality care in all services. For 2026–2027, DHCFT will focus on maintaining progress, mitigating risks, reducing variation, and improving safety, experience, and outcomes for the local population. These priorities support the NHS Medium Term Planning Framework 2026–2029 and the 10 Year Health Plan, targeting quality, access, productivity, and equity. Commissioners support these priorities and agree these will strengthen local

governance, reduce variations in patient experience and enhance co-production within the organisation. The Trust will also focus on improving patient safety oversight and learning by fully embedding PSIRF, as well as continually working to improve access and patient flow. Further efforts will involve promoting equality, anti-racism, and sexual safety frameworks, while also supporting workforce wellbeing, leadership development, and psychological safety. The ICB and cluster will continue to work with the Trust to monitor these improvements via ICB lead assurance meetings.

Looking forward, Commissioners anticipate continued positive and collaborative engagement with the Trust as, together, we advance the three key priorities set out in the NHS 10 Year Plan. Oversight of these initiatives will be provided through the newly established Derby, Lincoln, and Nottingham ICB clustering arrangements.

Rosa Waddingham

Executive Director of Quality (Nursing)
On behalf of Derby and Derbyshire Clinical Integrated Care Board
30th April 2026

Statement from Trust Council of Governors

Figure 1: Some of the DHCFT Trust Governors



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.

Statement from Healthwatch Derbyshire



Healthwatch Derbyshire (HWD) is an independent voice for the people of Derbyshire. We listen to the experiences of local people using health and care services and give them a stronger say in influencing how services are provided.

We gather experiences from patients and members of the public using a variety of methods including face-to-face engagement, social media, and direct feedback from telephone conversations, emails, through our website and letters.

The Patient experience feedback we receive is fed through to health and care organisations throughout the year to give an independent account of what is working well, and what could be improved. We routinely share feedback with the Patient Experience Team at the Trust. We send feedback that needs a response weekly and feedback that doesn't require a response quarterly.

We carry out themed engagement work to explore topics in greater detail. The findings of themed engagement work are analysed and written up into reports, including recommendations for improvement. Service providers and commissioners are then asked to respond to these recommendations. All our reports, including the responses we receive, are published on our website and the Public and Patient Insight Library.

On reading the Quality Account, we recognise the challenges faced by the NHS, and the work done at DHCFT to continue to deliver quality services.

We would like to thank DHCFT for supporting our themed engagement work. We regularly visit the Carsington, Derwent and Radbourne units to gain patient feedback. This feedback is shared with DHCFT twice per year. There have been many positive changes made from the patient feedback we collected at our engagements at the units.

We will continue to share patient feedback and look forward to working with the Trust in the year ahead.

Quality Account 2025/26 – One Page Summary



Who we are

We offer a wide range of services across Derbyshire. These include mental health, neurodevelopmental and children's services.

We want to make a positive difference in everything we do.



How we are doing

We are:

- Rated "Good" by CQC
- Using systems well to help keep people safe
- Being open and honest when things go wrong
- Using less restrictive practice
- Working to help staff feel positive and included
- Offering more safety, privacy and dignity on our wards



How we are keeping people safe

We have:

- Improved how we learn from incidents
- Put strong plans in place to support safeguarding, sexual safety and suicide prevention
- Improved safety, privacy and dignity on our wards
- Improved how we involve patients, carers and people with lived experience



How we are supporting our staff

- Our staff survey results are the same or better than average
- The survey shows we are good at teamwork, compassion and inclusion
- Freedom to Speak up is helping create a safe and open culture



What else have we been doing

- There are fewer local people on wards outside Derbyshire
- We have opened a Mental Health Helpline and Urgent Assessment Centre
- We are using digital tools to improve safety and joined-up care



What is next for 2026/7?

- Keep listening to our staff, patients and carers
- Make it easier for people to access our services
- Keep working to make sure people are safe and happy with our care

Quality Account 2025/26 – What Does It Mean?

Neurodevelopmental	Conditions where the brain works in a different way. For example, autism and learning disability.
CQC	Care Quality Commission. They check NHS services and give a rating about how well we are doing.
Restrictive Practice	Stopping a person from doing something that could be dangerous to them or others. For example, holding someone's arms.
Privacy	Having control over your own space, body and information.
Dignity	Being shown respect and treated as important.
Incident	An unexpected event that causes harm or could have caused harm.
Safeguarding	Protecting people who might be at risk of harm.
Sexual safety	Protecting people from sexual abuse.
Suicide prevention	Stopping people from ending their lives.
Lived experience	People who have experience of using our services or supporting people who use them.
Compassion	Kindness and understanding.
Inclusion	Making people feel welcome, respected and part of a group.
Freedom to Speak Up	Supporting staff to tell someone when there are problems without worrying they will get in trouble.
Open culture	An place where people are honest and feel comfortable to speak up.
Digital tools	Technology that we use in the workplace. For example computer systems or AI.
Joined-up care	Working together and sharing information with other people to give the best care to a patient.

Part 2: About our Trust and our Quality Ambition

Our Board

Meet our Board of Directors

NHS Derbyshire Healthcare NHS Foundation Trust

Mark Powell
Chief Executive

Selina Ullah
Chair

Vikki Ashton Taylor
Deputy Chief Executive/Chief Delivery Officer

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

Dr Girish Kunigiri
Executive Medical Director

Lynn Andrews
Deputy Chair and Non-Executive Director

Ralph Knibbs
Senior Independent Director and Non-Executive Director

Chioma Akpom
Non-Executive Director

Justine Fitzjohn
Director of Corporate Affairs and Trust Secretary

Rebecca Oakley
Director of People, Organisational Development and Inclusion

James Sabin
Executive Director of Finance

Deborah Good
Non-Executive Director

Jo Hanley
Non-Executive Director

Andrew Harkness
Non-Executive Director

WE MAKE A POSITIVE DIFFERENCE IN EVERYTHING WE DO

DHCFT is proud of its vision, values, and culture. The vision and values have been shaped through the involvement and engagement of everyone who interacts with the Trust, including patients, carers and staff members. This quality account will be reflective of the Trust Strategy for 2024 - 2028.

Our Services

DHCFT provides a range of clinical services that are structured within the following Care Groups:

Acute Mental Health and Psychiatric Intensive Care

- Inpatient Mental Health Ward Services
- Psychiatric intensive care unit (PICU) (Male)
- Enhanced Care Unit (Female)

Community Mental Health Services and Assessment Services for Adults of Working Age

- Community Mental Health Team Services/Living Well
- Early Intervention in Psychosis Services
- Outpatient Clinic Services
- Individual Placement Support.
- Crisis and Home Treatment Services
- Liaison Services
- Mental Health Helpline.

Forensic and Mental Health Rehabilitation Services and Specialist Care Services

- Community and Inpatient Forensic Services
- Criminal Justice Team
- Liaison and Diversion Services
- Placement Review Team
- Community and Inpatient Rehabilitation Services.
- Perinatal Inpatient and Community Services
- Eating Disorder Services
- Gambling Harms Service
- Substance Misuse Services

Mental Health Services for Older People

- Community Services
- Inpatient Services
- In Reach Home Treatment Services
- Dementia Rapid Response Services
- Memory Assessment Services.

Children's Services and Neurodevelopmental Services

- Child and Adolescent Mental Health Services
- 0 - 19 Universal Child Health
- Complex Health and Pediatric Therapies.
- Autism Assessment and Treatment Teams
- Integrate Support Team
- Strategic Health Facilitation Team
- Community Support Team
- Case Management Team.

Trust Strategy 2024-2028

Derbyshire Healthcare NHS Foundation Trust's Trust Strategy 2024–2028 launched in October 2024 was developed through a collaborative approach including Trust colleagues partners governors and representatives of patient service users and carers with a draft version of the strategy shared with external stakeholders for feedback. The strategy sets out a clear ambition to “*make a positive difference in everything we do*”, with a strong focus on improving quality, safety, access, outcomes and experience for the people who use our services, while ensuring the Trust remains a sustainable and inclusive organisation.



Our Quality Ambition and Clinical Priorities

The first year of the Strategy (2024/25) was positioned as a foundational year, focused on establishing the conditions required to deliver sustained quality improvement over the life of the Strategy. This included:

- Embedding a patient-focused approach to care, underpinned by the Quality Delivery Plan and a clear commitment to safety, effectiveness and experience.
- Laying the groundwork for service transformation, including new models of care, greater use of digital technologies, and a shift towards care closer to home, in line with national priorities to move from hospital to community settings and from analogue to digital services.

- Progressing plans for modern, therapeutic environments, including new inpatient facilities designed to improve privacy, dignity and safety, and to address long-standing estate challenges.
- Strengthening the culture of accountability, inclusion and belonging, through the introduction of new Trust values and the Personal Accountability Charter, co-produced with colleagues, service users and carers.
- Establishing enabling plans (including Clinical, Digital, People, Estates, Transformation and Quality Delivery Plans) to support delivery of the Trust’s four strategic priorities: Patient Focused, People, Partnerships and Productive.

Overall, 2024/25 was intended to focus on clarity of direction, engagement, and infrastructure, recognising increasing demand, growing complexity of need, and financial constraints across the system.

The Trust Strategy was developed through a collaborative approach, involving Trust colleagues, partners, governors and representatives of our patients, service users and carers. A draft version of the strategy was also shared with external stakeholders for feedback.

A strategic plan for 2025-2028 has been developed, based on the outputs of a Board Development session in October 2024, and the dialogue on transformational opportunities hosted at the staff conference. The initial strategic plan was reviewed and tested through a further workshop-style Board Development session throughout 2025.

Strategic priorities – the four Ps



Our strategic priorities outline the high-level initiatives we will focus on in order to deliver the Trust vision. They will be a foundation for our decision making and resource allocation and form the basis of how we will measure performance and successful delivery of the Trust Strategy.

The priorities are all of equal focus and importance. Each will remain in place for the three years this Trust Strategy covers (Winter 2024 – Spring 2028) and will have a set of key deliverables which set under each priority. These will be reviewed on an annual basis to monitor progress, completion and to identify any new deliverables that reflect the changing environment in which we work.

A number of key plans and documents will support delivery of the strategic priorities, as outlined on the subsequent pages. Where these documents are not in place, they will be developed during the life of this Trust Strategy.



Our strategic priorities will be known as our four Ps:

Patient focused

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.



Quality improvement in 2025/26 is explicitly aligned to the Strategy’s four Ps, ensuring that improvements in care quality are delivered with patients, through our people, in partnership, and in a way that is productive and sustainable for the future. To strengthen colleagues’ personal accountability to demonstrate the behaviours our values expect. The personal accountability charter sits alongside the Trust strategy.



The Trust Clinical Ambitions are that the Services we Provide:

- Be person-centred and prevent ill health
- Provide care at home or in the community where possible, through a partnership approach to promote individual and community resilience
- Ensure any admission to hospital is within Derbyshire and kept to the shortest effective period of time
- Be compassionate and take account of trauma-informed practice
- Involve people who use our services in designing their care and treatment, to meet personal goals throughout their lives.

In order to meet the clinical elements of the strategic plan, a Quality Delivery Plan was developed in 2025

Quality Delivery Plan

This summarises how we will meet the **patient focused** strategic priorities outlined in the Trust strategy

Three key pillars of quality care:



Our patient focused strategic priority (one of the Trust's 4Ps) is: **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.**

In the plan...

- There are objectives and delivery measures outlined for each of the three key pillars
 - There are a series of co-produced pledges that underpin the plan, together with examples of real-life experiences from patients and staff
 - Digital is seen as a key enabler of the plan.
- The plan also sets out our quality approach with some principles and pledges.

Patient Focused Elements of the Strategic Plan

Patient focused		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.			
Priorities for delivery of success	Roadmap to delivery of success 2025-26	Q4 Progress Update	Status Q4 Position	Assurance mapped to Q4 papers	
1.1 Improve safety and effectiveness in line with our quality ambitions	1.1.1 Develop and implement Quality Delivery Plan, agree improvement ambitions and measures, and establish associated governance 1.1.2 Monitor performance and implement action plans to address any identified improvement opportunities 1.1.3 Implement national initiatives including Culture of Care inpatient quality improvement programme and Patient Carer Race and Equality Framework	1.1.1 Quality Delivery Plan approved and published in Q2 including roadmap to delivery and measures of success. 1.1.2 Quality monitoring continuously developed over Q4 with mechanisms fully embedded, action plans delivered as appropriate to address identified areas of improvement and assurance overseen by QSC. Impact demonstrated through reduction in bank and agency reliance leading to more consistent care, improved CQC inspection outcomes published across four services, and proposed reduction in BAF risk rating for Q1 of 2026-27. 1.1.3 Progress maintained in Culture of Care programme with self assessment completed Q4. Forward approach for 2026-27 defined with local ward ambitions to be supported through continuous improvement projects. PCREF lead commenced in post and self assessment workshop hosted in Q4 with outputs informing forward action plan.	Delivery on plan at Q4	Agreed assurances considered by Quality and Safeguarding Committee (QSC)	
1.2 Improve experience for, and empower, service users patients and carers	1.2.1 Define and agree experience measures across all services 1.2.2 Review and refine feedback mechanisms across all services 1.2.3 Monitor feedback and implement plan to address any identified improvement aligned to transformation and continuous improvement portfolio 1.2.4 Develop and agree framework for empowerment 1.2.5 Design and launch education programme 1.2.6 Develop and implement engagement through to co-production framework	1.2.1 Measures of experience defined through Quality Delivery Plan with dashboard developed and operationalised to track and assure delivery aligned to year 1 ambitions and roadmap. 1.2.2 Feedback mechanisms further developed over Q4 with focus on standardisation and effective co-ordination and escalation across all services. 1.2.3 Feedback monitoring maintained over Q4 with identified need to accelerate improvement in responsiveness to feedback and complaints and action plan progress overseen by QSC. 1.2.4 Approach defined within Quality Delivery Plan and action plans in delivery aligned to newly appointed remunerated lived experience roles across all services and renewed patient and carer experience meeting. 1.2.5 Education programme now focused on addressing identified need in physical health with delivery phase of CPD programme launched Q4 in partnership with DCHS. 1.2.6 Work plan for advancing coproduction and participation delivered with lived experience partners now fully embedded within evaluation of quality of care through fundamental care standards and '15 Steps' quality visits.	Delivery on plan at Q4	Agreed assurances considered by QSC	
1.3 Develop effective quality governance systems and processes that facilitate shared learning and support a positive safety culture	1.3.1 Review, refresh and embed quality governance systems aligned to new Quality Delivery Plan 1.3.2 Refine Learning Culture and Safety Group as a mechanism to develop and assure a positive safety culture 1.3.3 Agree preferred model and design plan for transition from Care Programme Approach to support safe care co-ordination	1.3.1 Quality Assurance Framework developed aligned to year 1 Quality Delivery Plan ambitions and roadmap. Enhanced governance arrangements operationalised and embedded aligned to new operating model. Impact demonstrated through tested alignment with Well Led framework over Q4. 1.3.2 Development plan for learning and safety culture in delivery aligned to Quality Delivery Plan with Q4 focus on alignment and connection of approach and learning mechanisms under new operating model. 1.3.3 Decision agreed to implement new NHSE Personalised Care Framework. Delayed final framework and guidance now expected to be published in 2026-27 with risk based decision not to proceed on current draft guidance.	Delivery behind plan at Q4 due to delay in NHSE Framework	Agreed assurances considered by QSC	
1.4 Improve access to our services and achieve all target wait times	1.4.1 Launch and deliver year 1 Clinical Services Delivery Plan with a focus on improving access and on understanding and addressing health inequalities 1.4.2 Design framework for disproportionate allocation of resources based on needs of our population 1.4.3 Agree and monitor achievement of target waiting times across all services with a year 1 priority focus on eradication of inappropriate out of area (ODA) placements through 'end to end' pathway optimisation	1.4.1 Clinical Services Delivery plan remains in development with forward approach refreshed by new Medical Director and a draft due to be consulted upon and presented for approval in Q1 of 2026-27 1.4.2 Framework for disproportionate allocation of resources in development aligned to 1.4.1 above. 1.4.3 Achievement in year of a number of targets including perinatal access, dementia diagnoses, children and young people eating disorder access, and individual work placement support access. Improvement action plans to reduce out of area placements and increase crisis 24 hour face to face response resulted in Q4 achievement of Operational Plan trajectories. Continued focus on other challenged access targets including LoS and Community waiting times.	Publication due Q1 26-27 Access recovery in specific services beyond 25-26	Due once final draft plan agreed IPR assurance considered by Finance and Performance Committee (FPC)	

Part 3 – Quality at a Glance: What Improved in 2025/26 and looking ahead to 2026/27

Headline Quality Achievements

During 2025/26, Derbyshire Healthcare NHS Foundation Trust made sustained progress in delivering its Quality Ambition, with clear improvements across safety, experience, workforce, access, digital delivery and inclusion. This section provides a high-level summary of the most significant quality improvements achieved during the year. More detailed evidence and supporting data are set out in Parts 4 and 5 of this Quality Account.



Keeping People Safe

The Trust maintained an overall CQC rating of Good, with all inspected services rated Good during 2025/26, supported by proactive governance, learning from inspection feedback and sustained CQC readiness.

Patient safety systems were further strengthened through embedding the Patient Safety Incident Response Framework (PSIRF), improving learning from incidents and deaths, and achieving 100% Duty of Candour compliance for incidents within the reporting period.

There was a continued reduction in restrictive practices, including sustained reductions in chemical restraint and seclusion, supported by improved risk screening, observation practice and trauma-informed care.

Safeguarding and sexual safety assurance remained strong, with high training compliance, positive external assurance and targeted improvement work to strengthen professional boundaries and safety in inpatient settings.



Providing Effective, Person-Centred Care

Significant estate investment through the Making Room for Dignity programme delivered new and improved facilities, improving privacy, dignity, safety and therapeutic environments while reducing reliance on out-of-area placements.

Clinical effectiveness was strengthened through research, audit and evaluation, with over 35 NIHR studies supported and research embedded within service improvement activity.

Multiple services achieved or retained Royal College of Psychiatry accreditation, demonstrating alignment with nationally recognised quality standards.



Listening to and Improving Experience

The Trust strengthened its organisational approach to patient, carer and lived experience involvement, including clearer governance, improved co-production and sustained Triangle of Care compliance.

Complaints, compliments and concerns handling was improved, with clearer processes, improved timeliness for responses and better use of learning to drive service improvements.

Patient feedback continued to demonstrate high levels of appreciation for compassionate, respectful and supportive care.



Supporting and Valuing Our Workforce

Staff experience remained at or above benchmark levels compared to similar organisations, with strengths in teamwork, compassion and inclusion.

Freedom to Speak Up arrangements were strengthened, with increased staff confidence to raise concerns and improved use of intelligence to identify and address local cultural issues.

Colleagues and teams delivering outstanding care were recognised through the HEARTS Awards, reinforcing a positive, values-led culture.



Improving Access, Flow and Urgent Care

The Trust made progress in reducing inappropriate out-of-area placements through a comprehensive Patient Flow Programme focused on purposeful admissions, improved reviews and safer discharge.

The Mental Health Helpline continued to provide vital access to crisis support, with technical improvements made to support service reliability and development of the Mental Health Urgent Assessment Centre progressed with an ambition to establish a new model to improve timely access to urgent mental health assessment and reduce pressure on Emergency Departments.



Using Digital and Innovation to Improve Quality

The Trust continued to advance digital maturity, including use of a single electronic patient record, electronic prescribing and improved business intelligence.

Contactless patient monitoring was implemented across inpatient services using a clinically governed approach, strengthening observation, night-time safety and physical health monitoring.

Quality improvement capability was further embedded through LiveQI, supporting staff to deliver structured, data-driven improvement across clinical and corporate services.



Addressing Inequalities and Promoting Inclusion

Health inequalities considerations were developed inline with quality improvement work, including actions linked to the Patient and Carer Race Equality Framework, autism-informed care, SEND services and targeted support for vulnerable groups. Dedicated work supported improved access, experience and outcomes for children and young people, carers, and people from disadvantaged or marginalised communities.



Looking Ahead

While progress has been made, the Trust recognises ongoing challenges related to workforce pressures, demand for services and system constraints. Priorities for 2026/27 focus on sustaining improvements, addressing identified risks, reducing unwarranted variation, and continuing to improve safety, experience and outcomes for the populations we serve.

National and Local Priorities (2026/27)

The NHS Medium Term Planning Framework 2026–2029 sets out a national direction for mental health services, aligned to the Ten-Year Health Plan and a renewed focus on quality, access, productivity and equity.

- Improving access and outcomes in community mental health care
- Reducing inappropriate out-of-area placements.
- Strengthening crisis and urgent mental health care
- Reducing reliance on inpatient care for people with a learning disability and autistic people.
- Improving productivity and flow within mental health services
- Strengthening suicide prevention and patient safety
- Supporting digital transformation

Patient Focused Strategic Priorities

Continued focus on the 2024-2028 Trust strategy

1.1 Improve safety and effectiveness in line with our quality ambitions

- Develop and implement Quality Delivery Plan, agree improvement ambitions and measures, and establish associated governance
- Monitor performance and implement action plans to address any identified improvement opportunities
- Implement national initiatives such as Patient Carer Race and Equality Framework.

1.2 Improve experience for service users, patients and carers

- Define and agree experience measures across all services
- Review and refine feedback mechanisms across all services
- Monitor feedback and implement plan to address any identified improvement aligned to transformation and continuous improvement portfolio.

1.3 Effective quality governance systems and processes that facilitate shared learning and support a positive safety culture

- Review, refresh and embed quality governance systems aligned to new Quality Delivery Plan
- Refine Learning Culture and Safety Group as a mechanism to develop and assure a positive safety culture
- Agree preferred model and design plan for transition from Care Programme Approach to support safe care co-ordination.

1.4 Strengthen patient and carer empowerment

- Develop and agree framework for empowerment
- Design and launch education programme.

