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Derbyshire Healthcare
NHS Foundation Trust

Meeting Council of Governors

Agenda

Date: Tuesday 24 November 2026, from 14:00-16:30 hours.

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

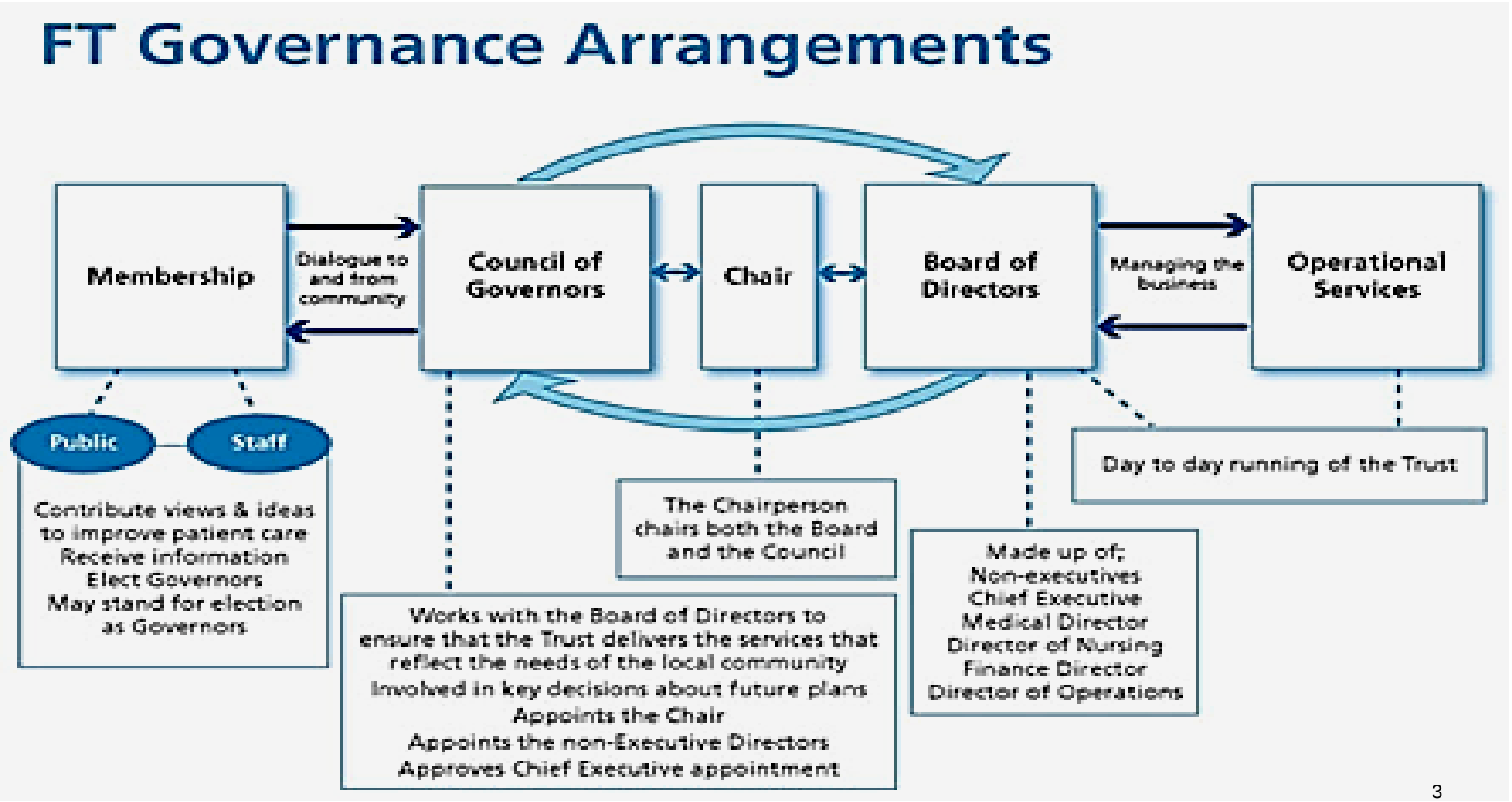
Item	Topic	Lead	Time
1.	Welcome, introductions and Chair's opening remarks, apologies and declaration of interests – advance apologies from Selina Ullah	Lynn Andrews	14:00
2.	Submitted questions from members of the public		
3.	Minutes of the previous meeting held on 22.9.26		
4.	Matters arising and actions matrix		
5.	Chief Executive's update (verbal)	Mark Powell	14:15
6.	Update on the Health Bill and pausing of 2026/27 governor elections	Justine Fitzjohn	14:35
7.	Council of Governors Annual Effectiveness Survey	Justine Fitzjohn	14:45
8.	Non-Executive Directors' report	Lynn Andrews and Deborah Good	14:55
COMFORT BREAK			15:15
9.	Integrated Performance Summary Report	Non-Executive Directors	15:25
	Escalation items to the Council of Governors – no items for this meeting		
10.	Annual Members Meeting Feedback	Justine Fitzjohn	16:00
11.	Report from Governance Committee 20.10.26	Neil Baker	16:10
12.	Any other business	Lynn Andrews	16:20
13.	Governor meeting timetable 2026/27 and 2027/2028 (for information)		16:25
14.	Review of meeting effectiveness	Lynn Andrews	
15.	Close of meeting	Lynn Andrews	16:30