Overview of Key Quality Risks and Priorities for Improvement 2026/27

Key Quality Risks and Priorities for Improvement 2026/27

Key Quality Risk	Potential Impact	Priority for Improvement 2026/27
Increasing service demand and acuity across inpatient, crisis and community services	Increased risk to patient safety, including suicide and self-harm risk, pressure on observation practice, restrictive interventions, delayed discharge and inconsistent continuity of care	Strengthen patient safety through full embedding of PSIRF, delivery of the Suicide and Self-Harm Prevention Plan, continued reduction of restrictive practices, improved observation reliability and safer discharge processes
Workforce sustainability, morale and wellbeing pressures	Risk of burnout, increased turnover and sickness absence, reduced capacity and potential variation in quality and consistency of care	Support and sustain the workforce through activity focused on wellbeing, morale and psychological safety, strengthened leadership capability, safer staffing oversight and embedding inclusive, compassionate cultures
Access, flow and pathway delays across urgent, crisis and inpatient care	Delays in assessment and treatment, pressure on emergency departments and continued risk of inappropriate out-of-area placements	Improve access and flow through delivery of the Mental Health Urgent Assessment Centre, continued implementation of the Patient Flow Programme and further reduction of inappropriate out-of-area placements
Variation in patient, carer and lived experience	Reduced satisfaction, increased complaints and concerns, and risks to engagement, recovery and trust in services	Enhance patient and carer experience by improving care planning and communication, strengthening the learning from feedback and complaints, and expanding co-production within quality assurance and improvement activity
Digital dependency and optimisation risks	Risk to safety, efficiency and staff experience if digital systems are not optimised or consistently used	Maximise digital as an enabler of quality through delivery of the Digital Delivery Plan, optimisation of the electronic patient record, safe and effective use of contactless patient monitoring and reduction of digital burden

<p>Equality, inclusion and cultural safety risks</p>	<p>Inequalities in experience and outcomes for people from marginalised communities; risk of harm related to racism, discrimination, sexual safety and violence, abuse and aggression</p>	<p>Embed equality, inclusion and anti-racist practice through implementation of PCREF, strengthened safeguarding and sexual safety arrangements, and delivery of the Violence, Abuse and Aggression Prevention Collaborative</p>
<p>Unwarranted variation in quality and practice across services</p>	<p>Inconsistent standards of care and reduced assurance at ward, team and service level</p>	<p>Reduce unwarranted variation through targeted quality improvement, accreditation programmes, strengthened governance and assurance, and improved use of data and intelligence to drive improvement</p>

Part 4 – Delivering Our Quality Ambition: Key Achievements 2025/26

(Examples of Quality Ambition-related achievements)

CQC – Care Quality Commission Oversight and Assurance (2025/26)

KEY ACHIEVEMENTS

Maintained an overall Good CQC rating, with all inspected services rated Good, supported by proactive governance, positive Mental Health Act monitoring feedback, and continued readiness for further inspections



	Safe	Effective	Caring	Responsive	Well-led	Overall
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Forensic inpatient or secure wards	Good	Good	Good	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Good	Good	Good	Good	Good	Good

During 2025/26, the CQC have continued to undertake targeted inspections and assessments across the Trust’s services in line with the Single Assessment Framework.

Inspection of Crisis services and Health-Based Places of Safety (January 2026), Inpatient Services, including Long Stay and Rehabilitation Wards (January 2026), Forensic Services (August 2025) and Older People's Mental health wards (April 2025), all resulted in Good ratings. The Trust's overall rating remains Good. At the time of publication, the Trust is awaiting the outcome of the Community Mental Health services for adults of working age.

CQC activity has reflected an increased emphasis on triangulated evidence, system partner feedback, and culture and leadership.

The Trust has continued to respond proactively to feedback, with a focus on patient safety, care planning, learning from incidents and workforce pressures, supported by established governance arrangements and improvement plans.

Mental Health Act monitoring

During 2025/26, the CQC undertook 12 Mental Health Act monitoring visits across the Trust's inpatient services. These visits focused on the application of the Mental Health Act, including patient rights, documentation and compliance with the Code of Practice.

Feedback from visits has been used to support ongoing improvements in documentation, patient experience and staff understanding of the Mental Health Act, with actions overseen through established governance arrangements.

Results and feedback from CQC visits:



Good

Mental Health Crisis & Health Based Places of Safety – Rated Good

- Compassionate, responsive care with overwhelmingly positive patient feedback; individuals felt listened to, respected and supported in crisis
- Effective crisis assessment and home treatment model, providing timely interventions and reducing need for hospital admission
- Strong multidisciplinary working and system coordination, supporting safe transitions and continuity of care
- Robust risk assessment and safety planning, with personalised, holistic plans developed with patients and carers
- Established learning culture, with incidents reviewed and learning embedded to improve practice and patient safety
- High-quality, evidence-based care aligned to national guidance, with a wide range of interventions available to support recovery
- Effective partnership working with health, social care and third sector organisations to support holistic patient needs

- Visible, supportive leadership with a focus on staff wellbeing, continuous improvement and service development
- Staff skilled, compassionate and committed, with positive team culture and strong supervision and support arrangements
- Improvements in safety and governance since previous inspection, particularly in risk assessment and training compliance



Good

Long Stay / Rehabilitation Mental Health Wards (Cherry Tree Close) – Rated Good

- Safe, clean, and well-maintained therapeutic environment supporting recovery and independence
- High-quality, personalised care with a wide range of interventions (psychological, vocational, educational)
- Strong focus on rehabilitation and community reintegration, with patients making measurable progress
- Positive patient feedback, with individuals feeling empowered and involved in decision-making
- Visible, supportive leadership with a focus on innovation, continuous improvement, and staff wellbeing
- Staff felt valued and enabled to deliver high-quality care



Good

Older Adult Mental Health Services – Rated Good

- Person-centred care tailored to the needs of older adults, including those with cognitive impairment
- Caring and compassionate staff interactions consistently observed
- Safe care delivery with appropriate clinical oversight and monitoring
- Good involvement of families and carers in care planning and decision-making
- Supportive ward environments promoting dignity and comfort
- Strong MDT working contributing to effective care delivery



Good

Forensic Services – Rated Good

- Robust risk management and strong focus on safety and security
- Skilled staff with clear understanding of relational and procedural security
- Structured care pathways supporting rehabilitation and progression
- Positive staff-patient relationships supporting engagement and recovery
- Effective leadership and governance supporting safe service delivery

- Evidence of least restrictive practice and patient involvement in care

Mental Health Act Visit feedback

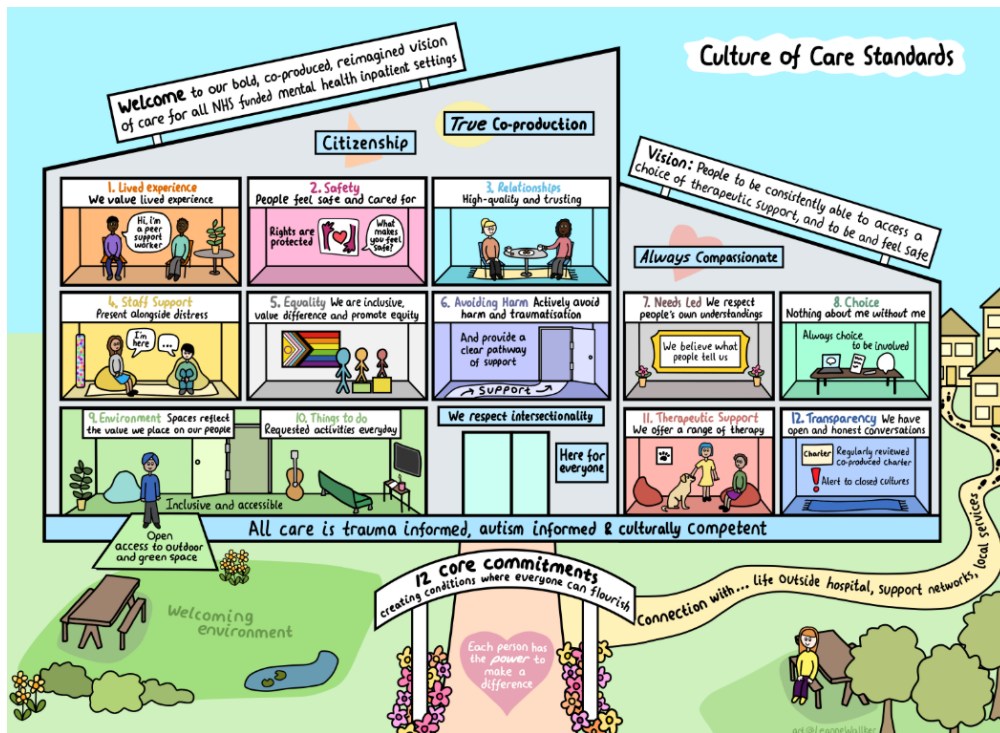
- Patients reported being treated with dignity and respect
- Positive feedback regarding staff kindness, compassion, and availability
- Patients felt involved in decisions about their care and treatment
- Access to advocacy services, supporting patient voice and rights
- Care plans were generally person-centred and recovery-focused
- Risk assessments in place and regularly reviewed, supporting safe care delivery
- Evidence of multidisciplinary involvement in care planning and decision-making
- Wards were observed to be clean, safe, and well-maintained
- Good relational security, with staff demonstrating awareness of patient risk and needs
- Staff had a clear understanding of observation levels and patient safety requirements

Culture of Care Programme

KEY ACHIEVEMENTS

Successfully delivered the Culture of Care Programme across multiple inpatient wards, embedding trauma-informed, autism-informed and anti-racist practice with demonstrable improvements in ward environments, therapeutic activity and patient involvement

The Culture of Care Programme at Derbyshire Healthcare NHS Foundation Trust is a key component of NHS England's Quality Transformation Programme, focused on strengthening therapeutic, safe and equitable cultures within inpatient mental health, learning disability and autism services. Delivered between March 2024 and March 2026 and supported by the National Collaborating Centre for Mental Health (NCCMH) and partner organisations, the programme embeds trauma-informed, autism-informed and anti-racist approaches, with lived experience central to design and delivery.



Progress has been made across multiple wards through strong multidisciplinary engagement, leadership development and co-production with service users. Dedicated ward-level project teams have been established on Willow, Robin, Oak and Ward 36, supported by regular external coaching, expert-by-experience input and Trust-wide links to data, transformation and specialist clinical services. A monthly executive-sponsored steering group and quarterly learning network events have further strengthened oversight, shared learning and momentum.

Change Idea, Status, Principles, Standards, Population focus, Summary and/or change idea story, Organisation and ward

Change Idea	Status	Principles	Standards	Population focus	Organisation
Creating Faith room	✓ Implemented	Autism-informed, Racial equity, Trauma-informed	2. Safety, 6. Avoiding harm, 7. Needs-led, 11. Therapeutic support	Patient	Derbyshire - Robin war
Having locked doors working well to make the ward less restrictive	✓ Implemented	Trauma-informed	2. Safety, 6. Avoiding harm, 7. Needs-led	Patient	Derbyshire - Robin war
improving patients access to outdoor spaces	✓ Implemented	Autism-informed, Trauma-informed	2. Safety, 9. Environment, 10. Things to do, 11. Therapeutic support	Patient	Derbyshire - Robin war
Engaging carer engagement - open door invite to ward activities	● Testing	Autism-informed, Trauma-informed	2. Safety, 3. Relationships, 6. Avoiding harm	Carer, Patient	Derbyshire - Robin war
Funding for rec worker/Amending HCA post to REC worker	● Testing	Autism-informed, Racial equity, Trauma-informed	2. Safety, 7. Needs-led, 8. Choice, 10. Things to do, 11. Therapeutic support	Patient	Derbyshire - Robin war
Increasing patient's accessibility to information such as inpatient guides, or proformas by leaflet holders or to access them digitally (e.g QR code)	● Testing	Autism-informed, Trauma-informed	2. Safety, 7. Needs-led, 12. Transparency	Patient	Derbyshire - Robin war
Learning from others good practice	● Testing	Autism-informed, Racial equity, Trauma-informed	4. Staff support, 6. Avoiding harm	Staff	Derbyshire - Robin war
Peer support worker on the ward	● Testing	Autism-informed, Racial equity	1. Lived experience, 2. Safety, 6. Avoiding harm, 7. Needs-led	Patient	Derbyshire - Robin war
Reducing the number of professionals present in an MDM	● Testing	Autism-informed, Trauma-informed	1. Lived experience, 2. Safety, 6. Avoiding harm, 7. Needs-led, 12. Transparency	Patient	Derbyshire - Robin war
Using patient, staff and carer feedback review MDMs as a whole	● Testing	Autism-informed, Racial equity, Trauma-informed	2. Safety, 3. Relationships, 6. Avoiding harm, 7. Needs-led, 9. Environment, 11. Therapeutic support, 12. Transparency	Patient	Derbyshire - Robin war
1 hr MDM for patients to have enough time to address concerns	● To test				Derbyshire - Robin war
Fairly allocate out patient leaves through daily meeting	● To test	Autism-informed, Racial equity, Trauma-informed	5. Equality, 6. Avoiding harm, 7. Needs-led, 8. Choice, 10. Things to do, 12. Transparency	Patient	Derbyshire - Robin war
Improving activities on the ward by improving patients access to gym	● To test	Autism-informed, Trauma-informed	7. Needs-led, 10. Things to do	Patient	Derbyshire - Robin war

The programme has translated into tangible improvements in ward practice. Each participating ward has implemented quick wins and tested a wide range of change ideas aligned to the national Culture of Care standards, including improvements to ward environments, patient involvement in multidisciplinary discussions, therapeutic activity, communication, equity and personalised support. Several wards are actively testing or progressing multiple change ideas simultaneously, demonstrating sustained engagement with quality improvement methodology and co-production principles.

Investment through national funding has enabled the introduction of a Recreational Coordinator role, recruited in December 2025, to enhance therapeutic engagement, meaningful activity and recovery-focused care, while also building staff capability to sustain improvements beyond the funding period. Leadership capability has also been strengthened through participation in the Foundation of Nursing Studies Ward Manager Leadership Development Programme, supporting person-centred and inclusive ward cultures.

The Trust has established robust monitoring and evaluation arrangements, including monthly proxy measures (such as restrictive practices and workforce indicators), national benchmarking submissions, and patient and staff surveys to track experience and wellbeing. Staff feedback has already informed escalation and planned review of digital and documentation pressures, demonstrating responsiveness to learning and continuous improvement. Despite the programme finishing in March 2026, the Trust has an appetite to continue to embed a Anti Racist, Autism Informed and Trauma Informed Culture With a celebration and sustainability event planned for June 2026.

Quality Assurance and Quality Improvement Framework



KEY ACHIEVEMENTS

Fully embedded the Quality Assurance Framework, strengthening triangulated assurance through Board visits, Fundamentals of Care reviews and lived-experience input, providing clearer insight and stronger organisational oversight

Quality Assurance Framework



Derbyshire Healthcare
NHS Foundation Trust

Through our Quality Delivery Plan, we focus on how our work improves: **Safety • Effectiveness • Experience**

Our different quality visits



What happens next?

- Immediate safety concerns are escalated
- Learning is shared
- Improvement actions are agreed
- Progress is monitored

All visits are underpinned by our Quality Assurance Framework Policy.

Statutory visits to our services (e.g. CQC and SEND) are managed through a separate governance process.

During 2025/26, the Trust has successfully embedded its Quality Assurance Framework (QAF) as a key organisational achievement, providing a structured and triangulated approach to understanding and improving the quality of care. The framework brings together intelligence from data, feedback and direct observation, with a particular strength being the meaningful integration of lived experience, ensuring the voices of patients, carers and families inform assurance and improvement activity. This has continued to develop over the year, including the use of approaches such as the 15 Steps Challenge to capture immediate impressions of care environments and experiences.

As part of the QAF, Executive and Non-Executive Directors have maintained a strong visible presence in services through Board visits, with 152 visits undertaken over the last 12 months across clinical, operational and corporate services. These visits provide an important opportunity for direct engagement with staff and patients, enabling Board members to gain real-time insight into the lived experience of care, observe culture and environment firsthand, and strengthen organisational visibility, transparency and connection between frontline services and senior leadership.

In addition, 91 Fundamentals of Care (FoC) visits have been undertaken across all care groups, comprising a combination of both planned and targeted, intelligence-led reviews. Planned visits provide routine oversight and support consistency of standards across services, while targeted visits focus on areas of identified risk, variation or emerging concern. Together, these visits offer a detailed and standardised assessment of care quality at ward and team level, with a focus on patient experience, safety, environment and care delivery. Findings inform clear action planning and are triangulated with other sources of assurance, supporting timely improvement and strengthening organisational oversight.

Looking ahead to 2026/27, a key area of further development will be to strengthen and expand the involvement of lived experience partners within the Quality Assurance Framework, increasing the breadth and consistency of co-production within assurance activity to further enhance insight, challenge and improvement.

Making Room for Dignity – Improving Privacy, Safety and Environment

KEY ACHIEVEMENTS

Delivered major new inpatient facilities (including PICU and enhanced care units) improving privacy, safety and dignity, reducing out-of-area placements and progressing towards the eradication of dormitory accommodation

In 2020, the Government made a bold commitment to eradicate dormitory accommodation from mental health inpatient facilities, pledging more than £400m nationally to transform environments and improve the safety, privacy and dignity of people experiencing mental illness. Derbyshire benefitted significantly from this investment, receiving £80m for mental health estates, which has underpinned a £150m programme of new and refurbished facilities across the county.

Building on this commitment, and as set out in the previous Quality Account, the Trust successfully opened a number of major developments during 2024/25, including:

- **Bluebell Ward**, Walton Hospital, Chesterfield – a 12-bedded older adults ward, opened in January 2025
- **The Derwent Unit**, Chesterfield Royal Hospital site – a 54-bedded adult acute unit, opened in March 2025
- **The Carsington Unit**, Kingsway Hospital, Derby – a 54-bedded adult acute unit, opened in May 2025

During 2025/26, Derbyshire Healthcare NHS Foundation Trust continued to build on this momentum through its *Making Room for Dignity* programme, delivering further high-quality, purpose-built inpatient services that address long-standing gaps in local provision. These include:

- Kingfisher House**, Kingsway Hospital, Derby – a 14-bedded Psychiatric Intensive Care Unit (PICU) opened in July 2025. This new male PICU enables people to receive highly specialised care closer to home and eliminates the need for out-of-area placements for this group.

THE DEVELOPMENT OF KINGFISHER HOUSE

NHS Derbyshire Healthcare
NHS Foundation Trust

Making Room for Dignity

VISION: To provide a 14-bed male Psychiatric Intensive Care Unit (PICU), reducing the need for out-of-area placements.

2021
WE WORKED WITH PEOPLE WITH LIVED EXPERIENCE TO:

- Improve privacy and dignity
- Give people choice over their environments
- Create open and therapeutic spaces for recovery
- Create facilities focused on people, not illnesses.

“By providing a local Psychiatric Intensive Care Unit, the Trust is addressing a long-standing inequality in service provision.”
Selina Ullah, Trust Chair

Outdoor space is seen as being an important aspect of recovery.

2022
‘MAKING ROOM FOR DIGNITY’ IS BORN

The programme name was developed and chosen by our staff and people who use our services.

Kate Smith, who designed the logo for the ‘Making Room for Dignity’ programme, is an artist with lived experience of mental ill health.

2023
THE UNIT HAS A NAME

Trust Chief Executive, Mark Powell, announces the name chosen by colleagues, service users and carers.

A ground-breaking ceremony marked the beginning of the new building.

2024
KEEPING EVERYONE INVOLVED

We welcomed colleagues and partners to tour the new building.

Mark Powell shows the progress to Derby North MP, Catherine Atkinson.

Governor, Angela Kerry, visiting with Trust colleagues.

A tour with The Lord-Lieutenant of Derbyshire, Mrs Elizabeth Fothergill.

2025
THE UNIT OPENS ITS DOORS

...on 22 July 2025, with an official opening ceremony taking place on 7 November 2025.

Official opening ceremony.

Moving in day.

WE MAKE A POSITIVE DIFFERENCE IN EVERYTHING WE DO



- **Audrey House**, Kingsway Hospital, Derby – an eight bedded Enhanced Care Unit for female patients, opened in August 2025, with an official opening ceremony held in November 2025. This bespoke service similarly reduces reliance on out of area placements and improves access to the right care at the right time.



All new developments have been shaped by meaningful engagement with service users, carers and staff, and designed in line with national guidance to deliver safe, therapeutic, single room environments. Collectively, these facilities significantly enhance patient experience, promote dignity and privacy, support recovery, and strengthen transitions between different levels of inpatient care. They represent a major step forward in delivering compassionate, high quality mental health services for people with the most complex needs across Derbyshire.



**Making Room
for Dignity**

THE DEVELOPMENT OF AUDREY HOUSE ENHANCED CARE UNIT



VISION: A full refurbishment of Audrey House to create an enhanced care unit, designed to support up to eight women with complex mental health needs in a safe, therapeutic environment.



Sensory environments and outdoor access place therapeutic care at the heart of the new facility.

“ We want everyone who comes to Audrey House to feel safe, supported and hopeful. Our team is here to help each person on their journey to recovery. ”

Lisa, Audrey House




Audrey House was a part of the **Making Room for Dignity** programme which has delivered new and refurbished facilities in Derbyshire, removing dormitory accommodation to improve safety, privacy, dignity, and embed therapeutic-based care in recovery.

WE WORKED WITH PEOPLE WITH LIVED EXPERIENCE TO:

- Improve privacy and dignity
- Give people choice over their environments
- Create open and therapeutic spaces for recovery
- Create facilities focused on people, not illnesses.

“ It is fantastic to have a new service where women with enhanced mental health needs can receive the right care and support. ”

Solina Ullah, Trust Chair



Kate Smith designed the logo for the 'Making Room for Dignity' programme.

THE UNIT OPENS
...on 22 July 2025, with an official opening ceremony taking place on 7 November 2025.

Official opening ceremony with The Lord-Lieutenant of Derbyshire, Mrs Elizabeth Fothergill.

“ Access to outdoor space plays an important role in people's recovery. ”



“ By providing a local enhanced care unit, the Trust is addressing a long-standing inequality in service provision. ”

Moving in day.









To complement these modern environments and further enhance patient experience, the Trust has also developed and implemented a new Model of Care. Co produced with Experts by Experience, the model places a strong emphasis on purposeful admission, trauma informed practice and sensory based interventions, ensuring care is both personalised and recovery focused.

The final phase of the programme is now underway, with the refurbishment of two 17 bed adult acute wards at the Radbourne Unit, Derby Royal Hospital. On completion, this will fully realise the ambition of the Making Room for Dignity programme and eradicate all dormitory accommodation from the Trust’s mental health inpatient estate—marking a significant achievement for patients, staff and the wider system.

Acute care pathway: our model of care



Our three aims





1. Purposeful admissions

- Prompt access to the best hospital provision available for a person’s needs, which is close to home, so they can maintain their support networks and community links.
- The admission is clear to the person, their carers, the inpatient team and any supporting services.
- Care is focused on clear recovery goals.



2. Sensory interventions

- Provide a calmer and less stressful ward environment.
- Interventions that are aimed at improving wellbeing with goal-based outcomes.
- Gathering an understanding of each patients’ sensory needs from the start of admission, efficiently communicating those needs to the wider team.
- Sensory modulation care plans for each individual.