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

Next meeting:	**Time:**	**Location:**
23.3.27	14:00-17:00 hours	Conference Rooms A&B, first floor, Centre for Research and Development, Kingsway Hospital site, Kingsway, Derby DE22 3LZ or via the MS teams link.

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

Getting the balance right



CHARIS consultants ltd

The implications for governors and 'holding to account'



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

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

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

CHARIS consultants ltd

how do we ask effective questions?

Good questions

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

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how do we ask effective questions?

Good questions

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

Strategy on a page

Derbyshire Healthcare
NHS Foundation Trust

Our strategic priorities

Our vision

We make a positive difference in everything we do

Patient focus

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

Caring

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

Inclusive

We respect and include everyone in all we do.

Partnerships

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

Ambitious

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

WE MAKE A POSITIVE DIFFERENCE • IN EVERYTHING WE DO •

Belonging

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

People

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

Collaborative

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

Productive

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



Our values

Find out more

derbyshirehealthcareft.nhs.uk/about-us/strategy

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

Derbyshire Healthcare NHS Foundation Trust

MINUTES OF COUNCIL OF GOVERNORS MEETING HELD ON TUESDAY 22 SEPTEMBER 2026 FROM 14.00 – 15:51 HOURS DIGITALLY VIA MICROSOFT TEAMS

PRESENT	Ralph Knibbs	Non-Executive Director, stand in Chair for Selina Ullah
	Angela Kerry	Public Governor, Amber Valley
	Lai Mei Li	Public Governor, Amber Valley
	Neil Baker	Public Governor, Bolsover and North East Derbyshire
	Jean Johnson	Public Governor, Bolsover and North East Derbyshire
	Sarah Tupling	Public Governor, Derby City East
	Ruth Day	Public Governor, Derby City West
	Stephen Handsley	Public Governor, Derby City West
	Brian Edwards	Public Governor, High Peak and Derbyshire Dales and Lead Governor
	Anson Clark	Public Governor, Rest of England
	Hazel Parkyn	Public Governor, South Derbyshire and Deputy Lead Governor
	Claire Durkin	Staff Governor, Admin and Allied Support Staff
	Nicole Ellis	Staff Governor, Admin and Allied Support Staff
	Sifo Dlamini	Staff Governor, Nursing
	Mathew Joseph	Staff Governor, Medical
	Rachel Bounds	Derbyshire Voluntary Action
	Emily Lonsdale	Appointed Governor, Derby City Council
IN ATTENDANCE	Denise Baxendale	Membership and Involvement Manager
	Justine Fitzjohn	Director of Corporate Affairs and Trust Secretary
	Vikki Ashton Taylor	Deputy Chief Executive and Chief Delivery Officer
	James Sabin	Director of Finance
	Emma Warrilow	Personal Assistant to Justine Fitzjohn
	Chioma Akpom	Non-Executive Director
	Jo Hanley	Non-Executive Director
	Garima Garg	External Audit, Forvis Mazars
	Fraser Holmes	BSL interpreter
	Sam Waters	BSL interpreter
	Amran Ashraf	Trust Member