3. A trauma-informed approach to care

- Realise how common the experience of trauma is and how people can reclaim their lives.
- Recognise the different ways trauma can affect people, families and communities, and how this can present within services.
- Respond in ways that welcome people by opening doors rather than shutting them.
- Resist activities that re-traumatise.
- Understand the importance of relationships.

Our philosophy

Our new model centres on holistic care principles including trauma-informed care and sensory approaches which are proven to decrease restrictive practice, aid recovery and improve patient and staff experience. We will integrate physical, mental, and social care elements for goal-based patient support, aligning with a bio-psycho-social approach.



Scan the QR code to find out more on Focus

focus.derbyshirehealthcare.nhs.uk/acutecarepathway

In practice

Learn about the model of care through...

- Training
- Standard Operating Procedures (SOPs)
- Inductions
- Quick reference guides
- Videos
- Onsite inductions into the building design.



Strengthening Carer and Lived Experience Involvement

KEY ACHIEVEMENTS

Strengthened carer involvement through the establishment of a dedicated Patient, Carer and Lived Experience function, sustained Triangle of Care compliance, improved governance, and increased co-production across services

Carer Engagement

The last year has seen the development of a Deputy Director post for Patient, Carer and Lived Experience. The establishment of a Patient Carer and Lived Experience Team has seen improvements in communication, governance and passion for patient and carer involvement.

Carers, Trust staff, Carers Champions, stakeholders and partners from the local Health and Social Care sector continue to attend monthly Carer Engagement Group meetings. The Carer Engagement Group workplan is aligned to the Trust's Patient and Carer Experience Plan and the fourth pledge of the plan, to "Increase Carer Involvement". The work also aligns to the Trust Quality Plan and ensuring we provide a personalised, compassionate, respectful, and dignified experience for Patients, Carers and Families.

Where there are specific pieces of collaborative work e.g. the Team's Carer Letter on SystemOne, extraordinary meetings are convened to focus on successful completion. This model has also been used to develop and refine the indicators for the Carers Survey that we continue to prioritise within the Carers Engagement Workplan. Triangle of Care / Carer Awareness Training continues to hold steady at 85% compliance and is consistently well-evaluated.

Carers have welcomed the development of the Trust's inpatient services and Psychiatric Intensive Care Unit and Carers are actively involved in the "15 Steps" initiative.

In September 2025 a Carer, a Trust Carers Champion and the Trust's Carer Involvement Lead presented to the Trust Leadership Team Forum to illustrate what good looks like in terms of Carer involvement and gave a good practice example of the Early Intervention Team's Friends and Family Skill Share Group. Carers Champions are actively sharing and learning from each other to improve the team's offer to Carers.

Triangle of Care

We are delighted to announce that, following the submission of its Triangle of Care Annual Report in February 2026, the Trust has proudly retained its prestigious Triangle of Care two-star status. This achievement is a testament to the continued dedication and hard work of our staff, carers, and partners, reflecting our unwavering commitment to carer involvement and support. Maintaining this nationally recognised standard is a source of great pride for everyone involved and serves as further motivation to build upon our successes in the year ahead.



The Carer’s Trust Triangle of Care National Leads continue to provide support and guidance to the Trust and are present in the Triangle of Care Regional meetings that are currently led by colleagues in Nottinghamshire Healthcare Trust. Derbyshire Healthcare remains committed to the Triangle of Care as a framework for Teams to continuously reflect on, and improve, their engagement with Carers and Families.

A Carer Dashboard is now available to clinical staff on SystmOne. Compliance is improving and work is ongoing with operational and clinical leads, Information Management and Technology and Clinical Digital colleagues, to improve compliance. The Carers and Families Hub on the Trust website continues to be updated as changes and developments occur. A short piece of work is anticipated in 2026, updating the Support for Carers Leaflet that was published in December 2024.



In the past year the Trust “Working with and Supporting Carers” Policy has been significantly reviewed in collaboration with Carer representatives. It emphasises the importance of reaching out to Carers from minority and disadvantaged populations and Young Carers. Membership of the Derby Health Inequalities Partnership is important in this endeavour.

Partnerships

We value the relationships and partnerships that have been formed with stakeholders, sometimes over many years. In the current climate of organisational change across the health and care sectors these partnerships are vital in terms of progress and sustainability. The Trust relies on and values good working relationships and collaboration with partner services and this is particularly so in Carer engagement.

The last year has seen Trust involvement in the development of the first joint Derby and Derbyshire Carers Plan that will be launched in the Spring of 2026. We look forward to continuing our involvement to ensure the Plan is recognised across services.

The recent introduction of the Patient and Carer Race Equality Framework (PCREF) is welcomed and, whilst in the early stages, there is learning from NHS early implementers that will guide our progress to reduce racial inequalities in our services.



The PCREF is mandatory for all NHS mental health trusts and providers. It sets out clear actions they must take to reduce racial inequalities in their services – and forms part of Care Quality Commission (CQC) inspections. The framework focuses on three areas:

1. Leadership and governance – trust boards will lead on creating and monitoring plans to reduce health inequalities.
2. Data – trusts must publish new data on progress in reducing health inequalities, and include ethnicity information in all existing core data sets.
3. Feedback – trusts must put clear, visible ways in place for patients and carers to give feedback, and show how that feedback leads to action.

We greatly appreciate and value the active support of the Trust's Chief Executive Officer, Chair of the Trust Board, Non-Executive Carer Champion member of the Trust Board and Council of Governors Carer lead.

We also welcome and value relationships with partner organisations across the County and City areas, these include local authorities, the Integrated Care Board, 3rd Sector providers and, most importantly, Carer Representatives from local forums and groups. We appreciate the time given by Carer Representatives who engage with us, as critical friends, to improve our services and support better care for everyone. During 2025 Derbyshire All Age Carers Support Service has run the H-Connect Hospital Discharge Project pilot in two wards and in partnership with ward staff. Everyone involved has appreciated this collaborative piece of work.

2025 saw some Trust Carers Champions, the Carers and Families Project Lead and the Care Standards and Carers Involvement Lead nominated for these awards. Even more worthy of note, the latter won their category of Partnership and Collaboration having been nominated by a Social Care Commissioning partner.

Plans for the next year include continued improved compliance with regard to the Carer Dashboard on SystemOne, the introduction of the Carer Survey and a continued focus on Young Carers and increasing the Cultural Competence of Trust Teams to meet the needs of the populations they serve.

15 Steps Challenge

The 15 Steps Challenge is an NHS England–developed quality improvement approach designed to understand the quality of care from a patient and carer perspective, based on the principle that first impressions of care environments are powerful indicators of overall quality. It uses short, structured walkarounds undertaken by teams of staff and people with lived experience to capture what it *feels like* to enter and experience an inpatient ward, focusing on early signals of safety, care and organisation.



The Challenge is not an audit or performance management tool, but a collaborative method to support continuous improvement. Feedback is structured around four key domains aligned to CQC expectations: Welcoming, Safe, Caring and Involving, and Well Organised and Calm. Observations are used to identify good practice, highlight opportunities for improvement, and support rapid sharing and action at ward and organisational level.

During 2025, the 15 Steps Challenge was launched and embedded across Derbyshire Healthcare NHS Foundation Trust mental health inpatient services, led by the Trust’s EQUAL group. This work established a consistent, values-based approach to ward walkarounds that strengthens patient and carer involvement, supports quality assurance, and provides qualitative evidence to inform improvement activity, CQC readiness, and Quality Account reporting.

The EQUAL group is a collective group of experts by experience, carers and staff with expertise and experience to ensure their voices are heard within the Trust. As part of this there is visibility from EQUAL within the wards which also support patients on the wards.



Part 5 – Quality Improvements Against National and Local Priorities

Section A: Our People and Our Culture

Celebrating Staff Excellence

KEY ACHIEVEMENTS

Recognised excellence, compassion and innovation through the HEARTS Awards, with high engagement and national recognition for staff and teams delivering quality care

Derbyshire Healthcare NHS Foundation Trust held its annual HEARTS staff awards ceremony today (22 October) at the Trust's conference room at Kingsway Hospital, Derby. Among this year's award recipients were an employee with nearly five decades of dedicated long service, as well as a doctor recognised for his exceptional support to patients thanks to his practical expertise and compassionate approach.

The awards ceremony, hosted by members of the Trust's Board of Directors and sponsored by Hill Dickinson, Kier Construction and Arden Partnership, recognised individual Trust employees and teams who have gone above and beyond the call of duty and performed at a consistently high level over the last year to support patients, carers and fellow colleagues. Over 180 nominations were received for the awards from both inside and outside the organisation.



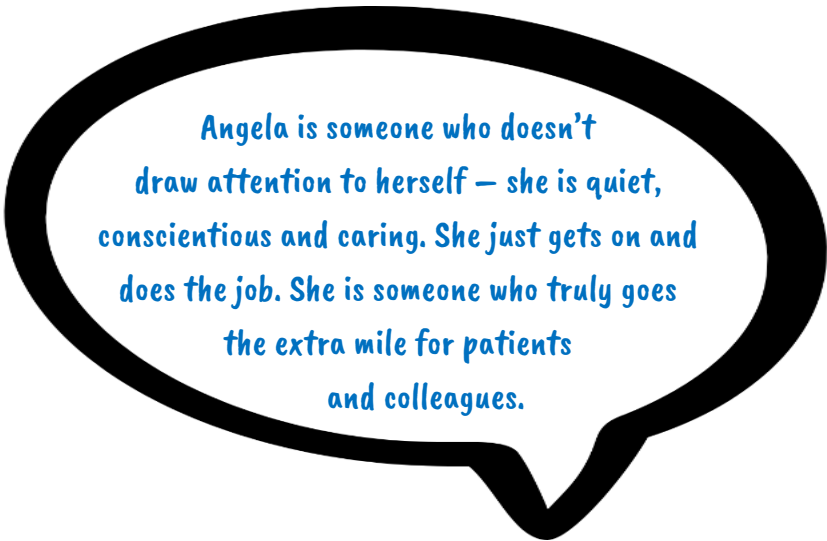
Angela Rafferty – Lead Nurse for the Electroconvulsive Therapy (ECT) Suite team – received with the ‘Derbyshire Healthcare Lifetime Achievement’ award for dedicating 48 years of service to the NHS.

Angela was described as having shown “dedication” and “compassion” throughout her career. Her reliability, quiet leadership and pride in her work have made a lasting impact in acute mental health care and ECT services.

Lexine Price, Senior Nurse working in the ECT team, has worked closely with Angela for many years and submitted the nomination for her colleague. She collected Angela’s award on the night and said: “Angela and I have crossed career paths many times over the years. I first met her in 1984 when I was a naïve anxious student nurse on my very first placement. Angela took me under her wing and guided me.”



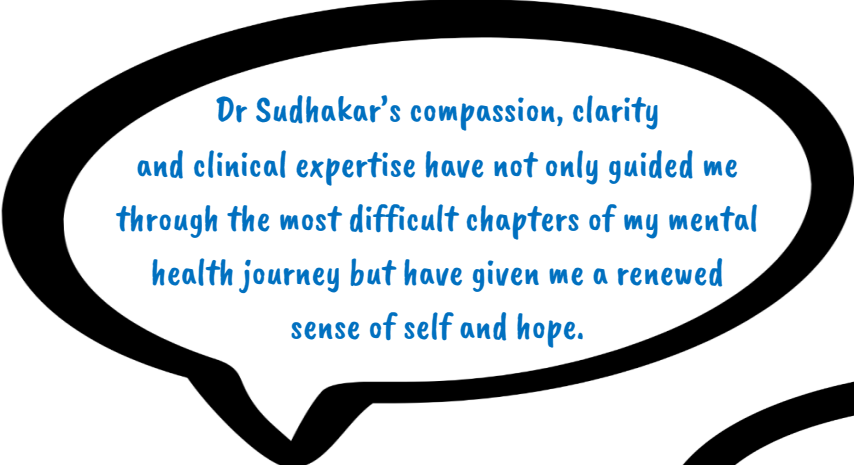
Angela’s kindness and caring demeanour has always shone through and stayed with me. Angela has worked in many different roles in her time working within acute services, which has required a lot of strength and resilience on her part.



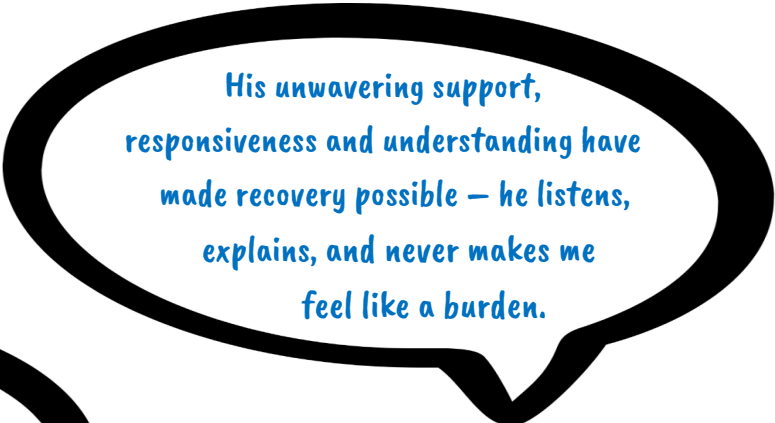
Angela is someone who doesn’t draw attention to herself – she is quiet, conscientious and caring. She just gets on and does the job. She is someone who truly goes the extra mile for patients and colleagues.

The 'Outstanding Care and Compassion' award was presented to an individual for working effectively for the wider benefit of the Trust and patients, demonstrating ambition and a desire to support patients and people. This award went to Dr Saladi Sudhakar, a consultant psychiatrist with the Erewash Community Mental Health Team.


Dr Sudhakar won this award after being nominated by a patient, who praised Saladi's consistent and compassionate care, describing how his understanding, responsiveness and tailored support have made a real difference in the patient's recovery. In the nomination, the patient said:



Dr Sudhakar's compassion, clarity and clinical expertise have not only guided me through the most difficult chapters of my mental health journey but have given me a renewed sense of self and hope.



His unwavering support, responsiveness and understanding have made recovery possible – he listens, explains, and never makes me feel like a burden.



He is caring and extremely knowledgeable in his role and has led me to multiple services which have been life changing. I believe he hasn't just saved my life but many others.

"If only I could show the world where I was a few years ago compared to today, it would really highlight his extreme compassion for helping individuals in the community. My words can't do justice to how amazing he is. I have huge respect for him, and he is giving me another shot at life."



Dr Sudhakar was pleased to be celebrated on the night, he said: “It’s incredibly rewarding to see the positive changes in my patient – not just in their mental health, but in the way they carry themselves, how they speak, how they dress. To witness someone rediscover their confidence and sense of self is a privilege. It reminds me why I do this work.”

This year’s awards included a new category, the 'Patient Focus' award, which recognises a team or individual who demonstrates exceptional respect for, and responsiveness to, the needs and values of our service users, patients, children, families, and carers. This commitment is reflected through positive feedback, improved service outcomes, and consistently high levels of satisfaction.

The Children in Care and Adoption team, who offer confidential support and advice to children in care in Derby city, and their foster carers, won this award for their commitment to co-production, peer support and continuous improvement which has led to high satisfaction rates.

The nomination, which was submitted by a member of staff at the NHS Derby and Derbyshire Integrated Care Board (ICB) read: "The Children in Care and Adoption team places children at the heart of every decision, building relationships rooted in trust and empathy, while consistently delivering outstanding support shaped by lived experience and emotional insight. From the way they answer a phone call to navigating emotionally complex conversations, the team embodies respectful, responsive, and inclusive practice at every level."

Dr Achana Marudkar, Associate Specialist, and Kelly Thompson, Named Nurse attended the ceremony to represent the team, and said: “We were genuinely thrilled just to be nominated – to win was an unexpected and deeply meaningful moment for all of us. This recognition means a great deal, especially given the emotional intensity of the work we do with vulnerable children and young people. It’s a real team effort – from our doctors and nurses to our admin colleagues – and we’re proud of the way we support each other every day. We’re a close-knit team, and this award reflects the compassion and commitment that goes into everything we do.”

Other award categories included the 'Partnership and Collaboration' award, which celebrates an individual that has gone to significant lengths to involve experts by experience, members of our communities or system partners in shaping their services or their work.

The award winner was Lynn Dunham, Care Standards Co-ordinator and Carer Involvement Lead, who was chosen for this award for her efforts to advocate for carers and improve partnership working across the Trust and wider system. Her inclusive approach has strengthened service development, supported engagement and improved outcomes for carers and families.

The nomination, which was submitted by a representative of Derby City Council, read:



Lynn was honoured to receive his award, she said: “I was genuinely shocked to receive a HEARTS Award. For me, this doesn't feel like work – I'm simply doing what I love. It's a privilege to advocate for carers and help shape services that truly reflect their voices.”

Mark Powell, Chief Executive at Derbyshire Healthcare, congratulated colleagues who were successfully named as winners and finalists, as well as all those who were nominated.

Mark said: “It's a privilege to celebrate the dedication, compassion and excellence shown by our colleagues across Derbyshire Healthcare. Whether recognised as winners, finalists or nominees, everyone has made a meaningful difference to the lives of those we care for, and that's what the HEARTS Awards are all about.

“These awards reflect the values we hold as a Trust – putting people first, working together, and striving for continuous improvement. I'm incredibly proud of the commitment shown by our staff and grateful for the positive impact they make every day as representatives of this Trust. I'm also very grateful to our sponsors, Arden Partnership, Hill Dickinson and Kier, for making these awards possible.”

A full list of winners from our HEARTS Awards are:

- Clinical Team of the Year Award – *a team award category - for rising to the challenge of working in ever-changing circumstances and delivering compassionate, safe, responsive and effective care to patients.*



WINNER – Bolsover Older Adult Community Mental Health Team (CMHT)

- Non-Clinical Team of the Year Award – *a team award category - for working effectively for the wider benefit of the Trust and patients, demonstrating ambition and a desire to support our patients and our people.*



JOINT WINNERS – Capital Projects & Making Room for Dignity Programme team; and Estates and Facilities department

- Making a Positive Difference Award – *for a team or individual that has made a positive difference to the lives of the people we serve or work with every day by creating a positive culture and by embodying our values: Caring, Inclusive, Collaborative, Ambitious, Belonging.*



WINNER – Amanda, Occupational Therapist, Forensic Community Mental Health Team (CMHT)

- Patient Focus Award – *for a team or individual that excels in being respectful of, and responsive to, the needs and values of our service users, patients, children, families and carers, resulting in positive feedback or service outcomes and high levels of satisfaction.*



WINNER – Children in Care and Adoption team

- Productivity and Innovation Award – *showcasing a team or individual that has found new ways to deliver projects or services that demonstrate best value for our population, encourage prevention and self-care, embrace technology and/or result in efficiencies.*



WINNER – Erica Screatton and the Occupational Therapy team at the Derwent Unit

- Outstanding Care and Compassion Award – *for an individual who goes the extra mile to ensure their service is caring and compassionate and makes a difference to the lives of patients, service users, carers and colleagues.*



WINNER – Dr Saladi Sudhakar – Consultant Psychiatrist, Erewash Community Mental Health Team (CMHT) – Outpatients

- Partnership and Collaboration Award – *for an individual that has gone to significant lengths to involve experts by experience, members of our communities or system partners in shaping their services or their work.*



WINNER – Lynn Dunham, Care Standards Co-ordinator and Carer Involvement Lead

- Rising Star Award – *individual award category - this award recognises outstanding performance within the organisation and celebrates growing talent at Derbyshire Healthcare NHS Foundation Trust. This person will be new to the NHS or their profession and have made exceptional and ambitious contributions to their team and service.*



WINNER – Oluyomi Ladapo – Registered Nurse, Cubley Court Male older adult dementia inpatient service

- Inclusive Leader Award – *individual award category (DHCFT staff nominations only) - for showing real care and compassion for colleagues, recognising and celebrating the positive impact of inclusion and diversity and creating a sense of belonging. Open to colleagues from all levels of the organisation.*



WINNER – Nicole Ellis – Mobilisation Project Manager, Making Room for Dignity programme team

- Lifetime Achievement Award – *individual award category (Derbyshire Healthcare staff nominations only) - this award seeks to recognise colleagues with over 40 years' service who have dedicated their career to the NHS. They will truly reflect the Trust values and will have demonstrated a commitment to providing support and care to both patients and staff.*



WINNER – Angela Rafferty – Lead Nurse, Electroconvulsive Therapy (ECT) Suite team

Derbyshire Healthcare NHS Foundation Trust is celebrating national recognition for two of its leaders. Chair, Selina Ullah, has once again been named by the Health Service Journal (HSJ) as one of the 50 most influential Black, Asian and Minority Ethnic people in health. Consultant Psychiatrist, Dr Subodh Dave, has also been named a Rising Star for his work with the Royal College of Psychiatrists and Doctors in Distress.

Selina Ullah, Chair since 2021 and one of the first Muslim female NHS trust chairs in the country, has been honoured for a second time for her leadership in advancing Board diversity and workforce inclusion. Under her leadership the Trust has won many awards for Equality, Diversity and Inclusion including Trust of the Year. Her extensive career includes roles as regional lead on mental health policy for the National Institute for Mental Health. Leading a high-profile portfolio including community safety and community cohesion strategic partnerships, civil contingencies and emergency planning and commissioning third sector domestic abuse, drug and alcohol initiatives for Bradford Council, and serving as a Non-Executive Director at Local and Bradford Teaching Hospitals NHS Foundation Trust. Selina is also a lay Board member at the General Pharmaceutical Council and the Vice Chair and Senior Independent Director at NHS Providers.



Selina said: “Being recognised alongside other leaders is an honour. The HSJ’s recognition of equality, diversity, and inclusion in health and social care highlights the ongoing priorities for our Trust. I plan to continue using my position to promote a culture that supports colleagues from diverse backgrounds, focusing on creating safe spaces within our workforce where everyone can bring their whole self to work and give their best to our patients.”

Dr Subodh Dave, Consultant Liaison Psychiatrist at Derbyshire Healthcare, Dean of the Royal College of Psychiatrists, and Trustee of Doctors in Distress – which promotes the mental health of healthcare workers, has been named a Rising Star for setting standards for education and training.

He is also a professor of psychiatry at the University of Greater Manchester and Deputy Director of Undergraduate Medical Education at Derbyshire Healthcare.

Subodh said: “I am honoured to be recognised as a Rising Star by the HSJ. Supporting colleagues, especially during challenging times, and championing inclusion and compassion in healthcare remain at the heart of my work. I am grateful for the opportunity to contribute to make positive changes and help create a culture where every member of our workforce feels valued and supported,”

Mark Powell, Chief Executive at Derbyshire Healthcare NHS Foundation Trust, congratulated the two on their achievement and said: “The Trust is proud to see both Selina and Subodh recognised for their dedication and leadership, which continue to inspire colleagues and improve healthcare for communities across Derbyshire and beyond.”

Derbyshire Healthcare NHS Foundation Trust is proud to announce that it has been named the winner in two categories at the 2025 HSJ (Health Service Journal) Digital Awards, recognising the organisation’s commitment to digital innovation and the transformative impact of digital technology on patient care and population health across Derbyshire.



At a ceremony on 26 June, the Trust won the coveted ‘Digital Organisation of the Year’ award and its School Nursing team claimed the ‘Generating Impact in Population Health through Digital’ award.

The 'Digital Organisation of the Year' award celebrates the Trust's implementation of an organisation-wide Digital Plan, including the rollout of an integrated and future-proof electronic patient record (EPR) system that enables seamless information sharing across services and with GPs, empowering clinicians and patients alike to make informed decisions without delay. The Trust has also introduced electronic prescribing, resulting in the safer and more consistent management of medicines. The second award win, for the 'Generating Impact in Population Health through Digital' award, highlights the work of the Trust's School Nursing Team in transforming the way they identify children's health needs in the city of Derby. In partnership with The Lancaster Model (TLM) and Aire Innovate Limited, the team digitised the Health Needs Assessment process, using a digital questionnaire to find out about children and young people's health at various ages. The survey results help the school nursing team to plan services for the future for all children, and to give each child the health and wellbeing support they need as early as possible. Through the questionnaire, the team have heard from 85% of Year 6 students, 70% of Year 9 students and, in a pilot, 94% of a group of Year 12s, revealing a range of potential health needs that can now be addressed more quickly.

The approach has enabled the team to shift from a reactive, safeguarding-focused model to a proactive, child-centred public health approach. This transformation has already made a meaningful difference to the health and wellbeing of over 15,000 young people and their families across Derby city.

Mark Powell, Chief Executive at Derbyshire Healthcare, said: "We are delighted to have won not one, but two national awards that recognise the dedication and innovation of our teams. These achievements reflect our Trust's strategic focus on digital transformation to improve outcomes, reduce inequalities, and deliver safer, more responsive care to our communities.

"I understand that these wins come at a time of record-breaking participation in the HSJ Digital Awards, with over 430 entries submitted and 205 projects shortlisted. This clearly shows Derbyshire Healthcare's success through the power of collaboration, clinical leadership, and a shared vision for a digitally enabled NHS."

The Trust was also shortlisted in a third category for 'Driving Prevention and Early Intervention through Digital' which also highlighted leadership in digital health innovation in our school nursing service.

Staff Survey Results

KEY ACHIEVEMENTS

The Trust continues to perform at or above the benchmarking group across indicators, demonstrating a consistently positive staff experience relative to comparable organisations.

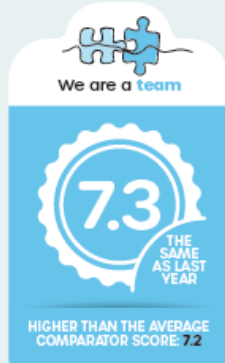
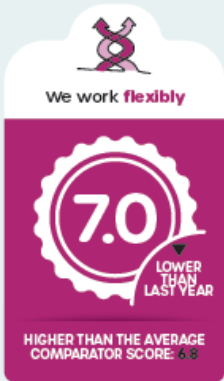
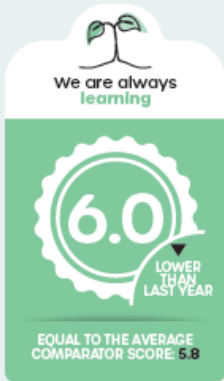
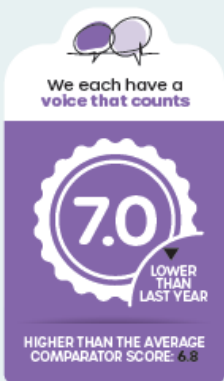
2025 NHS Staff Survey Results Summary

People Promise



The national NHS Staff Survey presents feedback from colleagues aligned to the seven themes of the NHS People Promise. These themes are areas that are central to improving colleagues'

experiences at work. Our Trust results are presented across these themes below, in addition to the Trust's overall scores for staff engagement and morale.



Colleagues feedback

Thank you to everyone who completed the NHS Staff Survey in 2025.

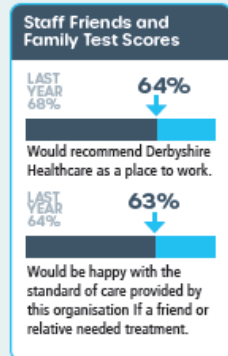
The Trust is committed to making ongoing improvements in response to the feedback we have received from colleagues.

Your feedback continues to rate the Trust higher than average when benchmarked against other comparable organisations.

Team-level feedback has been shared, with a small number of local actions being identified that will make the most difference in your local areas of work.

This is in addition to Trust-wide actions, which include:

- Making the Trust a better place to receive care
- Making the Trust a better place to work.



We have been scored against each element compared to the average from the 28 other organisations in our benchmarking group

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

The Trust continues to perform at or above the benchmarking group across indicators, demonstrating a consistently positive staff experience relative to comparable organisations.

Response rates have remained strong at 64%, reflecting continued engagement with the survey and confidence that staff feedback will be heard and acted upon.

Strengths are evident in:

- **We are a team (7.33)** – indicating strong teamworking and collaboration across services
- **We are compassionate and inclusive (7.68)** – reflecting a positive and supportive organisational culture
- **We work flexibly (7.05)** – demonstrating continued progress in supporting flexible working arrangements

However, the survey shows a gradual decline over time in several indicators, particularly:

- **Morale (6.25)**
- **We are safe and healthy (6.44)**
- **We each have a voice that counts (6.93)**

While these scores remain above benchmark, the downward trend indicates areas requiring focused attention.

Actions to address areas of concern

In response to the survey findings and wider listening channels, the Trust has prioritised the following areas:

- **Making the Trust a better place to receive care** – making sure Derbyshire Healthcare is a place colleagues would recommend to their families and friends as a place to receive care, and that colleagues see patient care as our number one priority.
- **Making the Trust a better place to work** - making sure that colleagues feel supported, valued and safe while they are at work; that people want to stay working for Derbyshire Healthcare, and that the Trust is a place new colleagues want to come and work.

Future priorities and targets

The Trust has identified the following key priorities to improve staff experience:

- **Improving morale and wellbeing**, with a focus on psychological safety and workload pressures

- **Enhancing staff voice and involvement**, ensuring colleagues feel able to contribute to improvements
- **Embedding a positive and inclusive culture**, aligned to the NHS People Promise

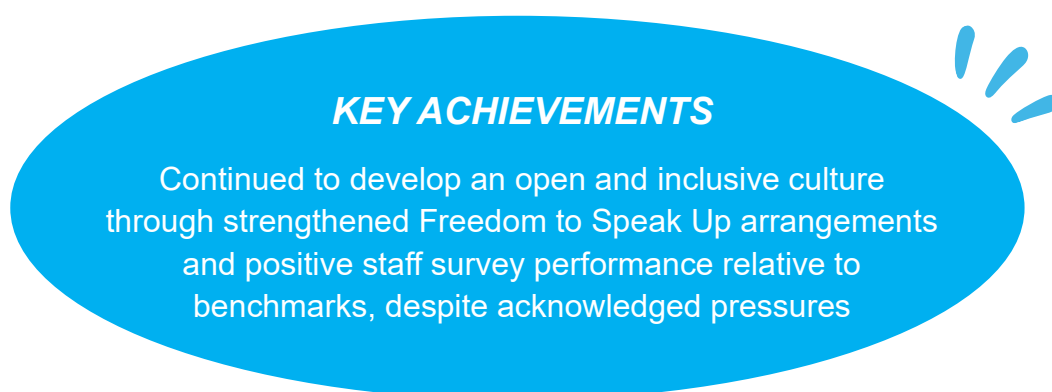
Monitoring and assurance

Progress against these priorities will be monitored through:

- Annual NHS Staff Survey results
- National Quarterly Pulse Survey data
- Workforce metrics (including turnover, sickness absence, and retention)
- Local team-level survey data and action plans
- Regular reporting through Trust governance structures

The Trust will continue to use these insights to drive continuous improvement and ensure that staff experience remains a central priority.

Freedom to Speak Up



During 2025/26, the Trust continued to strengthen its Freedom to Speak Up (FTSU) arrangements, with a sustained focus on improving accessibility, responsiveness and organisational learning from staff concerns. This work supports a positive, open safety culture and enables early identification of risks to patient safety, quality of care and staff wellbeing.



Progress and Impact

Engagement and visibility of the FTSU function increased throughout the year. The Freedom to Speak Up Guardian (FTSUG) undertook proactive engagement with staff through team meetings, inductions and targeted sessions for resident doctors, students and preceptees. Communication was strengthened through intranet updates, blogs and social media, supported by a network of 43 FTSU Champions who provide local visibility and signposting.

Speaking up activity increased significantly, with 268 cases recorded in 2025/26, representing a 49.7% increase compared with 2024/25. This increase is considered a positive indicator of growing staff confidence and awareness of routes to raise concerns, including use of the Focus portal.

Feedback processes for staff who speak up continued to improve. Although timeliness remains an area for further development, feedback from staff remains positive, with 83.7% of respondents reporting that they would speak up again. This demonstrates increasing confidence in the support provided through the FTSU process.

Speaking up data has been used more effectively to identify themes and areas of concern, including indicators of closed cultures within specific teams. Targeted interventions, including staff engagement activity and cultural reviews, have supported local improvements in openness, psychological safety and team culture.

Governance, Oversight and Managing Concerns

The Trust has clear processes to ensure that concerns relating to patient safety, quality of care and workplace behaviours are acted upon promptly. Patient safety and quality concerns raised via the FTSUG are escalated immediately to the Executive Director of Nursing, AHPs, Quality and Patient Experience and, where appropriate, the Executive Medical Director.

Concerns relating to bullying, harassment or inappropriate behaviours are shared, with consent, with relevant leaders and the Employee Relations team to ensure appropriate support, investigation and intervention. FTSU activity is triangulated with other intelligence sources to identify emerging risks and barriers to speaking up. Regular reporting is provided to the Trust Board (six-monthly), Audit and Risk Committee and People and Culture Committee, strengthening executive and non-executive oversight of themes, trends and organisational learning.

Protecting staff from Detriment

The Trust remains committed to ensuring that staff who speak up do not suffer detriment. All perceived detriment cases are recorded and escalated to the Executive Lead for Speaking Up (Chief Executive). Ongoing communication reinforces expectations that speaking up is encouraged and should not result in reprisals, with action taken where concerns are identified.

Key challenges and priorities

The continued growth in speaking up activity has placed pressure on the current part-time FTSUG resource, impacting response times and feedback. Strengthening capacity remains a priority for 2026/27.

Bullying, harassment and inappropriate behaviours continue to be a significant theme, with approximately 40% of concerns including aspects of these issues. The Trust has responded through targeted leadership support, mediation, strengthened monitoring and the implementation of the *A Kind Life* programme; however, further work is required to ensure consistent behavioural standards and psychologically safe environments across all services.

In relation to equality, diversity and inclusion, further work is required to strengthen the Trust's response to racism and discrimination. Key developments during the year included the introduction of a Trust-wide Anti-Racism Position Statement, classification of racism-related incidents as Major Incidents, establishment of a Race Equality Working Group and closer working between FTSU and EDI teams.

Looking ahead

The Trust has continued to make progress in strengthening its speaking up culture during 2025/26. Priorities for the coming year include increasing FTSU capacity, improving timeliness of responses, strengthening EDI-related actions and embedding learning from concerns into sustained Trust-wide cultural change and leadership accountability.

Section B: Patient Safety and Effectiveness

Patient Safety and PSIRF



KEY ACHIEVEMENTS

Embedded PSIRF principles, achieved 100% Duty of Candour compliance for in-period incidents, strengthened learning from deaths processes, and improved systems for incident reporting and learning

Embedding of the Patient Safety Incident Response Framework (PSIRF)

The Trust entered the early adopter phase of the Patient Safety Incident Response Framework in 2020. The framework has now been rolled out nationally, and all providers are adapting to new ways of working. The framework has supported a move towards a more proactive approach to learning from incidents, emphasising higher quality, more proportionate responses to patient safety incidents. This allows us to develop systems which focus on areas where there is the greatest opportunity for learning and improvement.

This has all led to an improvement in the management of incidents and developing a culture learning and engagement in support of patients and their families post incident. There has been a move towards embedding a collaborative approach to incident management and review to gain early learning and direct engagement with clinical teams in identifying ways to improve the safety of services.

The trust continues to monitor return on its Local Priority incidents and planned thematic analysis. Plans are in place to strengthen operational engagement and ownership over learning identified through the PSIRF process.

Learning the Lessons Meetings

Processes continue to develop across the trust, with a current focus on post incident response by services, enhanced oversight and accountability and the identification of learning in a proactive and timely manner. Areas of improvement include the establishment of learning the lessons meetings within the new care groups; and divisional oversight groups which will feed into and out of the patient safety incident corporate functions.

The main priority for these forums will be to ensure the effective and timely implementation of learning from all incidents. Oversight groups are being established

operationally to ensure these meetings remain compliant with their main function and to ensure effective flow of information in and out of the incident process. The Trust Executive Incident Review group will have oversight and maintain challenge over these groups. Work is in progress to enhance reporting structures and escalation processes where standards are not being met.

Improvement of PSIRF Processes

We received an independent audit of our incident response and learning processes which has highlighted areas for improvement around adherence to PSIRF. The learning and recommendations from this have been developed into an improvement plan which will be monitored by the trust audit committee with completion by August 2026.



Duty of candour

Duty of Candour

The following is a summary of Duty of Candour compliance from 1/4/2025 to the year end. The Trust achieved 100% (20/20) compliance with Duty of Candour (Regulation 20).

Number of incidents assessed as Duty of Candour within this reporting period where the date of incident sits outside of this reporting period.

Some catastrophic and major incidents can be subject to Case Record Review (CRR) or Patient Safety Incident Investigation (PSII). Duty of Candour for these incidents can be assessed at the date of the report being signed off by the Executive Incident Group. The date of which Duty of Candour can be assessed for incidents subject to CRR or PSII can therefore sit outside of the reporting period for which the incident occurred.

Therefore, for transparency this report will include the number of incidents assessed as Duty of Candour within this reporting period where the date of the incident sits outside of this reporting period.

There were 6 incidents assessed as Duty of Candour within this reporting period (from 1/5/2025 until 23/2/2026).

The Trust achieved 67% compliance rate (4/6) with Duty of Candour (Regulation 20) for these incidents assessed as Duty of Candour within this reporting period where the date of incident sits outside of this reporting period.

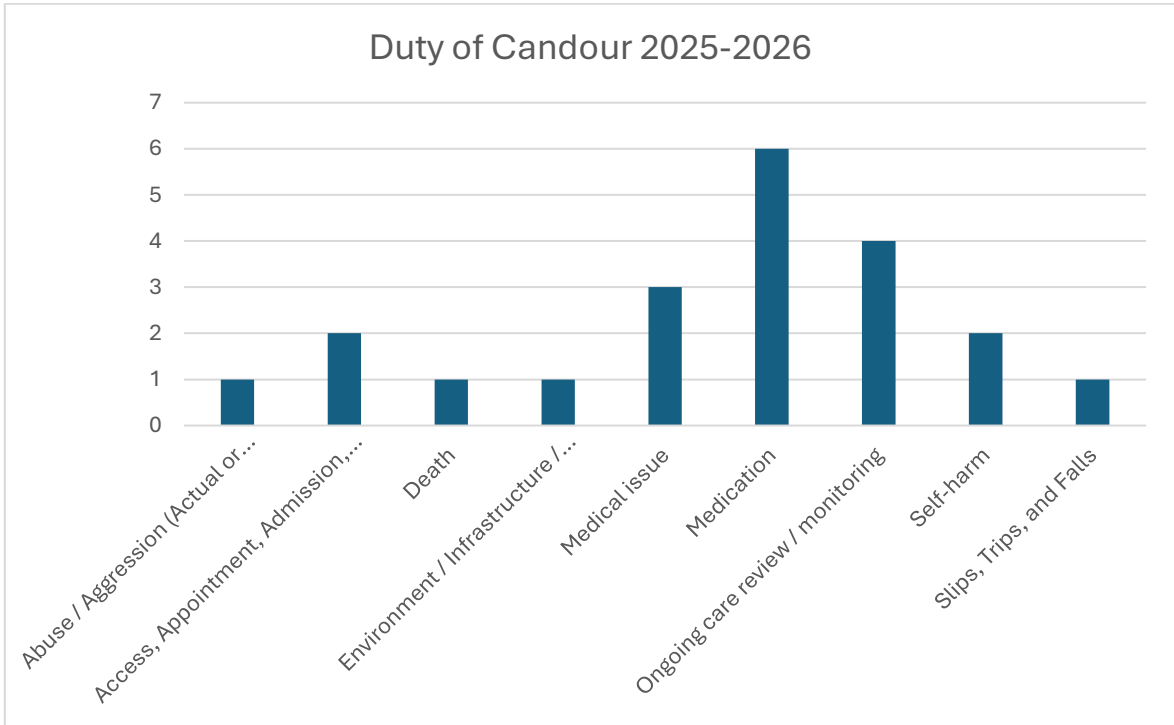
Incidents where regulation 20 was not met

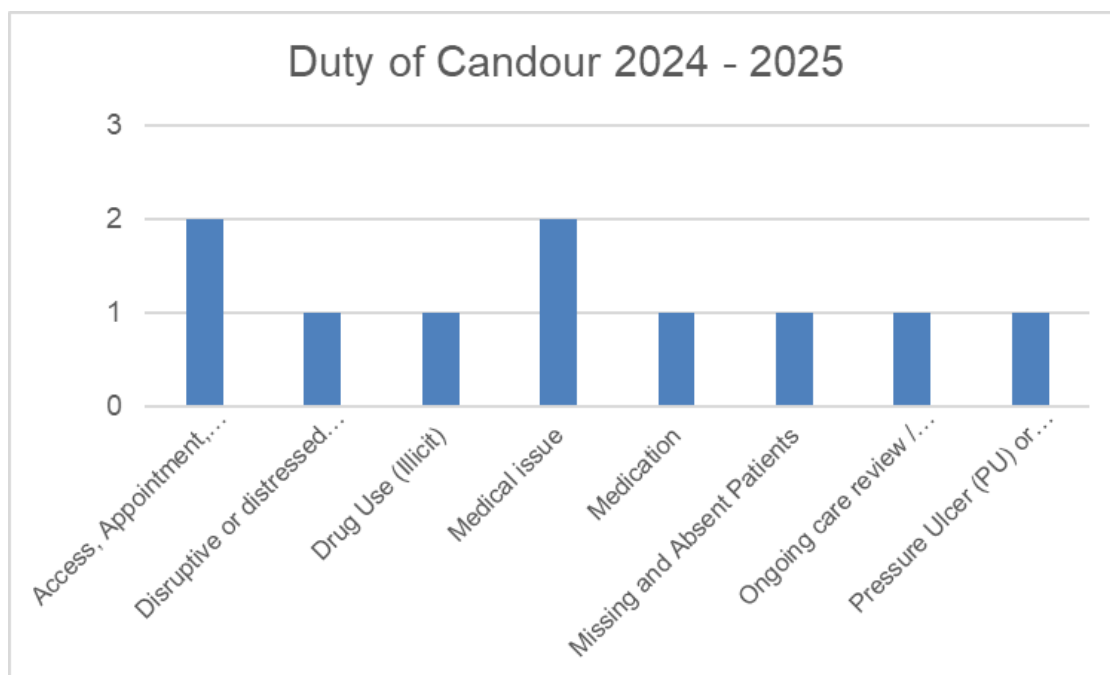
There are two incidents where regulation 20 was not met.

- The first attempted to engage the former patient in the process but this was declined.
- For the second, the Patient was deceased and the family members were estranged.

Note that some incidents remain under review (e.g., deaths subject to Case Record Review or PSI investigation), and data is subject to change. This reflects a dynamic approach to incident management, with continuous monitoring and reassessment.

There were a total of 21 incidents meeting requirements for Duty of Candour from 01/04/2025 – 23/02/2026. The bar charts below show the difference in incident categories from the period of 2025-26 (above) compared to the period of 2024-25 (below).





Lived Experience Participation

Family Liaison and Engagement throughout patient safety incident response continues to improve and plans are being explored as to how we can further involve our patients and their families in the learning from incidents. This, in part, will involve our new dedicated Patient Safety Partner. The Patient Safety Partner role exists to represent the voice of patients, carers and family in the design and improvement of safety systems and processes, and of clinical practice and care.

Systems and processes to manage the flow of incidents have been improved to support better governance through DATIX and allow for the early detection and feedback on themes emerging from incidents.

Training

We have been in the process of rolling out comprehensive training courses relating to suicide prevention, risk assessment and safety planning. 3 of 4 modules have been made available to all clinical staff to complete. The final module has been edited and will be made available to staff within the very near future.

We are also in the process of working with an external partner to develop internal training packages relating to all level of incident management, review and learning Response. This aims to upskill our clinical workforce in adhering to Trust policy & procedure and develop a greater understanding of the human factors that can contribute to safety incidents.

In addition to this, work will begin to develop a comprehensive internal Patient Safety Incident Investigation training package to equip clinicians with the skills and knowledge required to respond to and investigate patient safety incidents through the

lens of systems and processes, in line with PSIRF. We currently have one session available from an external training provider that will be offered to DHCFT colleagues once the organisational restructures are complete, to strengthen the new leadership structures in their knowledge and skills in relation to Patient Safety Incident Response.

A review of current skill mix and capacity within operations will be completed in relation to learning responses post re-structure, and we will utilise peer learning & mentoring approaches to draw upon the knowledge and wisdom of professionals more experienced in leading patient safety incident responses.

Learning From Patient Safety Events (LFPSE)

We have now integrated our incident reporting systems with the national NHS Learn from Patient Safety Events (LFPSE) service, a centralised system for the recording and analysis of patient safety events in health and care (this replaced the National Reporting and Learning System, or NRLS). The Strategic Executive Information System (SEIS) currently remains active as the LFPSE continues to develop.