APOLOGIES		
	Dave Allen	Public Governor, Chesterfield
	Tom Bladen	Public Governor, Derby City East
	Jo Foster	Staff Governor, Nursing
	David Robertshaw	Appointed Governor, University of Derby
	Pippa Hemingway	Appointed Governor, University of Nottingham
	Debra Dudley	Appointed Governor, Derbyshire Mental Health Forum
	Christopher Williams	Public Governor, Erewash

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Selina Ullah	Trust Chair
Mark Powell	Chief Executive

DHCFT/ GOV/2026/037	**WELCOME, INTRODUCTIONS, CHAIR'S OPENING REMARKS, APOLOGIES AND DECLARATIONS OF INTERESTS** Ralph Knibbs, stand in Chair for Selina Ullah who was unable to attend the meeting, welcomed all to the meeting. Apologies were noted above. There were no declarations of interest. Attendees were reminded to use the "raise hand" function when contributing and to identify themselves before speaking to support the effective operation of the meeting and the provision of British Sign Language interpretation.
DHCFT/ GOV/2026/038	**SUBMITTED QUESTIONS FROM MEMBERS OR THE PUBLIC** Ralph confirmed that no questions had been submitted from members of the public in advance of the meeting.
DHCFT/ GOV/2026/039	**MINUTES OF THE PREVIOUS MEETING, HELD ON 19 MAY 2026** The minutes of the meeting held on 19 May 2026 were accepted as a correct record.
DHCFT/ GOV/2026/040	**MATTERS ARISING AND ACTIONS MATRIX** **Matters arising** There were no matters arising. **Actions Matrix** Governors reviewed the actions matrix and noted that both actions were complete. **RESOLVED: The Council of Governors agreed that both actions were complete and can be closed.**
DHCFT/ GOV/2026/041	**CHIEF EXECUTIVE'S UPDATE** In the absence of the Chief Executive, Mark Powell, Vikki Ashton Taylor, Deputy Chief Executive and Chief Delivery Officer gave an update on Mark's behalf as follows: • The Mental Health Urgent Assessment Centre (MHUAC) is due to open at the end of September 2026 on the Radbourne Unit site. The facility will provide a more appropriate and therapeutic assessment environment for individuals experiencing a mental health crisis and is expected to support approximately 50% of mental health presentations currently attending Accident and Emergency (A&E) departments. The unit will be staffed by colleagues already employed by the Trust. Capital funding had been secured for the development of a similar facility within the Chesterfield area, with location options currently being explored on the Royal Hospital site. • Preparation of the Trust's winter plan submission to NHS England, including consideration of wider seasonal pressures and major events that impact service demand (e.g. holiday periods, heatwaves, football events) is being prepared to submit on 30 September.