Table - Incidents reported to LFPSE (Learning from Patient Safety Events) in 2025/26

	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Total
Self-harm	520	617	396	194	1727
Medication	226	254	299	84	863
Slips, Trips, and Falls	149	163	131	54	497
Abuse / Aggression (Actual or Alleged) - Patient to Patient	100	185	154	41	480
Missing and Absent Patients	113	159	109	42	423
Access, Appointment, Admission, Transfer, Discharge	79	104	115	44	342
MH / MC Act process	80	48	77	27	232
Medical issue	52	60	68	25	205
Environment / Infrastructure / Facilities issue on Trust premise (incl. team base)	47	104	34	12	197
Ongoing care review / monitoring	45	67	55	19	186
Record Keeping Standards	30	42	42	15	129
Data Security and Missing Records	32	39	37	14	122
Drug Use (Illicit)	35	22	22	6	85
Alcohol Use	13	17	27	8	65
Accident	14	18	17	7	56
Equipment issue (medical device)	10	30	8	4	52
Death	12	5	12	4	33
Security	10	6	10		26
Infection Control	7	10	4		21
Pressure Ulcer (PU) or Moisture Associated Skin Damage (MASD)	8	1	4	1	14
Disruptive or distressed behaviour	2	6	3	2	13
Equipment issue (non-medical device)	3	4	3		10
IT systems / service issue	3	2	4		9
Manual Handling	3	1	5		9
Fire	1	3	1	1	6
ECT Treatment	2	1	1	1	5
Abuse / Aggression (Actual or Alleged) - DHCFT Staff to Patient	1	2	1	1	5
Other - see 'Description' field for details		3	1		4
Police & DHCFT: Section 136 Pathway		1	1	1	3
Inoculation			1		1
COVID-19 case	1				1
Total	1598	1974	1642	607	5821

This represents a **2.7% increase** in the number of incidents reported from 2024-2025.

Total Number of Incidents Resulting in Severe Harm/Death reported on to the Trust Incident Reporting System, Datix 1 April 2025- 18 Feb 2026

	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Total
Severe harm	11	6	5	6	28
Fatal (Death)	37	24	39	21	121
Total	48	30	44	27	149

This represents an **18% decrease** in the number of deaths reported from 2024-2025.

Total Number of Incidents Resulting in Severe Harm/Death (Reported to LFPSE)

	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26	Total
Severe harm	6	4	4	6	20
Fatal (Death)	12	4	12	4	32
Total	18	8	16	10	52

This represents a **13% increase** in incidents resulting in severe harm/death reported to LFPSE from 2024-2025.

Total Number of Incidents reported on to STEIS (Strategic Executive Information System – the NHS system used to report and monitor the progress of serious incident investigations). STEIS is used to report incidents that meet a Patient Safety Incident Investigation threshold.

Row Labels	▼ Apr	May	Jun	Jan		
Reported by DHCFT		2	1	3	1	7
Total		2	1	3	1	7

There was a total of 3 incidents reported to STEIS in 2024-2025.

Learning from Deaths – Process

The Trust Mortality process was subject to review and alignment to the Trust Incident Management and Investigation processes under PSIRF. This has resulted in more effective management of deaths and improved use of resources. Weekly audits against the mortality database (which draws its information from the national NHS Spine and local ERP systems) continue. This monitors compliance of Stage 1 Mortality reviews and supports staff to identify deaths which meet Trust and National

red flags for incident reporting. These deaths are then reviewed and managed through the patient safety incident response framework.

The Trust has received notification of 1799 deaths of patients through the NHS Spine since 01 April 2025 to 18 February 2026:

Differences may occur between mortality figures recorded on internal Trust systems and those identified through the national NHS Spine due to variations in data sources, update timings, and reporting methodologies. Internal systems are used for operational and clinical purposes, while the NHS Spine receives information through national demographic and civil registration processes, which may capture deaths differently or at different times. The Trust routinely reviews and reconciles data from multiple sources to support accurate reporting and learning from deaths, and small discrepancies between local and national datasets are expected as part of normal data quality assurance.

Month	Number of Deaths Recorded
April	168
May	177
June	158
July	165
August	150
September	153
October	162
November	187
December	200
January	209
February	70

This represents a **17.5%** decrease in notification of deaths from 2024-2025.

The table below outlines the number of deaths that have been recorded through the Trust incident reporting system DATIX and the learning response that has been commissioned. All deaths reported through the Datix system that meet the Trust 'red

flag' will have an Incident review Tool completed. This is then reviewed and a decision made as to whether a further learning response is required.

Year	Number of Deaths	PSII	CRR
2023-2024	117	15	37
2024-2025	95	5	27
2025-2026	137	6	23

*Please note- 55 deaths are currently awaiting a decision

In 2025/26, 36 learning reviews were completed and closed. When a learning response is commissioned, the review team is independent of the team concerned/ involved in the patient's care. Plans are in place to enhance the way we develop and implement recommendations for improvement post learning response, to ensure that the voice and perspectives of the family and of frontline staff are represented.

Coroner Regulations 28 Conclusions - Prevention of Future Death Reports

The Trust has received one Regulation 28 within the financial period of 2025/26 which related to a death recorded January 2025. The learning identified was focussed on communication and information sharing. More specifically to the knowledge held by agencies or organisations of increasing contacts which were impacted by 1) not having the same record system; or 2) the relevant information was put into another record – the patients' child – rather than the patient's record (or repeated). The evidence at court was that there was nothing specific in the contact that caused a clinical concern but rather the fact that there was increasing contact suggested the patient was struggling. In that context, there was a lack of knowledge within partner agencies as to what could and should be shared. The Trust has responded to matters within its control which includes SystemOne 'alert' and Information leaflet to GPs on referral.

Local Learning Priorities

As part of our commitment to continuous improvement and patient safety the Trust has identified the following local learning priorities. These priorities guide our ongoing efforts to enhance care delivery and address systemic issues:

- Improving Risk Management to ensure that comprehensive risk assessments are completed and reviewed and that these accurately reflect the patient needs, particularly in complex/ high-risk patients and working to identify and mitigate risks early. This aligns to the development of the Trust Risk

Assessment, Safety Planning and Suicide Prevention works which includes a training package and revised Suicide Prevention Plan with a Suicide Prevention lead now in place.

- Ensuring that care plans are individualized and reflect the holistic needs of patients, including their psychological, emotional, and physical wellbeing.
- Improving Communication and Teamwork, a re-occurring theme which identifies the need to enhance communication between multidisciplinary teams (MDTs) and the importance of open and transparent communication with patients and families, particularly around critical decisions and care pathways. Promoting the importance of respecting patient preferences and involving patients and their families in care decisions.
- Supporting Staff with complex case management by identifying gaps in training and guidance, particularly related to safeguarding, risk management, and clinical decision-making to support staff in being equipped with the skills and knowledge they need to deal with complex cases.
- Patient Safety thread and Incident Reporting, to encourage a culture of openness where all incidents, near misses, and concerns are reported and acted upon. Ensuring that incidents are appropriately managed and responded too to support the dissemination of learning to reduce risk to patients.

In the table below Themes arising from incident learning responses provides more detail in relation to themes and improvement needs.



Suicide and Self-Harm Prevention

KEY ACHIEVEMENTS

Implemented a Trust-wide Suicide and Self-Harm Prevention Plan aligned to national guidance, embedding personalised safety planning, training and system learning

Derbyshire Healthcare NHS Foundation Trust (DHCFT) has an established Suicide and Self-Harm Prevention Plan (2025–2028) which sets out how the Trust will reduce suicide risk, improve care quality and strengthen system-wide prevention across Derbyshire. The Plan aligns with the NHS National Suicide Prevention Strategy 2023–2028, NICE Self-Harm Guidance (NG225) and recommendations from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), translating national policy into locally delivered actions.

Suicide prevention is recognised as a shared responsibility, requiring a whole-system and trauma-informed approach. The Plan is underpinned by learning from serious incidents, lived experience, staff feedback and research, and is aligned to the Patient Safety Incident Response Framework (PSIRF), focusing on system learning rather than individual blame.

The Plan is structured around eight strategic priorities:

1. Improving data quality, intelligence and evidence use, including near-real-time surveillance, Datix and research partnerships.
2. Delivering tailored, targeted support for priority and high-risk groups, including people who self-harm, children and young people, autistic people, middle-aged men, people in contact with the justice system and those bereaved by suicide.
3. Addressing common risk factors such as trauma, deprivation, substance misuse, social isolation and physical health inequalities.
4. Promoting online safety and responsible media portrayals, with explicit assessment of digital risk in clinical care.
5. Strengthening cross-sector crisis support, including integrated crisis pathways, liaison services and voluntary sector partnerships.

6. Reducing access to the means and methods of suicide, with a strong focus on inpatient safety, ligature reduction and safer prescribing.
7. Providing effective bereavement and postvention support for families, carers and staff.
8. Making suicide prevention everyone's business through staff training, community engagement and stigma reduction.

Across all services, the Trust has embedded collaborative risk formulation and personalised safety planning, moving away from predictive risk scoring, in line with national best practice. A new suicide and self-harm prevention training programme is being delivered to clinical staff, strengthening confidence in assessment, formulation and compassionate care. Particular emphasis is placed on safe transitions, especially at points of inpatient discharge and leave, which are recognised as higher-risk periods.

The plan places strong emphasis on staff wellbeing and postvention, recognising the impact of suicide on staff and the importance of timely, compassionate support and learning. Clear procedures are in place for family liaison, learning following deaths, and ongoing audit and review.

Progress against the Plan is monitored through quality governance arrangements, including incident review, audit, training compliance and partnership reporting. The Plan is a live document, reviewed regularly to ensure responsiveness to emerging risks, population need and national guidance.

Safeguarding and Sexual Safety

KEY ACHIEVEMENTS

Maintained high safeguarding assurance with strong external validation, robust training compliance and a clear Trust-wide programme to improve sexual safety and professional boundaries

Safeguarding remains a core priority for Derbyshire Healthcare NHS Foundation Trust, with statutory responsibilities for children, young people and adults at risk embedded across all services through a *Think Family* approach. The Trust maintains strong multi-agency partnerships with local safeguarding boards and consistently meets its public protection duties through effective governance, assurance reporting,

and system-wide engagement. Safeguarding Children and Adults Operational Groups provide oversight and escalate risks through the Quality and Safeguarding Committee to the Trust Board, supported by regular performance dashboards and a bi-monthly safeguarding information report that ensures learning, legislation, and guidance are disseminated across the organisation.



Performance data for 2025/26 demonstrates sustained safeguarding activity across children’s and adults’ services, including high volumes of advice calls, strategy discussions, Multi-Agency Risk Assessment Conference (MARAC) involvement, and multi-agency risk management activity. Domestic abuse and neglect continue to feature prominently as safeguarding themes, reflecting both system pressures and improved professional confidence in identifying and responding to risk. Safeguarding supervision remains stable and accessible through a flexible delivery

model, supporting timely advice and consistent practice across inpatient and community services.

The Trust continues to provide assurance through strong compliance with safeguarding training requirements, with safeguarding children and adults training levels consistently above 90%. External assurance has been positive, including full or near-full compliance with Section 11 safeguarding arrangements and the highest level of assurance achieved through the Safeguarding Adults Assurance Framework (SAAF), providing confidence in the Trust’s safeguarding leadership, governance, and workforce capability.



Sexual safety is a Trust quality priority, with visible and ongoing improvement work to strengthen professional boundaries and promote a zero-tolerance culture. A Sexual Safety Working Group has been established to deliver a data-led action plan aligned to the NHS England Sexual Safety Framework and the Sexual Safety in Healthcare Charter. Sexual safety incidents within inpatient services are monitored through the safeguarding adults dashboard, enabling oversight of

trends and targeted learning. Sexual safety training is being delivered across the organisation, with positive feedback, and the programme is supported by strong executive leadership and reporting through People and Culture, Quality and Safeguarding Committee, and Trust governance structures.

Collectively, these arrangements provide assurance that the Trust continues to meet its safeguarding and public protection responsibilities, actively addresses sexual

safety risks, and uses data, learning from reviews, and workforce development to drive continuous improvement and safe, person-centred care.

Reducing Restrictive Practices

KEY ACHIEVEMENTS

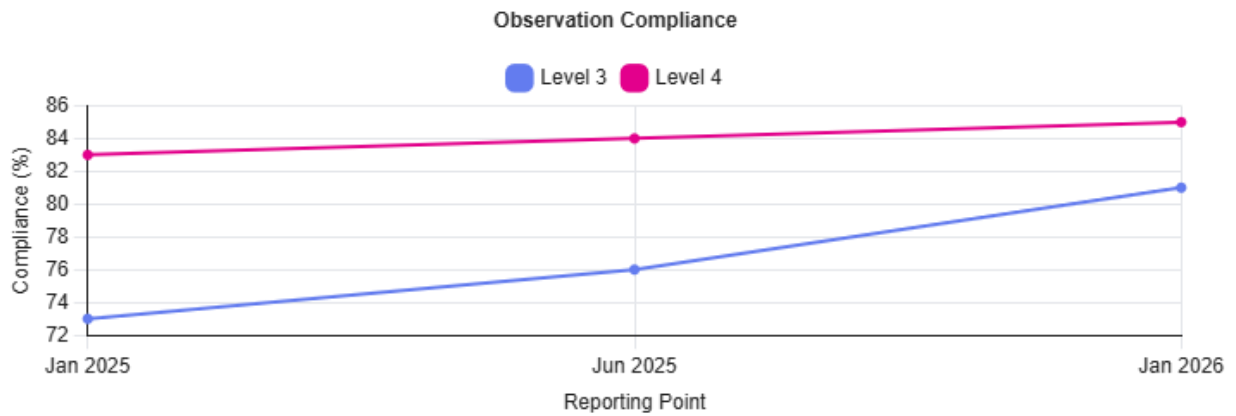
Risk screening compliance has improved, and strengthened governance to support least-restrictive, trauma-informed care

Over the past year, the Trust has made steady and demonstrable progress in reducing restrictive practices, supported by strengthened governance, updated policies aligned with national guidance, and a continued focus on trauma-informed, autism-informed and anti-racist care. Risk screening compliance has significantly improved, exceeding the Trust target and providing stronger assurance that risks are identified and managed early, supporting least-restrictive approaches to care.



Absconson rates have remained consistently low, supported by the controlled-access model, which has been positively recognised through the Right Care Right Person programme.

Observation practice has continued to improve, with measurable increases in compliance for higher-level observations, supported by a Trust-wide quality improvement programme addressing digital, training and operational barriers. At the same time, the Trust has maintained strong audit and post-incident review processes to ensure learning from restrictive interventions is embedded into practice.



Areas requiring continued focus remain, particularly training compliance for Positive and Safe Breakaway modules, digital challenges affecting observation reliability, and an increase in prone restraint, which has been linked to higher levels of acuity and use of rapid tranquilisation. In response, the Trust has strengthened reporting arrangements from early 2026 to better distinguish prone-only restraint and has set a clear ambition to eliminate prone-only restraint, supported by targeted quality improvement and enhanced governance oversight.

Overall, the Trust continues to demonstrate a positive trajectory towards safer, more consistent and least-restrictive care, with clear actions in place to address remaining risks and sustain improvement.

Tackling Violence, Abuse and Aggression Towards Staff

KEY ACHIEVEMENTS

Established a Trust-wide Violence, Abuse and Aggression Prevention Collaborative, translating staff lived experience into clear, governed improvement actions across safety, sexual safety, anti-racism and partnerships

Violence, Abuse & Aggression Action Group *in summary*



Organisational data relating to incidents of **violence, aggression and racism** shows that these experiences continue to affect staff across a range of settings, roles and services

Not all incidents of violence or aggression can be viewed in the same way, and that a **compassionate, trauma-informed** and proportionate approach is essential.



Session	Lead	Time
Welcome	Mark Powell	09:30 - 09:40
Introduction to the day	Joe Thompson	09:40 - 10:20
Brainstorming Conversation	Joe Thompson & Lucy Moorcroft	10:20 - 11:20
	Break	11:20 - 11:35
Campaign Ideas and Design	Joe Thompson & Lucy Moorcroft	11:35 - 12:35
	Lunch	12:35 - 13:20
Supporting and managing patients	Joe Thompson & Girish?	13:20 - 14:00
Review & Summary	Joe Thompson & Lucy Moorcroft	14:00 - 15:00



The Action Group will bring together staff from across the organisation to collaboratively address incidents using a **co-production** approach.

The group will draw on staff experience, organisational data and practical insight to develop actions that are **realistic, proportionate and appropriate** to mental health services.



Session 1

By the end of the programme, the action group will have produced a clear, **co-produced set of outcomes**, including actions, longer-term recommendations, and defined next steps



The group will operate as a **time-limited programme**, consisting of four facilitated, action-focused sessions, delivered through a mix of in-person and online meetings.

The Trust has established a Violence, Abuse and Aggression Prevention Collaborative to address the ongoing impact of violence, verbal abuse, racist behaviour and other forms of unacceptable behaviour directed towards staff. This programme recognises that these issues are systemic rather than isolated, and require a coordinated, organisation-wide response grounded in staff experience and supported by clear leadership accountability.

The collaborative adopts a co-production and organisational development approach, bringing together colleagues from across clinical, operational and corporate services to share lived experience, identify root causes and jointly design practical solutions. Early sessions focused on creating psychologically safe spaces for staff to speak openly, highlighting themes including inconsistency in responses, normalisation of abuse, variable post-incident support, and a lack of clarity around expectations, escalation and consequences.

Building on this insight, the Trust has moved deliberately from listening to action. The programme is structured to **translate staff feedback into tangible organisational improvements**, supported by clear ownership and governance. Action planning is organised around four interconnected pillars:

- **Physical violence** – improving prevention, response and consistency, including post-incident support.
- **Sexual safety** – strengthening implementation of the Sexual Safety Charter and support pathways.
- **Anti-racism** – embedding the Trust’s Anti-Racism Statement into everyday practice, with clear responses to racist abuse.
- **Police and system partnerships** – improving consistency, escalation and joint working with external agencies.

Across all pillars, there is a strong and explicit focus on:

- **Prevention and clear boundaries**, including consistent expectations of behaviour.
- **Simpler and more meaningful reporting**, linked to learning and visible action.
- **Proactive, trauma-informed post-incident support**, including meaningful debriefing, protected time and leadership validation.
- **Visible leadership ownership and accountability**, ensuring staff confidence that concerns are taken seriously and acted upon.

The outputs of the collaborative are being consolidated into a Trust-wide improvement plan, with identified owners, defined actions and agreed governance arrangements to monitor delivery and impact. This approach reflects the Trust’s commitment to moving beyond policy statements and campaigns alone, towards consistent, practical action that improves staff safety, wellbeing and experience.

Section C: Patient and Carer Experience

Patient Experience

KEY ACHIEVEMENTS

Strengthened organisational focus on experience by aligning Patient Experience, Carer and Lived Experience teams, progressing co-production, peer support and expanding the use of patient surveys and feedback mechanisms

Work continues on our Patient and Carer Experience pledges which is being reviewed in April 2026; it was published in April 2024 so this is the halfway mark. We are reviewing our four key areas within the Plan, reflecting on the work achieved so far and reviewing our goals for the next year:

- Improve communication
- Improve patient experience from referral to discharge
- Increase co-production
- Increase carer involvement

Progress has been made in respect, and the patient survey is being rolled out

In April 2025, the Patient Experience Team joined with the Trust Carer Leads, Volunteers Lead and Peer Support Worker Lead, and the team are managed by the Chief AHP and Deputy Director of Patient, Carer and Lived Experience. The team sits within the Nursing and Quality Directorate bringing together all the Corporate teams supporting the patient and carer experience and ensures that we have an overarching approach to improving the experience for people who use our services. All the teams support the monthly Trust Induction for new starters.

Peer support

Peer support in mental health refers to a model of care where individuals with lived experience of mental health challenges provide support to others who are currently using services. This approach is built on shared understanding, mutual respect, and the belief that recovery is possible. Peer support workers use their personal

experiences to offer empathy, reduce stigma, and help individuals feel less isolated, while also supporting them to develop coping strategies and navigate services.

At Derbyshire Healthcare NHS Foundation Trust, peer support was formally established in 2021 and has grown to become an integral part of community mental health services. The role has expanded significantly and is now embedded across a range of specialist areas, including Perinatal services, Individual Placement and Support (IPS), Eating Disorder services, and Child and Adolescent Mental Health Services (CAMHS).

More recently, the *Making Room for Dignity* transformation programme has further strengthened this approach by creating five new peer support roles within inpatient services. This development has expanded the Trust’s unique peer support offer, ensuring that individuals receiving care in inpatient settings can also benefit from lived experience support alongside clinical care.

The inclusion of peer support within our services reflects a broader shift toward recovery-focussed and person-centred care. Peer support workers contribute to improved engagement, increased hope, and more collaborative relationships between service users and professionals. As a result, peer support is now recognised as a key component in enhancing the quality and effectiveness of community mental health provision within Derbyshire Healthcare.

DHCFT Peer support team pictured with Trust CEO



Compliments, Complaints and Concerns

KEY ACHIEVEMENTS

Improved responsiveness and transparency in complaints handling, reduced overall contacts compared with the previous year, and increased use of learning to drive service improvement

In the first instance, we ask people to raise any concerns or queries they may have with the clinical team involved in their care, as staff can respond swiftly to resolve any issues that arise. If this is not possible, the Trust’s Patient Experience Team is the central point of contact for people to provide feedback and raise concerns about the services provided by the Trust. The team’s aim is to provide appropriate responses to concerns or queries raised through Quick Resolution complaints with responses from the local team when appropriate, or through a thorough Closer Look investigation when required. Closer Look complaints receive a comprehensive written response, including being informed of any actions taken.

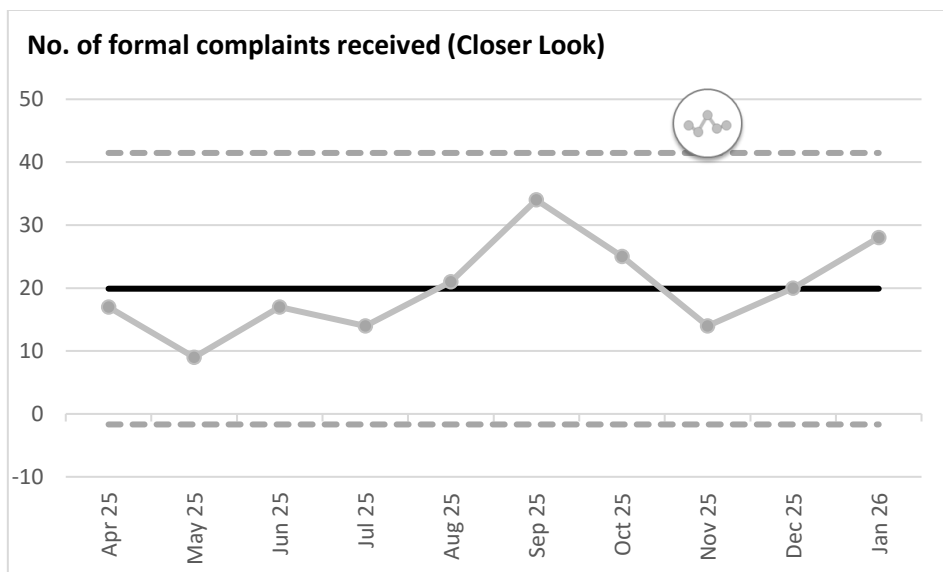
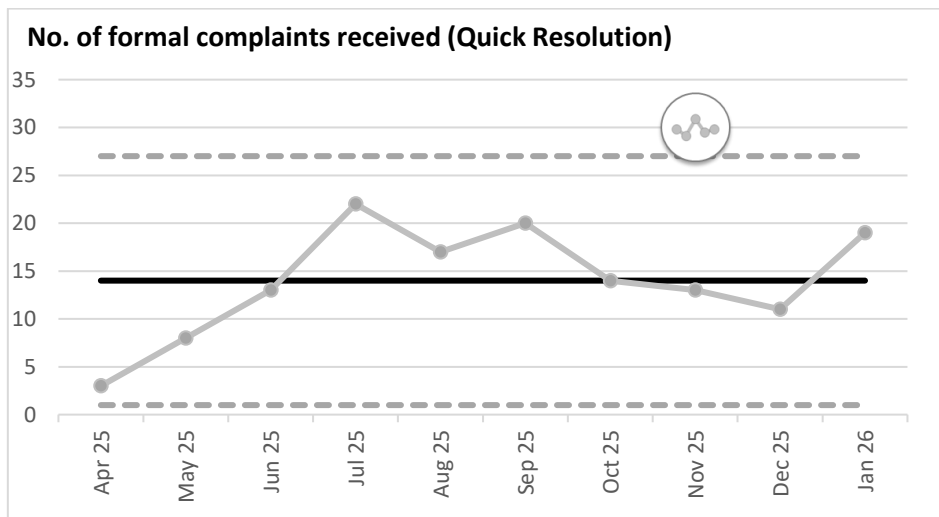
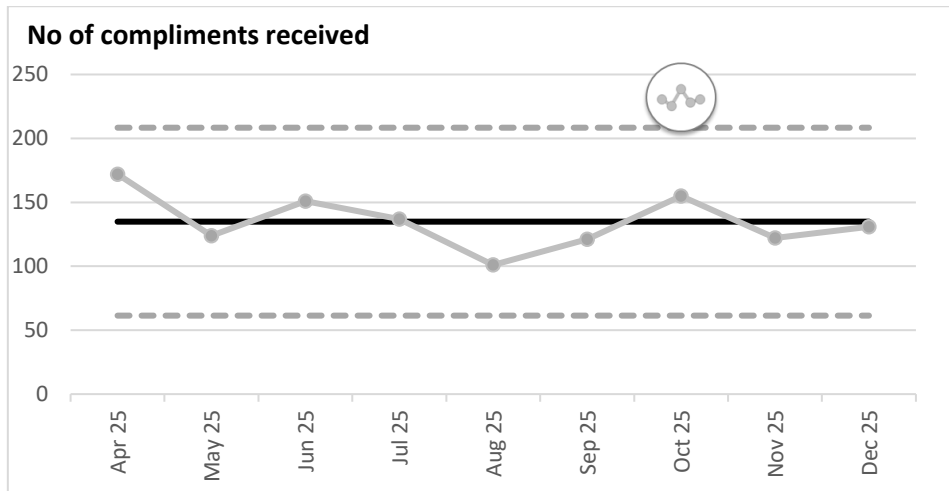
The Patient Experience Team are working with our Transformation team and with Senior Managers to reduce the length of time investigations are taking and for reports waiting to be drafted. Changes have been made to our processes, and we now aim to respond to all Closer Look complaints within 90 working days. Our progress is monitored and reported on, in quarterly reports to the Patient and Carer Operational Group and Quality and Safeguarding Committee. We also aim to reduce the number of Quick Resolution complaints taking longer than 10 working days to complete.

We provide real-time data on our Trust website on the numbers of complaints, concerns, compliments, and Friends and Family Test responses.

Comparison of Contacts Through the Year

	2024/25	2025/26*
Complaint	430	339
Quick Resolution (Yellow)	241	140
Closer Look (Orange)	163	169
Closer Look (Red)	26	30
Compliment	1791	1346
Concern	86	72
Enquiry	1697	1570
Total	4004	3327

*data up to 31/01/2026.



Comparison of Concerns, Complaints and Compliments by Top Issues Raised

Top 3 issues raised in Concerns		Top 3 issues raised in Complaints	
2024/25	38	2024/25	342
Unprofessionalism by staff	10	Care planning	183
Availability of Services / Activities / Therapies	7	Unprofessionalism by staff	86
Appointments (e.g. delays and cancellations)	7	Availability of Services / Activities / Therapies	73
		2025/26	338
2025/26	33	Care planning	173
Other	15	Engagement	87
Unprofessionalism by staff	12	Unprofessionalism by staff	78
Breach of confidentiality	6	Total	680
Total	71		

* From 1 April 2024, concerns are only logged directly by staff.

Compliments

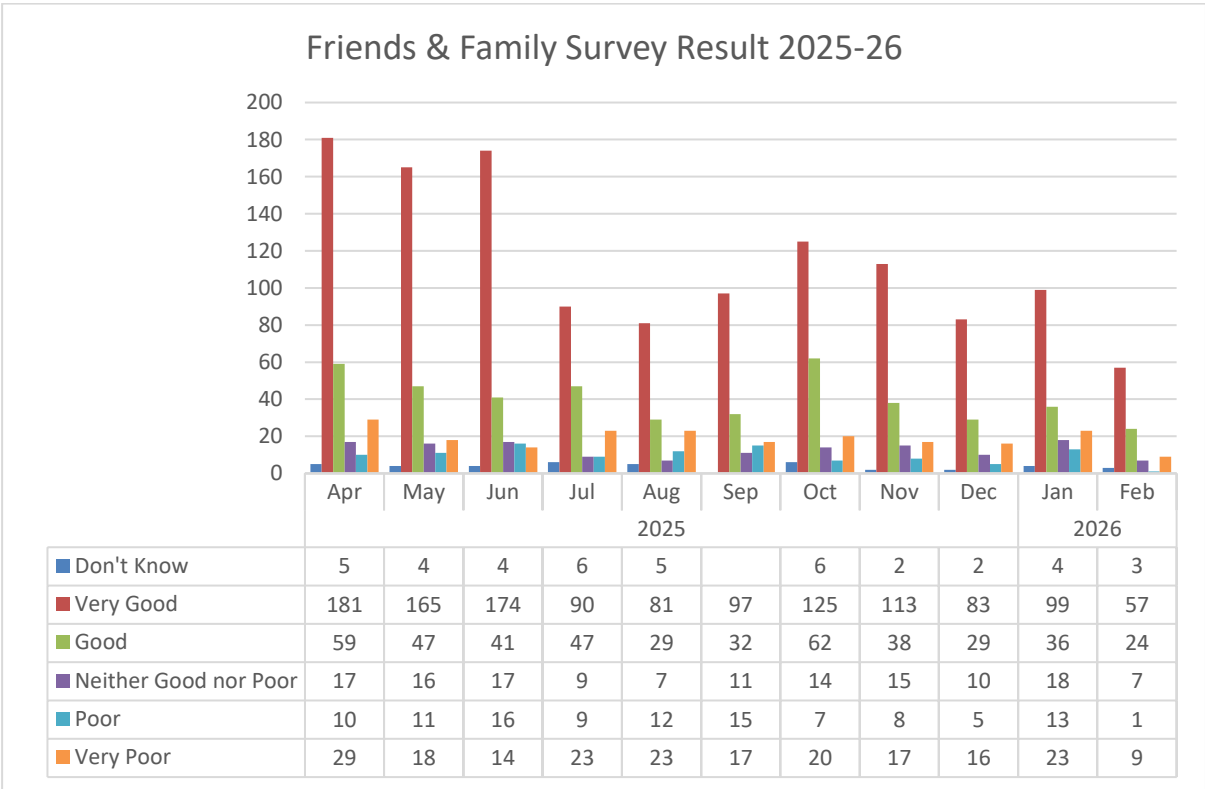
Most of the 1346* compliments received during 2025/26 reflected people's general gratitude for the care, support and help that staff had provided. Individual subjects commented on are noted in the list below.

	2024/25	2025/26*
Care	1065	847
Compassion	862	712
Empathy	619	520
Environment	221	200
Facilities	175	166
General gratitude	1380	1030
Information/Advice	712	486
Kindness	900	703
Listening	826	618
Responsiveness	685	528
Support/Help	1269	944
Other - see description	57	34

* figures from 31/1/2026 they will need to be adjusted

Friends and Family Test

The Friends and Family Test asks, 'Thinking about the service we provide; overall, how was the service user's experience with our service'? It offers a range of responses to choose from, and when combined with supplementary follow-up questions, provides an indicator of good and poor patient experience. The results of the Friends and Family Test are published each month by NHS England. To increase our feedback, we have incorporated the Friends and Family Question into our Electronic Patient Surveys that are asked at regular intervals after appointments. Most people reported that their care was good or very good.



Section D: Improving Access, Flow and Urgent Care

Mental Health Helpline

KEY ACHIEVEMENTS

Delivery of a high-demand service with technical improvements to support access, alongside preparation for transition to NHS 111 as a single point of access

The Mental Health Helpline continues to be well utilised, with sustained growth in demand since the inception of the service. Whilst it is acknowledged that there are challenges to improving the handled call rate, the service is committed to working through these improvements to improve patient care and experience. Over recent months there has been improvement to the telephone systems to improve historical technical difficulties. The national directive to close the 0800 line and move to one single point of access via NHS 111 is being worked through which will result in less variance around access making access more straightforward.

Mental Health Urgent Assessment Centre

KEY ACHIEVEMENTS

Development of the Mental Health Urgent Assessment Centre model to provide timely, therapeutic crisis assessment, reduce pressure on emergency departments and improve urgent care pathways

The Mental Health Urgent Assessment Centre (MHUAC) is a specialist facility designed to provide immediate, calm and safe assessment and support for adults experiencing a self-defined mental health crisis. The service aims to reduce pressure on the acute emergency department by offering timely access to skilled mental health clinicians in a more appropriate therapeutic environment.

The MHUAC will be delivered from the medical annex of the Radbourne Unit, which will be refurbished to provide four assessment rooms, a clinical room, offices and a reception area. The Crisis Resolution and Home Treatment Team will be based at the Radbourne Unit, with the Mental Health Helpline team located on the ground floor of the medical annex.

Benefits

- **For patients**, the MHUAC will provide timely access to mental health assessment and interventions, a therapeutic and low-stimulus environment, private and confidential assessment spaces, faster assessment (within four hours) and an improved overall experience for adults aged 18 and over.
- **For staff**, the model supports more streamlined and rapid assessment processes and closer working between urgent assessment services, bringing teams together within a single centre.
- **For carers**, the centre will offer appropriate space for family members, friends or carers to wait with the person being supported, alongside improved privacy, dignity and outcomes.
- **For the Derbyshire system**, the MHUAC will provide essential support for people in mental health crisis while reducing demand on traditional emergency departments. The service will support joined-up urgent and emergency care pathways, enable data-informed planning and investment, strengthen partnership working, and ensure clear accountability through identified clinical leadership.

The first phase of the MHUAC is due to launch in July 2026 as a 24/7 service. Initial referrals will be limited to liaison from the Royal Derby Hospital Emergency Department to manage demand and allow activity and outcomes to be monitored. Referral routes are expected to expand to include crisis and mental health helpline teams following initial implementation

Patient Flow and Reducing Inappropriate Out-of-Area Placements

The Trust has established a comprehensive Patient Flow Programme to improve end-to-end mental health care pathways across inflow, flow and outflow, ensuring that people who require acute inpatient mental health care receive timely access to appropriate services as close to home as possible. The programme is designed to improve quality, safety and experience while reducing avoidable delays and system pressures across the pathway.

The programme is aligned to national mental health priorities and is underpinned by a clear set of national value and tracking indicators, including average length of stay, delayed discharges, bed occupancy, inappropriate out-of-area placements, timely follow-up after discharge and long length of stay for adult and older adult inpatients. These measures are used to track progress and inform improvement activity across community, crisis and inpatient services

Delivery is overseen through established Trust governance arrangements, with executive leadership, senior clinical oversight and dedicated programme leadership. Improvement activity is structured through inflow (community and crisis), flow and

outflow (inpatient) workstreams, supported by transformation, improvement and performance expertise to ensure sustained change and system-wide impact.

A key feature of the programme is the application of continuous improvement methodology, including structured 30/60/90-day rapid improvement cycles. This approach enables the Trust to test, evaluate and embed interventions at pace, with progress reviewed weekly through operational flow escalation processes and learning applied iteratively to strengthen delivery.

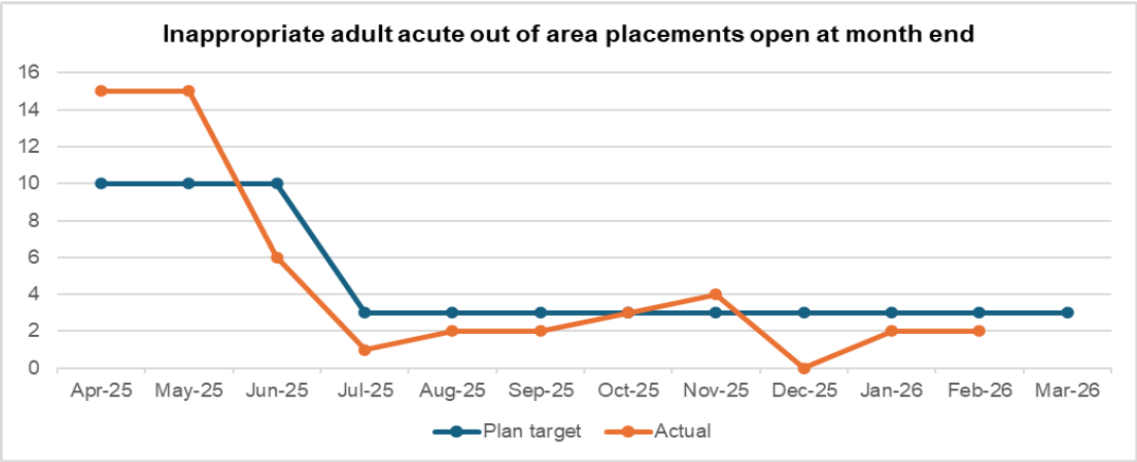
The improvement cycle plan has been aligned to delivery of the ten high-impact actions for mental health discharges with key interventions such as the 72hr review and rapid review process (Red2Green) supporting achievement across multiple high impact actions. The mapping of actions is demonstrated below:

High Impact Action	Mapping to Improvement Cycle Plan
1. Identify the purpose of the admission, set an expected date of discharge (EDD) for when this purpose will be achieved, and communicate this with the person, family/carers and any teams involved in the person's care post-discharge, e.g. CMHT/CRHTT	Action 4. Purposeful admission and 72hr review
2. Complete care formulation and care planning at the earliest opportunity with the person, and within a maximum of 72 hrs	Action 4. Purposeful admission and 72hr review
3. Identify any potential barriers to discharge early on in admission and take action to address these. Where appropriate action cannot be taken, escalate this to the ICB Discharge Lead.	Action 4. Purposeful admission and 72hr review
4. Conduct daily reviews, such as the 'Red to Green' approach, to ensure each day is adding therapeutic benefit for the person and is in line with the purpose of admission.	Action 5. Rapid review (Red2Green) evaluation
5. Hold Multi Agency Discharge Events (MADE) with key partners on a regular basis, to review complex cases	Action 7. MaDE
6. Ensure partnership working and early engagement with the person, family/carers and teams involved in the person's post-discharge support; agree a joint action plan with key responsibilities, for example for social care, housing, PC, CMHT etc.	Action 4. Purposeful admission and 72hr review
7. Apply 7-day working to enable people who are clinically ready for discharge to be discharged over weekends and bank holidays, and allow people who require admission timely access to local beds.	Action 4. Purposeful admission and 72hr review Action 5. Rapid review (Red2Green) evaluation
8. Identify common reasons and solutions to people being delayed in hospital, e.g. housing support/accommodation. Start by reviewing: a) Those who are clinically ready for discharge but occupying beds and b) Adults and older adults with a long length of stay (over 60/90 days for adult/older adult admissions).	Action 7. MaDE
9. Communicate notice of discharge at least 48 hours prior to the person being discharged, to the person, their family/carers and any ongoing support services.	Action 4. Purposeful admission and 72hr review Action 5. Rapid review (Red2Green) evaluation
10. Follow up to be carried out with the person by the CMHT or CRHTT at the earliest opportunity and within a maximum of 72 hrs of discharge, to ensure the right discharge support is in place.	In place

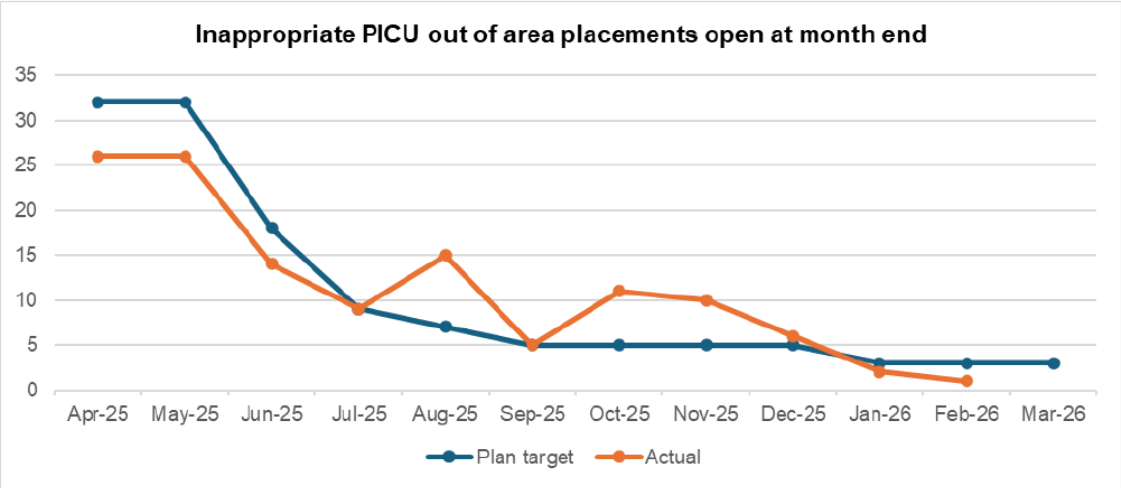
Priority interventions include strengthening purposeful admissions and 72-hour reviews, improving the consistency and effectiveness of daily clinical reviews, enhancing multi-agency discharge events (MADE), and improving the identification and management of people who are clinically ready for discharge. The programme is explicitly aligned to the ten national high-impact actions for mental health discharges, supporting improved flow, reduced length of stay and safer, more timely discharge.

The programme takes a data-driven approach, using detailed analysis of length of stay, delayed discharges, ward-level variation and system demand to inform improvement hypotheses and track impact. Early evidence demonstrates a reduction in inappropriate out-of-area placements, with continued focus on securing sustainable improvement through ongoing measurement and learning.

The inappropriate out of area position achieved at the 28 February 2026 month end was 2, below the Operational Plan trajectory of 3.



The inappropriate out of area position on 28 February 2026 was 0, with 1 appropriate male OOA patient and 2 female continuity of care placements, below the revised plan trajectory.



AVERAGE LENGTH OF STAY TO DISCHARGE												
Average of Length of Stay (Days)	Month <input type="text" value="2025"/>											
Bed type	2025											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Older adult	120	86	105	67	90	141	95	80	87	100	97	81
Adult acute and PICU	49	47	60	54	41	58	54	53	60	58	50	35
Grand Total	64	54	71	57	49	70	62	59	65	65	59	43

Table 1: Current LoS

Analysed by Older Adult; Adult acute and PICU; and overall LoS (Grand total)

AVERAGE LENGTH OF STAY IF DISCHARGED WHEN CLINICALLY READY												
Average length of stay to discharge rea	Month <input type="text" value="2025"/>											
Bed type	2025											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Older adult	84	50	70	45	56	106	61	73	61	58	64	63
Adult acute and PICU	46	45	52	49	40	55	49	48	55	54	49	35
Grand Total	54	45	56	48	43	62	51	54	56	54	52	39

Table 2: LoS if zero CRfD delays

Analysed by Older Adult; Adult acute and PICU; and overall LoS (Grand total)

Alongside rapid improvement activity, the Trust is developing a longer-term transformation plan for patient flow, informed by external reviews and national improvement support. This includes work to redesign community and crisis pathways, strengthen neighbourhood-based models of care and ensure services are aligned to future system and population needs, supporting the delivery of the Trust’s strategic objectives for quality, access and equity.

2026-27

Review ambitions and quality measures based on year 2 Quality Delivery Plan
 Monitor performance and implement action plans to address any identified improvement

Evaluate and refine measures across all services for year 2
 Develop and establish a framework for feedback across all services
 Monitor feedback and implement action plans as required aligned to transformation and continuous improvement portfolio
 Implement framework for empowerment and evaluate progress
 Embed consistent and proactive approach to engagement through to co-production

Self assess quality governance systems, re-evaluate ambitions and implement update or refinement as appropriate
 Deliver transition from Care Programme Approach to agreed model support safe community practice

Deliver year 2 of Clinical Services Delivery Plan with a focus on improving experience and reducing racial inequalities aligned to PCREF
 Implement framework for disproportionate allocation of resources
 Evaluate access across services, define improvement ambitions and deliver year 2 plan

Section E: Digital, Research and Enablers of Quality

Digital Transformation and Quality Improvement



KEY ACHIEVEMENTS

Advanced digital maturity through a single electronic patient record, e-prescribing and business intelligence improvements, positioning digital as a core enabler of quality and safety

Derbyshire Healthcare NHS Foundation Trust recognises that digital transformation is a key enabler of high-quality, safe and person-centred mental health care. The Trust's Digital Delivery Plan (2026–2028) sets out how digital investment and innovation will support improvements in patient safety, clinical effectiveness, experience of care and staff productivity, while addressing health inequalities and supporting system integration.

Digital transformation is positioned as a quality improvement programme, aligned to the Trust's strategic priorities, Quality Delivery Plan and the ambitions of Joined Up Care Derbyshire. The focus is on maximising the benefits of existing digital systems while accelerating improvements that directly impact patient care.

Progress to Date

Over recent years, the Trust has made significant progress in its digital journey. This includes the implementation of a single Electronic Patient Record, electronic prescribing, expanded use of digital consultations, and improved access to self-help and digital support tools. These developments have strengthened information sharing, reduced duplication, and improved continuity and safety of care across services.