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	• Achievement of Baby Friendly accreditation for Derby City 0-19 Children's Services. • Launch of the Carers Staff Network in July. • Notification that the Care Quality Commission (CQC) would undertake a Well-Led inspection in November 2026, focusing on leadership, governance and organisational strategy. Governors would be invited to participate in preparatory activity and focus groups. It was noted that all our services have been rated 'good' so we are in a confident position for the impending inspection. Governors discussed service capacity, pathways into crisis care, future provision across the north of the county, and pressures on inpatient services. Amran Ashrif, Trust member referred to the opening of the MHUAC and asked who will be carrying out the assessments. It was confirmed that staff who currently carry employed by the Trust will do this. Mathew Joseph, Staff Governor referred to the MHUAC and said it will be a limited service to begin with. People presenting with mental illness to A&E will be triaged. There are currently 9/10 people attending A&E with mental ill health and he would anticipate that 50% of these people will be triaged if appropriate. Brian Edwards, Deputy Lead and Public Governor asked if teams in the High Peak including Buxton have been briefed on whether the MHUAC in Chesterfield will accept patients in this area or if they will need to go to Stepping Hill. Vikki explained that there will be no change to the pathway, people will attend A&E and be triaged/assessed if appropriate. It is possible that in the future a similar facility could be set up in the North but this is dependent on funding. Angela Kerry, Public Governor referred to the CQC's impending Well Led inspection and asked if the focus groups will take place online or in person. It was noted that it was expected that the majority would be held online for accessibility purposes, and the Trust is awaiting confirmation from the CQC. Ralph Knibbs referred to the Winter plan which includes the role out of the flu vaccination for staff. **RESOLVED: The Council of Governors noted the update.**
DHCFT/ GOV/2026/042	**<u>PRESENTATION OF THE ANNUAL REPORT AND ACCOUNTS AND REPORT FROM THE EXTERNAL AUDITORS</u>** Garima Garg of Forvis Mazars presented the external audit findings and confirmed that an unqualified audit opinion had been issued. Governors were advised that: • The Trust's financial controls, governance arrangements and value-for-money processes were operating effectively • A positive audit outcome had been achieved • The Trust remained in a challenging financial environment but retained strong financial governance and oversight. Discussion focused on: • Cost Improvement Programmes (CIPs) and financial sustainability • The reduction in out of area placements

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	• Ongoing demand pressures on inpatient services • Future financial challenges facing NHS organisations. Governors acknowledged the work undertaken by the Finance Team in achieving a positive financial audit outcome. Governors discussed the Trust's financial position, future CIP requirements and long-term sustainability. Brian sought assurance regarding financial stability and the scale of future efficiency challenges. James Sabin, Director of Finance advised that the Trust remained on track to deliver its 2026/27 CIP target, with around two-thirds of savings recurrent, although risks remained around out of area placements and delivering cost reduction programmes. He noted that financial pressures across the NHS were expected to increase in future years, particularly given that staffing accounts for the majority of mental health provider expenditure. Chioma Akpom, Non-Executive Director highlighted the importance of strong financial controls, governance and assurance arrangements, noting that the findings from Forvis Mazars provided confidence that the Trust's financial position was being accurately reported and effectively managed. Discussion also took place relating to out of area placements. Vikki reported that reducing out of area placements remained a key priority and that adult and older adult out of area placements had been reduced to zero and sustained. Work to reduce out of area placements in Psychiatric Intensive Care Units (PICU) continues with evidence of a continuing reduction in bed utilisation. It was noted that this has improved since the Trust's own PICU had recently opened. Mathew expressed concern that beds had decreased since the new facilities had opened but that the number of people awaiting admission after a Mental Health Act Assessment is increasing. Vikki acknowledged rising demand pressures but advised that overall bed numbers had not reduced through the Making Room for Dignity Programme. She reported that demand had been exceptionally high during recent weeks, although early signs suggested some improvement. The Trust continued to explore best practice nationally, including approaches to supporting informal patients and strengthening community-based alternatives to admission. The discussion concluded with recognition that future service planning would need to balance inpatient and community provision while ensuring financial sustainability. **RESOLVED: The Council of Governors noted the information in the Auditors Annual Report for 2025/26 and the associated presentation.**
DHCFT/ GOV/20 26/043	**<u>NON-EXECUTIVE DIRECTORS' REPORT</u>** Chioma Akpom, Chair of the Audit and Risk Committee, presented her report updating governors on her activities as a Non-Executive Director (NED) since last October when she joined the Trust. She specifically referred to her responsibilities in relation to the: • Responsibilities of the Audit and Risk Committee • Trust's approach to risk management and assurance • Role of internal and external audit in providing assurance