More recent progress includes the development of enhanced business intelligence capability, improved integration with partner organisations, and pilots of emerging technologies designed to reduce administrative burden and support clinical decision-making. Collectively, these improvements provide a strong foundation for further quality improvement.

How Digital Transformation Improves Quality

The Trust's digital vision is aligned to the mental health care pathway, from prevention and early identification through to discharge and ongoing support. Digital developments are being used to:

- Improve access and timeliness of care, including triage and assessment
- Support joined-up assessment and care planning, reducing repetition for patients
- Strengthen transitions and discharge planning, improving safety and continuity
- Increase patient and carer involvement, including access to information and two-way communication
- Support self-management and prevention, particularly for people with long-term mental health needs

This approach supports a digital-first mindset, while ensuring that inclusion, safety and personalised care remain central to service delivery.

Engagement and Co-production

The Trust is committed to involving staff and patients in shaping digital priorities. A Trust-wide Digital Futures engagement event brought together colleagues from across services to explore how digital solutions could improve safety, responsiveness and patient experience along a fictional patient journey. The insights gained have directly informed the priorities within the Digital Delivery Plan and support cultural readiness for change.



Digital Priorities and Quality Impact

The Digital Delivery Plan is structured around four strategic ambitions, each with a clear quality impact:

- **Empowering patients digitally** – improving access to information, supporting involvement in care and helping to address health inequalities
- **Equipping and supporting staff** – improving safety through better information at the point of care and reducing administrative burden
- **Building a connected digital ecosystem** – strengthening partnership working and safer transitions across health and social care
- **Streamlining processes** – freeing up staff time to focus on direct patient care

Key areas of focus include optimisation of the Electronic Patient Record, expansion of patient portals, improved digital triage, and targeted work towards paper-light services.

Governance and Assurance

Delivery of the Digital Delivery Plan is overseen through established Trust governance arrangements, with Board-level oversight. Progress, benefits and risks are monitored through a defined programme management and benefits realisation

framework, ensuring that digital initiatives are assessed on their impact on quality and outcomes, not solely technical delivery.

Regular reporting provides assurance that digital risks are identified and managed, and that investment continues to support safe, effective and high-quality care.

Measuring Success

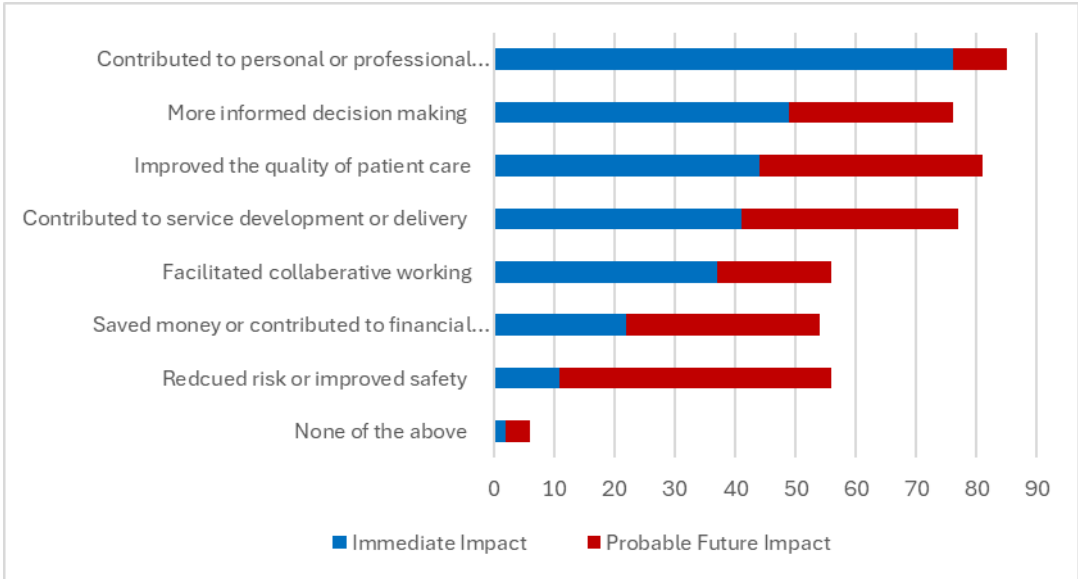
Success will be measured through improvements in digital maturity, adoption and optimisation of digital systems, and alignment with national standards such as the What Good Looks Like framework. These measures will support ongoing monitoring of quality impact over the life of the plan.

Expected Impact on Quality

By 2028, delivery of the Digital Delivery Plan is expected to contribute to:

- Safer, more coordinated care with improved information sharing
- Increased patient access to information and involvement in care
- Improved staff experience, efficiency and capacity
- Stronger partnership working across the health and care system

These outcomes directly support the Trust’s Quality Account priorities and its commitment to continuously improving patient safety, effectiveness and experience of care.



Contactless Patient Monitoring

KEY ACHIEVEMENTS

Implemented contactless patient monitoring across inpatient settings using a clinically governed model, strengthening, safety and night-time care

As part of the Trust's ongoing commitment to improving patient safety and the quality of inpatient care, contactless patient monitoring has been implemented across 72 rooms across adult inpatient wards, the Psychiatric Intensive Care Unit (PICU), and the Health-Based Place of Safety (HBPoS), with deployment tailored to the clinical purpose and physical layout of each area.



The installation followed a structured five-stage implementation model designed to ensure safe, effective and clinically governed adoption. This included pre-installation engagement and site surveys; Trust-led preparatory works such as cabling, secure housing installation and standard operating procedure (SOP) development; installation and commissioning of contactless patient monitoring hardware and IT infrastructure by the supplier; a period of blind running to configure and optimise system performance in live clinical environments; and a supported launch with staff training and operational sign-off.

All contactless patient monitoring-enabled rooms are fitted with secure, tamper-resistant housing units containing a camera and infrared illuminators, designed to meet recognised safety and durability standards. User interfaces, including fixed touchscreens and portable devices, have been installed to support staff access while maintaining clinical workflow efficiency. The supporting IT infrastructure has been implemented within Trust environments, with defined requirements for power, cooling, network connectivity and cyber security to ensure system reliability and resilience.

Detailed site surveys and room layout assessments were undertaken prior to installation to identify any environmental factors that could affect system performance. Where potential limitations were identified, these were addressed through configuration, blind-running optimisation, or agreed mitigations, ensuring that the system operates safely and as intended within each clinical area.

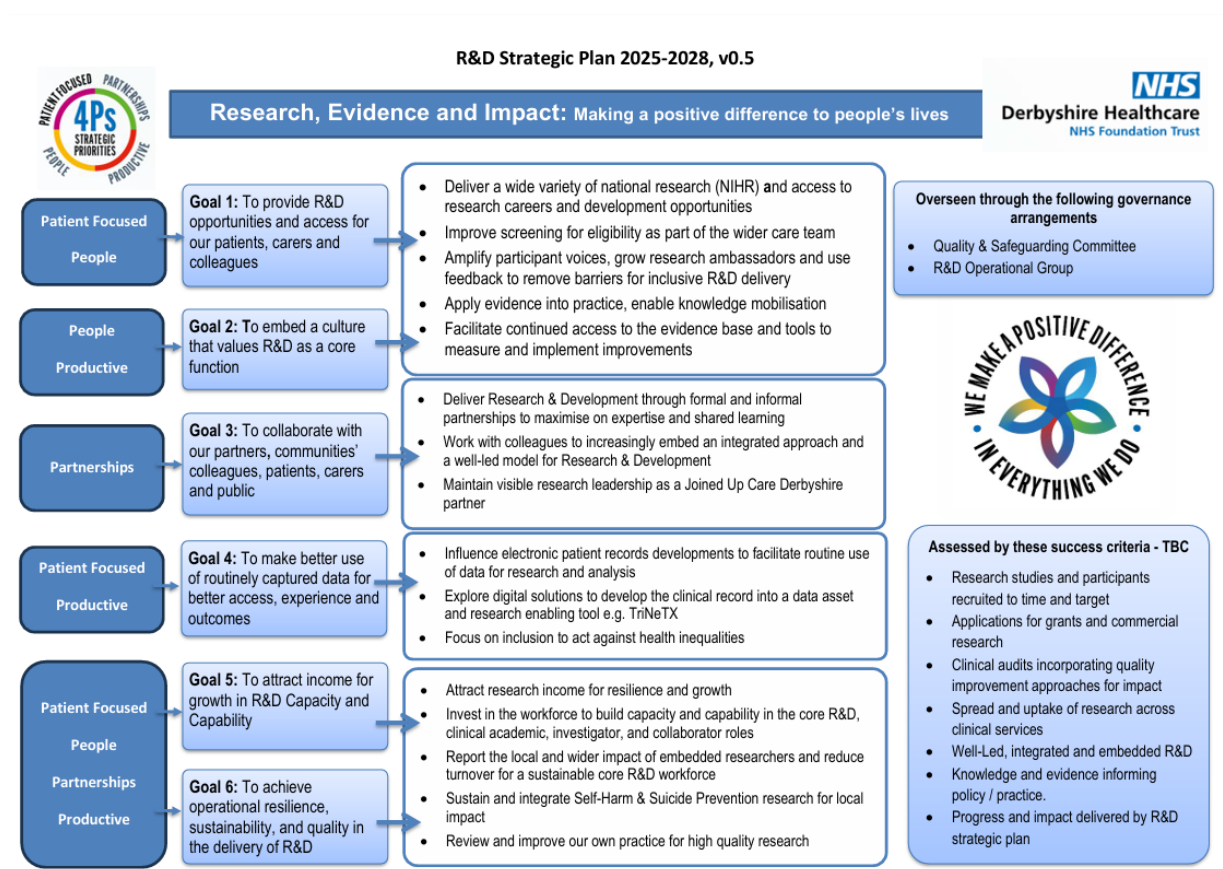
Overall, the contactless patient monitoring installation journey has been delivered through a clearly defined, clinically informed and assurance-led process, supporting the Trust's wider quality priorities around patient safety, observation, and the use of digital technology to enhance care delivery in inpatient mental health and specialist settings. Contactless monitoring is used as a safety adjunct within a clinically governed framework and does not replace therapeutic observation or staff-patient interaction.

To ensure the trust are using the contact list patient monitoring correctly alerts on how often staff have used the system are received weekly, recorded clear video can only be viewed by authorised staff if there is a safety incident and must be requested within 24 hours with the patient having the right to be informed if this happens. The video footage is only kept for 24 hours and then is automatically deleted and data is handled following NHS data handling protocols.

Research and development

KEY ACHIEVEMENTS

Delivered a strong research programme supporting over **35 National Institute for Health and Care Research Studies** and embedding research, audit and evaluation into service improvement, directly informing quality, safety and sustainability



Research and Development 2025/26

During 2025/26, the Trust delivered impactful research supporting service improvement, patient experience, and evidence-based practice. The Clinical Research Team facilitated over with more than **400 participants**, alongside extensive audit and evaluation efforts. Research aligned with organizational priorities and the Research & Development Strategic Plan 2025–2028.

*** Goal 1: Expand R&D access**

A range of accessible research opportunities was provided across multiple services, with studies like ANTLER 75+, COBALT, ADAPT, CONTACT-GAD, and Snacktivity enabling inclusive participation. Participant feedback informed ongoing improvements; ethnicity data was monitored to address under-representation.

*** Goal 2: Foster an R&D culture**

Research and audits were integrated into routine care, achieving 90% participation in eligible national audits and robust local audit alignment. Findings drove quality improvements, tracked through governance channels.

*** Goal 3: Strengthen collaboration**

The Trust collaborated with academic, clinical, and voluntary partners, involving patients and the public directly—especially in projects like the Multicentre Study of Self-harm—enhancing research relevance and governance.

*** Goal 4: Utilize routine data**

Embedded evaluators helped services use operational data for quality improvements, such as redesigns and effectiveness assurance. Examples included frequent-caller pathway evaluations and data-driven upgrades in several service areas.

*** Goal 5: Grow R&D capacity**

Evidence-based evaluation supported financial sustainability and secured funding, notably for the Alcohol Care Team, with outcomes shared nationally.

*** Goal 6: Ensure resilience and quality**

Strong governance continued for research and knowledge services; all criteria of the Knowledge and Library Services Quality Improvement Framework were met, reinforcing safe and effective care.

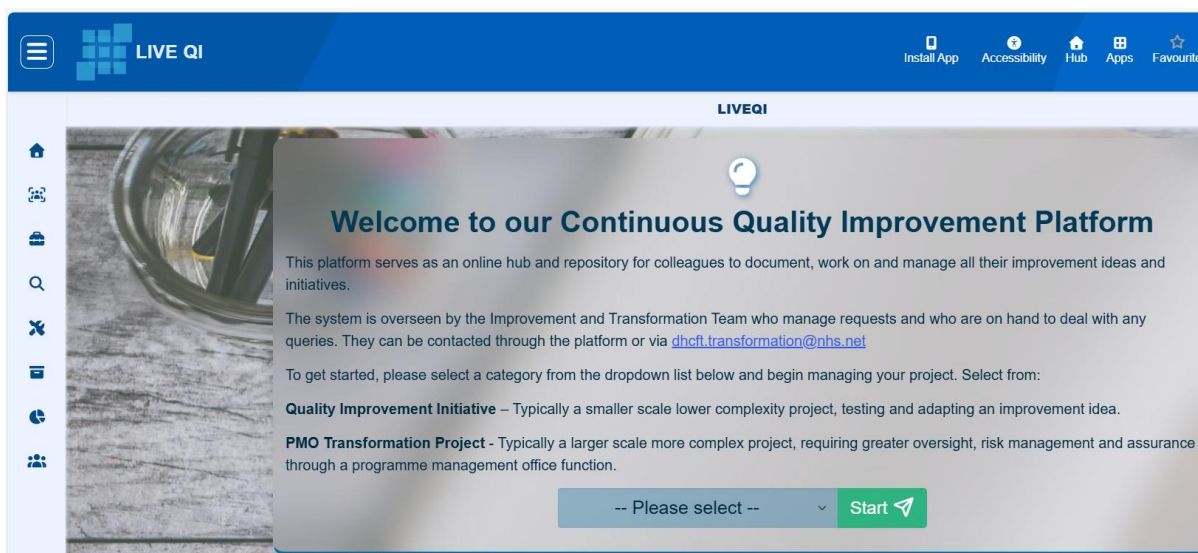
Overall Impact

Research and development activities in 2025/26 advanced patient experience, service quality, clinical effectiveness, and system sustainability, aligning with strategic goals and national priorities.

Continuous Quality Improvement

LiveQI has been in operation for the last year and is a workspace and repository for quality improvement projects. It has now also been further developed to incorporate larger transformation projects which typically were managed in the Derbyshire system ePMO. This additional functionality went live in January 2026 ahead of the 2026-27 transformation programme. There are plans to further develop the platform later in 2026 to accommodate strategic transformation reporting and research and audit management.

LiveQI currently holds 98 QI and transformation projects which all trust staff can access and view. There are inbuilt and downloadable and up loadable templates for progressing and supporting projects. There are analytical pages for evaluating data and there is ongoing work in relation to reporting functionality. The platform helps to quickly identify the stages of a project whether it be 'in progress', 'completed', 'stalled' or have become dormant. It also enables the improvement team to provide support and guidance to those colleagues that are looking to get involved in a QI project.



There are a number of QI projects currently live. These focus on improvement initiatives in:

- LIO Oxehealth Oxevision contactless+monitoring medical G2 device as enabler for patient care, safety and experience.
- Culture of Care: Staff care and development, Bluebell Older Adults 2026
- Culture of Care, Staff Care and Development, Kedleston Unit
- Culture of Care programme aimed at compassionate and inclusive care and improved patient and staff experience. Aligns with the national strategy of delivering and improving care and our new model of care.


- Children's physio bookable clinics
- Culture of Care Staff Care and Development Cubley Court 2025-26 Improve team working and promote outcomes for staff and Service users
- Occupational Therapy Referral Process
- CMHT Carer Involvement
- Are we following the MHRA guidelines for our patients on valproate
- QI predictability tool for risk and reduce harm in Substance Misuse population in DHCFT
- Experience Based Co-design of Psychosis Centred Integrated Care Services for Ethnically Diverse People with Multimorbidity (CoPICS)
- Transformation Model of Care: Purposeful admission, Trauma informed care and sensory interventions. DHCFT New Model of Care delivery, as part of the Making room for Dignity programme for existing staff and new recruits in acute inpatient mental health settings by March 2026
- Updates to Resident Doctors' Handbook
- On Call Monitoring
- Improving Patient and Staff Experience of Ward Rounds on The Beeches
- Diversion and Wellbeing Hub
- Enhancing Completion Rates of Occupational Therapy Assessments: An older adult community mental health team
- Induction for HST Doctors
- Improve collaborative working between inpatient wards and OT

Examples of work supported by the improvement team using a quality improvement model include:

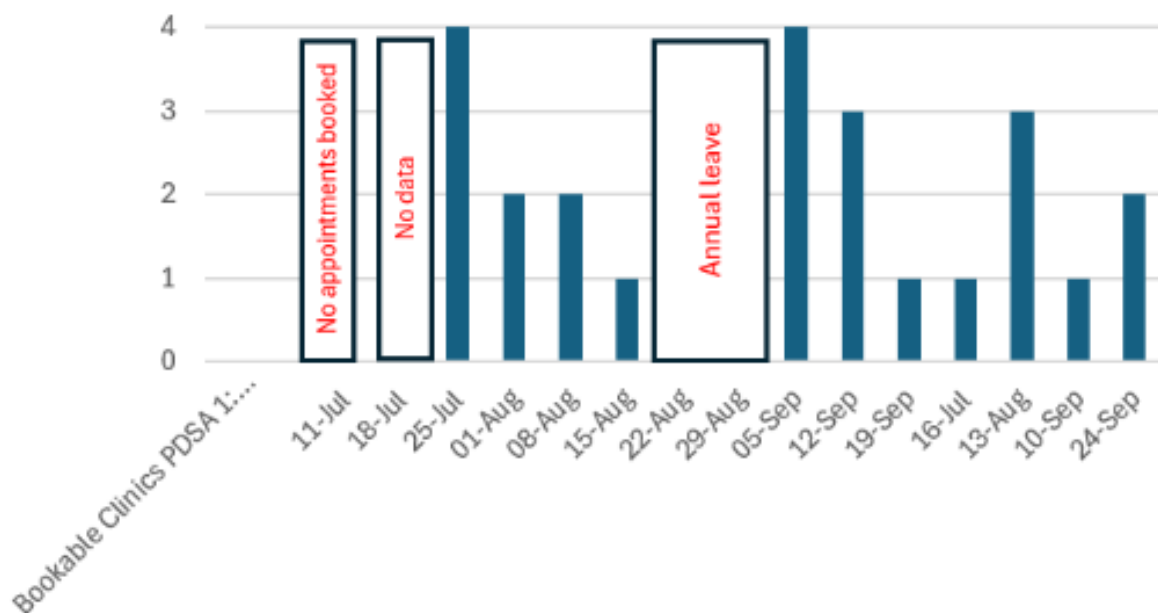
- During 2025, the Trust's Improvement Team supported a range of quality improvement (QI) initiatives focused on improving access, safety, experience and clinical effectiveness across services. These programmes demonstrate the use of structured QI methodologies, including driver diagrams and Plan–Do–Study–Act (PDSA) cycles, to address identified risks and opportunities and to deliver measurable improvement.

- In Paediatric Physiotherapy, a QI programme was implemented to address significant waiting times for children and families. The service undertook pathway redesign, capacity and demand modelling, and targeted testing of change ideas, including revised job planning, partnership working to deliver additional clinics for children with the longest waits, and the introduction of bookable clinics across multiple sites. Early PDSA testing showed reductions in the overall waiting list and provided learning to inform further scaling and refinement of the model, alongside continued focus on managing risk within the existing caseload and addressing workforce constraints

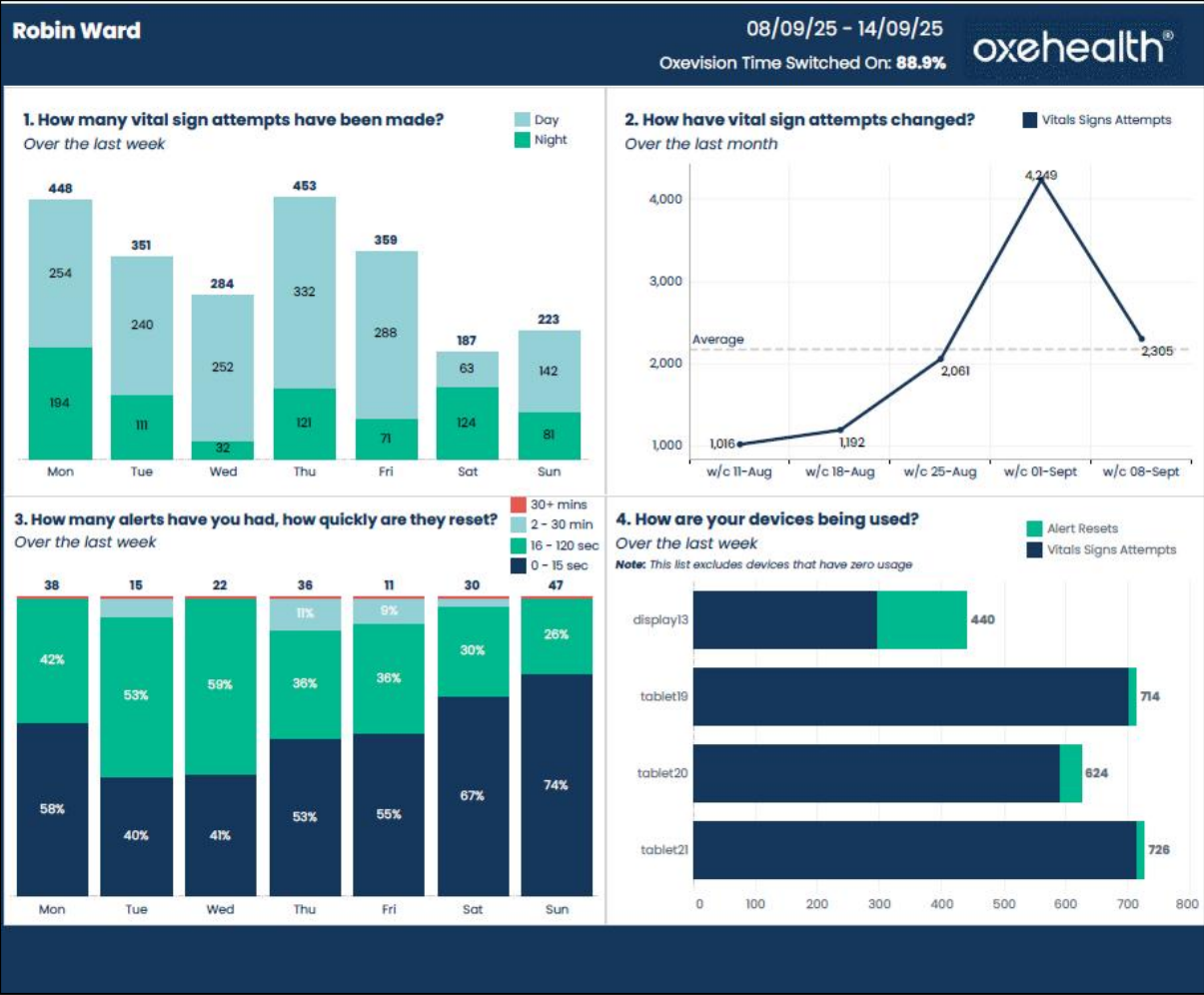
PDSA Worksheet

Team: Paediatric Physio	Date: 11/6/2025	PDSA Cycle No. 1
<p>Specific Aim: <i>We aim to do what, by how much, by when.</i></p> <p>PDSA 1 Aim: <i>Establish processes, understand baseline clinic delivery metrics and DNA rate for bookable clinics in the Paediatric Physiotherapy team by end of September 2025</i></p> <p>Project aim: <i>All clinicians will have a minimum of 1 day per week that is a <u>rebookable</u> diary, with a minimum of 3 patient facing appointments, by end of September 2025, in order to support increased clinical capacity and productivity, and to reduce DNA rates by allowing a degree of choice around appointments.</i></p>		
		

Bookable clinics PDSA 1: Ilkeston appointments completed



The Trust has also continued to invest in digital innovation to improve inpatient care through the implementation of the Contactless patient monitoring programme. This initiative supports safer care environments by improving physical health monitoring, reducing falls and self-harm risk, enhancing night observations, and enabling more data-informed clinical decision-making. Roll-out has been supported by extensive staff training, multi-disciplinary engagement, and regular use of activity and usage data to inform governance and clinical practice.



Collectively, these programmes demonstrate the Trust’s commitment to using quality improvement approaches, partnership working and digital innovation to improve patient access, safety and experience, while embedding a culture of continuous improvement and data-informed care.

Pharmacy services

KEY ACHIEVEMENTS

Strengthened medicines safety, clinical pharmacy capacity and financial governance, supporting safer prescribing, improved assurance and a more sustainable workforce

The Trust’s Pharmacy Team has continued to evolve in line with national changes to the pharmacy professions and workforce, guided by the Pharmacy Plan 2025–29. A strong focus has been maintained on medicines safety, workforce sustainability, and assurance through robust governance arrangements



Governance, Assurance and Oversight

A quarterly departmental assurance meeting is embedded to review key performance metrics, with agreed actions escalated as required. Highlights are shared with the Medical Director, providing senior clinical oversight. In addition, the Chief Pharmacist produces an annual report for the Quality and Safeguarding Committee, supplemented by escalation and assurance updates through the Medicines Optimisation Committee.



Clinical Pharmacy and Patient Care

Clinical Pharmacy services continue to support safe and effective medicines use for individual patients. Medicines reconciliation is completed for all inpatient admissions, and the team contributes to the NHS England Discharge Medicines Service. The specialist and advanced mental health pharmacist workforce has stabilised, strengthening support to Community Mental Health Teams. Three advanced mental health pharmacists are now prescribing in community settings, increasing patient choice and clinical capacity.



Medicines Safety and Risk Management

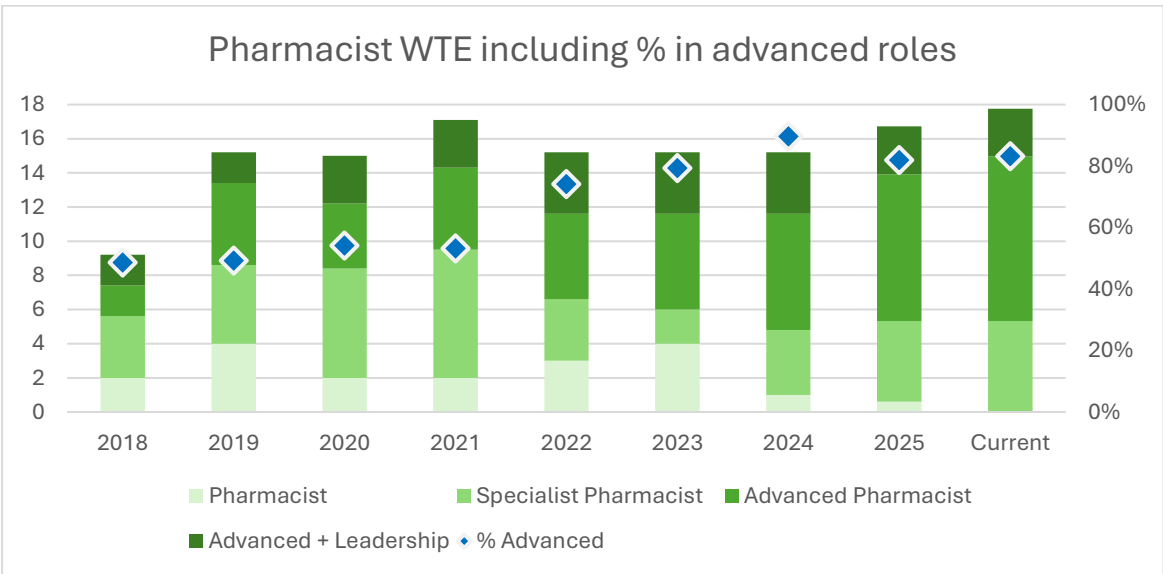
Medicines safety remains a core focus. The Trust is supported by a designated Medicines Safety Officer, who promotes medication incident reporting and learning through regular safety newsletters. The pharmacy team works collaboratively within the Trust, across the Integrated Care System, and with regional mental health providers to identify and address medicines-related risks. Robust arrangements are in place to manage national medicines recalls and supply shortages, including system-wide responses to significant disruption, such as shortages of long-acting antipsychotic injections.

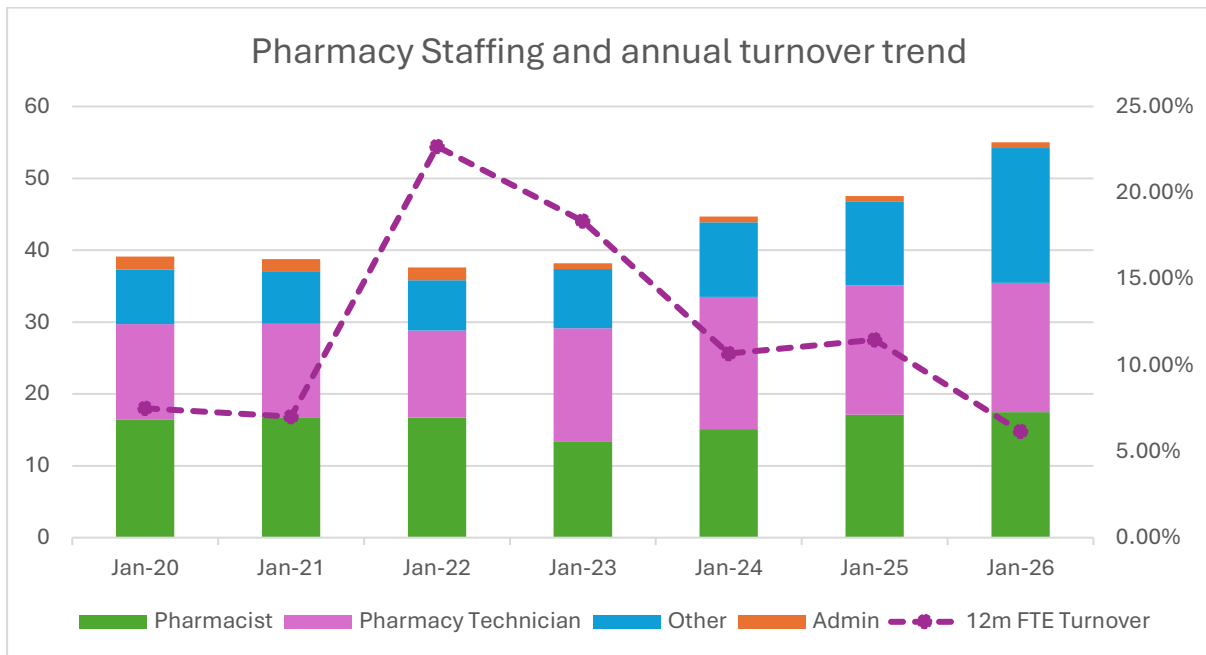
Medicines Optimisation and Financial Stewardship

The Pharmacy Team maintains strong oversight of medicines procurement and expenditure, using digital analytic tools to support cost efficiency and benchmarking against peer organisations. In 2025, medicines procurement activity increased, with off-contract overspend remaining below national targets and improving compared to the previous year. Service changes, including repatriation of dispensing activity, generated recurrent cost savings while supporting new inpatient services.

Workforce Development and Sustainability

A strategic approach to workforce planning has supported stability and resilience across pharmacy roles. This includes skill-mix optimisation, benchmarking of workforce data, and the successful development of internal training pipelines for pharmacists, pharmacy technicians, and support workers. The Trust continues to contribute to regional and national workforce development programmes, including foundation year training and apprenticeships, while recognising emerging funding pressures. Overall staff turnover has reduced as a result of this approach.





Audit, Improvement and Learning

The Pharmacy Team completes regular audits of medicines handling, storage, and controlled drugs across inpatient wards and community bases. Audit results are made available via the Trust’s data hub to support local improvement. Clinical audits, including those relating to rapid tranquilisation, are also supported. A recognised area for development is the systematic collection of patient experience data relating to pharmacy services, which is being addressed through the Pharmacy Plan.

Through strong governance, a skilled and sustainable workforce, effective medicines safety systems, and prudent financial management, the Pharmacy Team provides assurance that services are safe, effective, and responsive to changing organisational and patient needs. The service continues to adapt to national policy, workforce, and service delivery requirements while maintaining a clear focus on quality and safety.

Section F: Children and Young People

KEY ACHIEVEMENTS

Delivered strong assurance for Children in Care and SEND responsibilities, achieving high compliance with statutory requirements and national quality expectations

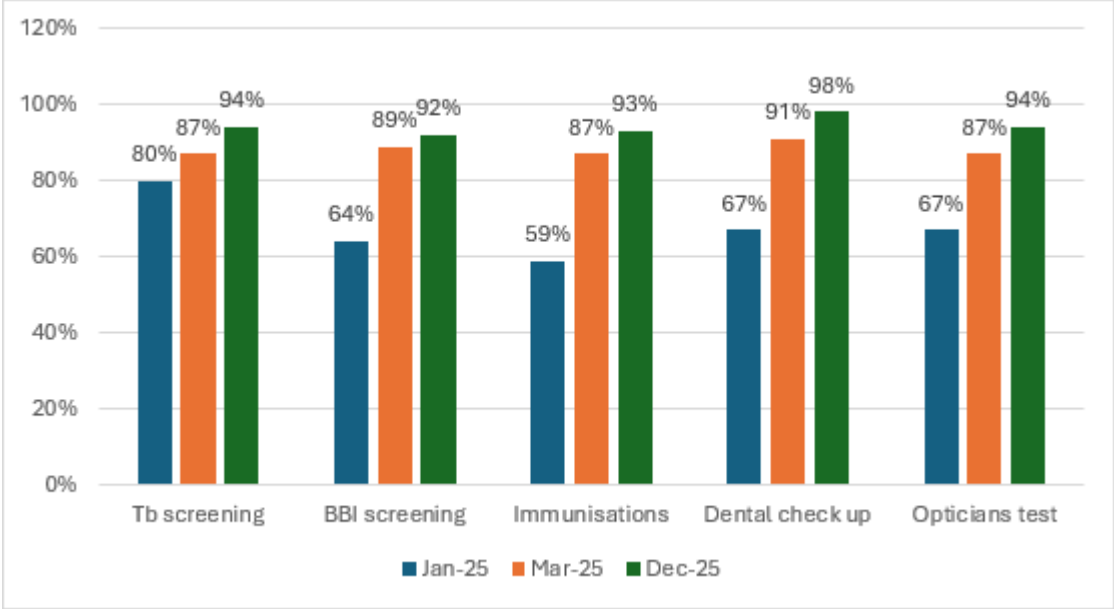
Children's and Young People's Services - Children in Care 2025-2026

The Markers of Good Practice is a self-assessment tool which the team complete yearly to provide Derby and Derbyshire Integrated Care Board with assurance that the needs of our Children in Care are being identified and met in line with Statutory Guidance Promoting the Health and Well-Being of Looked After Children (2015). The Markers of Good Practice (MOGP) is the support/challenge performance management tool used to seek assurance for the ICB Quality Schedule. DDICB requires that all Health Providers complete the self- assessment tool for the Markers of Good Practice to ensure that they remain compliant with the standards required, highlight and celebrate improvements and success. The tool will also inform the ICB if there are any areas of non-compliance or areas of risk identified within your organisation in a supportive and constructive manner. The tool is RAG rated by the Children in Care Service and after submission is RAG rated by DDICB with comments for improvement if required. Some examples of the evidence submitted includes clinical audits, quality audits, feedback from children and young people, social workers, carers and other services who may be involved, training and assurance of roles and responsibilities.

The Children in Care Team were nominated for the Hearts Award and won the category of Patient Focus Award in October 2025. Delivering trauma-informed, inclusive care within strong emotional wellbeing structures, this team was nominated for their commitment to co-production, peer support and continuous improvement which has led to high satisfaction and positive outcomes for vulnerable children and their carers.

An Annual Report is submitted yearly to the Quality Safeguarding Committee along with a child friendly version to receive assurance of the work within DHCFT around Children in Care and young people and the continued partnership working to ensure the best outcome is achieved for this vulnerable group of children and young people.

We have a Trauma Informed Navigator role within the Children in Care team. The new appointed Trauma Informed Navigator joined the team in December 2024. The role is to support our Unaccompanied Asylum Seeker Children and Young people (UASC) with their health needs. It is evidenced in the graph below the significant impact made by the Trauma Informed Navigator in supporting our UASC to attend their health appointments to ensure their outstanding health needs are being met by specialist services.



Special Educational Needs and Disabilities (SEND) 2025-2026

The SEND Reforms have been in place since the Children’s and Families Action (2014). Since this time Health Providers have been work with Derby and Derbyshire integrated Care Board (ICB) have been developing pathways and processes to ensure we are compliant with our statutory duties. Initial the focus was on children’s services, but this has now been developed to include all services who see young people under the age of 25. This has been through the development of the SEND annual report and self-assessment.

For the first time this year the ICB has RAG rated the Trust to ensure compliant with the standards required, highlight and celebrate improvements and success. The tool will also inform the ICB if there are any areas of non-compliance or areas of risk identified within the organisation in a supportive and constructive manner. This was followed by the first quality assurance meeting in July 2025, which found that the Trust provided a high level of assurance. This includes 100% compliance with statutory deadline for EHC Health needs assessment reports, despite the significant increase in requests. Clinical audit results showed 98-100% report compliance across all services which complete more than 10 reports per year. The Trust are fully compliant with code four areas for the code of practice, with the four remaining areas we had made good progress towards full compliance. Compliance with SEND

training which had only recently been introduced at the time of the report, will significantly improve our position. Outstanding issues primarily relate to system working with local authorities and will be addressed through continued collaborative engagement.

Children’s Occupational Therapy Service redesign



The Children’s Occupational Therapy Service undertook a service redesign to improve equity, sustainability and quality in response to increasing demand, long waits and variation in access across Derbyshire. Key improvements included the introduction of group assessments, a triage and online booking system to improve referral appropriateness and engagement, expanded self-help resources via the service website, clinic-based provision for short-term needs, intermittent caseloads for children with long-term conditions, and clear care pathways to ensure consistent intervention regardless of location. Productivity was strengthened through job planning, structured student training, and improved caseload oversight, alongside enhanced clinical assurance through regular audits, supervision and twice-yearly caseload reviews. These changes have resulted in significantly reduced and sustained waiting times, improved equity of access, better engagement with children

and families, and improved staff wellbeing, supporting the delivery of a high-quality and sustainable Children's Occupational Therapy service.

Outcomes and Impact

- **Waiting times significantly reduced and sustained**, with an average wait of approximately **seven weeks** for initial appointments.
- **Equity of access improved** across Derbyshire.
- **Improved engagement** of children, young people and families, demonstrated through audit of the triage process.
- **Improved staff wellbeing**, clarity of role and caseload management.
- **Positive patient and family feedback**, highlighting improved outcomes, advocacy, clarity of advice and impact on children's functional development.

Section G: Accreditation and External Validation

Royal College of Psychiatry Accreditation

KEY ACHIEVEMENTS

Secured and retained multiple Royal College accreditations across services, demonstrating adherence to nationally recognised quality standards

Teams with current accreditation:

- **Perinatal Services** - The Beeches were accredited on 05/02/2025 and the Community Team on 30/12/2024. Both teams have mid-point peer reviews booked in for May 2026.
- **Electroconvulsive Therapy Service** - Accredited in March 2025 with commendations in monitoring and follow up, training and research, and documentation)
- **Psychiatric liaison team North** - Following the peer review for accreditation by the Psychiatric Liaison Accreditation Network (PLAN) in April 2024, the team provided the final evidence submission requested for accreditation in August 2025 and were accredited on the 25th of September 2025

- **Psychiatric liaison team South** - The team provided the first round of supplementary evidence requested by PLAN in August 2025 following a Peer review in February 2025. A final piece of evidence was submitted in October 2025, this was reviewed at their panel in March and Confirmation of accreditation was awarded in March 2026.

Teams Currently Working Towards Accreditation

- Child and Adolescent Mental Health Services (CAMHS)- had a Peer review in June 2024 and are currently working towards meeting the required standard. There is a further peer review booked for May 2026. In the meantime, the service has continued to participate in peer reviews for other services.
- Forensic Inpatient Services - The Kedleston Unit received feedback from their Peer review in April 2025 with supplementary information submitted in August 2025. A meeting to discuss next steps took place in January 2026 and due to the Medical vacancies and challenges with leadership in the unit a decision was collaboratively taken with the Royal College of Psychiatry to pause work towards accreditation and revisit this in September 2026. However, in the interim the unit continues to use the quality standards as a benchmark.

Part 6 – Patient and Staff Stories



C was referred for peer support in the Trust Living Well service as he identified that he wanted someone to chat with regularly and help him explore ways to move forward in his life. C was facing several challenges, including anxiety about leaving the house alone, low motivation, and a sense of disconnection from working life after being unemployed for some time.

We began by having informal conversations where I shared some of my own past struggles. These open discussions helped build a strong rapport between us. C often said he found me easy to talk to and appreciated my honesty when it came to discussing mental health.

During one of our chats, I mentioned how much running had helped me personally. At first, C was sceptical that something like running could make a difference, but he told me he was willing to “try anything.” That determination sparked something within him, and we decided to give it a go together.

We started with the Couch to 5K nine-week running plan designed for beginners. It’s a programme I had completed myself in 2021 while recovering from knee surgery, and it’s what first got me hooked on running.

Because running is a high-impact sport, it wasn’t easy for C at first. Having never run before, his body took some time to adjust, and he experienced a few injuries, including knee pain and an ankle issue. This meant the programme took longer than expected but, thanks to my superiors, we were able to extend his support while he completed the course.

As the weeks went by, I saw a real change in C. His self-belief and motivation began to grow, and he started thinking more about his goals for the future. He became less anxious about leaving the house and even began doing some of his runs independently at the weekends. Towards the end of the programme, C shared some wonderful news, he had found a job and was preparing to start work soon. We completed our first 5K jog together, and soon after, C felt confident enough to sign up for Parkrun, a weekly 5K community event held at his local park with 200-400 participants. I’m delighted to say that he completed his first Parkrun with around 300 people in just under 40 minutes. At the finish line, he told me he didn’t feel any anxiety at all, everyone had been so supportive that he simply enjoyed the experience.

Although I was there to support C, I believe the real credit belongs to him. His determination, commitment, and willingness to step outside his comfort zone made this journey possible. It's been a privilege to work alongside him, and I wish him all the very best for the future.

Andrew



NHS
Derbyshire Healthcare
NHS Foundation Trust

Andrew is a 12-year-old boy, diagnosed with ASD by our paediatrician at 4, referred to the continence team and not attending school, parent struggling too as unable to work due to caring for him. Support by clinician and GP commenced an intensive medication regime.

Within a month annual review of his EHCP completed incorporating his health care plan, he returned to school and has got his confidence back, mum has also been able to return to work fulltime.

Charlotte



NHS
Derbyshire Healthcare
NHS Foundation Trust

Charlotte, aged 17, started attending CAMHS for support due to mood issues linked to her physical health medication.

Initially resistant to sharing personal experiences, she displayed significant emotional distress in sessions and struggled with trust.

Over time, Charlotte showed improvement, engaging more in therapy and expressing hopes of becoming a paramedic, indicating her potential for continued positive development.

Pauline



For patients like Pauline, one of the hardest things about being admitted to a mental health unit, was the noise.

However, that has since changed with the opening of the Trust's new Bluebell Ward in Chesterfield.

With single en-suite rooms and calm break-out spaces for patients, Bluebell Ward is one of six new or refurbished facilities in the Making Room for Dignity programme.

Claudia



Living with an eating disorder is hard enough but the festive period can be an especially triggering time of year.

For 25-year-old Claudia, that nightmare was all too real, having spent last Christmas in the throes of anorexia nervosa mixed with anxiety and depression.

Just 12 months on and with thanks to the support from Derbyshire Eating Disorders Service, Claudia has found a route back to full time employment and self-sufficiency whilst fighting the ongoing battle with her eating disorder.

Staff stories



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“
When we embrace diversity and foster an inclusive culture, we enhance our ability to understand and meet the diverse needs of our patients. This leads to better health outcomes and a more supportive and empathetic care environment.”

”
Sarah



NHS
Derbyshire Healthcare
NHS Foundation Trust

“
Communities are at the heart of what we do. Social workers foster solidarity, mutual support, and empowerment, particularly in marginalised groups. We champion human rights, tackle inequalities, and help build stronger social bonds.”

”
Paul



NHS
Derbyshire Healthcare
NHS Foundation Trust

“
Inclusion in nursing means recognising and valuing the unique contributions of every nurse, regardless of gender, background, or experience. It's about creating a healthcare environment where everyone has equal opportunities to thrive and provide the best care possible.”

”
Rebecca





Derbyshire Healthcare NHS Foundation Trust HQ
Ashbourne Centre, Kingsway Hospital, Derby DE22 3LZ

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