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	• Importance of organisational culture, governance and effective systems of control. Governors discussed financial sustainability and the national economic challenges facing NHS organisations. Brian referred to the next financial year 2027/28 and suggested that if out of area placements decrease this could help the Trust be financially sustainable. Assurance was provided that the Trust maintained strong systems of governance and risk management. **RESOLVED: The Council of Governors noted the Non-Executive Director's update and gained assurance from it.**
DHCFT/ GOV/2026/044	**ESCALATION ITEMS TO THE COUNCIL OF GOVERNORS FROM THE GOVERNANCE COMMITTEE** It was noted that there were no items to escalate to the Council of Governors. *(Due to technical issues, Angela Kerry and Hazel Parkyn left the meeting.)*
DHCFT/ GOV/2026/045	**REPORT FROM GOVERNANCE COMMITTEE 25 AUGUST 2026** Denise Baxendale, Membership and Involvement Manager, presented an overview of the matters discussed at the last Governance Committee meeting which included: • Reviewing the Committee's Terms of Reference • Feedback from governors' engagement activities • Governor engagement opportunities including Board visits • Process for Governors Annual Effectiveness Survey • Planning for the Annual Members Meeting. Brian also confirmed that the Committee had also discussed the future role of governors within the evolving NHS governance landscape and the importance of maintaining an independent community voice if the Health Bill is enacted and the statutory role of governors is removed. Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary confirmed that Foundation Trusts are still awaiting guidance from NHS England on the governors role and that the Committee had supported pausing the elections for 2027. It is anticipated that the Bill will be enacted next year. On behalf of the Trust, Ralph conveyed his appreciation to governors and reiterated how valued they are by the Board, acknowledging the anxiety caused by the lack of clarity about the future of governors. **RESOLVED: The Council of Governors noted:** • **The information provided in the Governance Committee report** • **Ratified the Committee's revised Terms of Reference.**
DHCFT/ GOV/2026/046	**REVIEW GOVERNOR MEMBERSHIP ENGAGEMENT ACTION PLAN** Denise presented an update on the Governor Membership Engagement Action Plan (Action Plan). Governors were reminded that the Action Plan supports their representative role and aligns with the Membership Plan 2025-2028. Updates included governor engagement opportunities and arrangements for World Mental Health Day

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	activities which include walks at Kingsway on 9 October, and in Chesterfield on 8 October. Governors were encouraged to review the Action Plan regularly and provide updates as appropriate. **RESOLVED: The Council of Governors noted the contents of the Action Plan.** **ACTION: Governors to notify Denise of any updates that need to be included in the Action plan.**
DHCFT/ GOV/20 26/047	**UPDATE ON THE ANNUAL MEMBERS MEETING** Denise provided an update on the Annual Members Meeting scheduled for 30 September 2026. The meeting would include: • Presentation of the Annual Report and Accounts • Presentations from the Specialist Psychology Team, Shared Therapies and the Community Enhanced Rehabilitation Team • Announcement of the winners of the Trust's 'A ray of hope' Art Competition. Governors were updated on attendance levels and encouraged to continue promoting the event within their local communities. **RESOLVED: The Council of Governors noted the update on the Annual Members Meeting**
DHCFT/ GOV/20 26/048	**ANY OTHER BUSINESS** There was no other business raised.
DHCFT/ GOV/20 26/049	**GOVERNOR MEETING TIMETABLE 2026/27** The governor meeting schedule for 2026/27 was shared for information. It was noted that electronic invites have been sent to all governors. Governors who also keep a paper diary were encouraged to check if any meetings have changed to update their diaries.
DHCFT/ GOV/20 26/050	**REVIEW OF MEETING EFFECTIVENESS AND FOLLOWING THE PRINCIPLES OF THE CODE OF CONDUCT** Governors confirmed that the meeting had been conducted effectively and that all attendees had been provided with an opportunity to contribute. Positive feedback was received regarding the chairing of the meeting and the accessibility arrangements, including the provision of British Sign Language interpretation.
DHCFT/ GOV/20 26/051	**CLOSE OF MEETING** The meeting closed at 15:51 hours. The next Council of Governors meeting will be held on **Tuesday 24 November 2026** from 14:00-17:00 hours. It will be held as a hybrid meeting.

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COUNCIL OF GOVERNORS ACTION MATRIX - AS AT 2.11.26							
Date of Minutes	**Minute Reference**	**Item**	**Lead**	**Action**	**Completion by**	**Current Position**	
22.9.26	DHCFT/GOV/2026/0	Review governor membership engagement action plan	Governors	Governors to notify Denise of any updates that need to be included in the Action plan	30.10.26	No updates received. COMPLETE	green

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 24 November 2026

Update on the Health Bill and pausing of 2026/27 Governor elections

Purpose of Report

To update on the national developments affecting Foundation Trust Councils of Governors and membership and note the intention to pause forthcoming governor elections.

Executive Summary

As previously discussed, the Government intends to remove the statutory requirement for Foundation Trusts to have Councils of Governors (CoG) and membership. The Health Bill, which would be required to enact this, is progressing through Parliament and currently remains in the House of Lords. The final legislation, implementation date and transitional arrangements are therefore not yet confirmed. The uncertainty this is creating is recognised nationally and we are committed to supporting and valuing our governors and those supporting governors during this period.

The NHS Alliance briefing what-follows-councils-of-governors, published on 6 November, reinforces our 'business as usual' approach, as until the law changes, Councils retain their statutory powers and responsibilities and Trusts should maintain effective, legally constituted and quorate councils. At the same time, Trusts should begin considering future 'dynamic arrangements' for involving patients, staff and other stakeholders.

Governor elections

In common with other Foundation Trusts, the intention is to pause our next scheduled governor elections. This means holding the planned vacancies from 1 February 2027, whilst retaining a functioning Council, for instance, more than half of the governors must be elected from the public constituency and there are minimum requirements for staff governors and appointed governors.

The NHS Alliance briefing confirms that Foundation Trusts may postpone or not hold an election and allow vacancies to remain open. However, there has been no national dispensation to extend existing terms of office, this could be challenged legally, so not proposed.

The rationale for pausing our CoG elections is to:

- avoid unnecessary election expenditure and administration;
- avoid recruiting governors to three-year terms where the statutory role may shortly change;
- maintain a functioning and quorate Council for as long as the statutory requirements remain; and
- provide time for governors to contribute to developing future arrangements.

Looking ahead

The NHS Alliance briefing advises Trusts not to simply to design a replacement Council, but to consider how patient, staff and stakeholder insight can connect meaningfully with Board decision-making and accountability. NHS England's emerging principles suggest future arrangements should be proactive, representative, tangible, proportionate and dynamic.

The Trust will continue to work with governors and others to consider what future arrangements could look like. There have already been some formative discussions on this and a follow up session is scheduled as part of the Joint Board and CoG session in January, but which time, we hope further guidance will be issued to support any transition.

The Trust continues to value our governors, their knowledge, constructive challenge and connection with our communities. Pausing elections is intended to manage the transition responsibly while ensuring governors have a meaningful role in helping to shape what comes next.

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

Net Zero Duty Implications

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

biodiversity); medicines; supply chain and procurement; food and nutrition and adaptation.

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

- No meaningful impact identified.

Risks and Assurances

- There is a risk that any future governors resignations from current governors would create a challenge with resilience and capacity.

Consultation

Discussions have been held with governors who have been encouraged to attend national updates.

Governance or Legal Issues

The approach set out in this report is consistent with national guidance issued to NHS foundation trusts in response to the uncertainty surrounding the future role of governors and the potential legislative changes arising from the Health Bill.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- No meaningful impact identified

Recommendations

The Council of Governors is asked to note:

1. the national position and the November NHS Alliance briefing.
2. The pausing of the next scheduled governor elections, subject to the Council remaining legally constituted, functional and quorate.
3. the position will be reviewed as the Health Bill progresses and national transitional guidance becomes available.
4. on-going involvement of governors in developing the Trust's future arrangements for patient, staff, public and stakeholder insight and local accountability.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 24 November 2026

Annual Effectiveness Survey Council of Governors

Purpose of Report

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

Executive Summary

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

Each year the Governance Committee reviews the content of the questionnaire to ensure it is still fit for purpose.

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

The survey was undertaken in September/October 2026. A total of 15 governors responded which equates to 65.22%, (compared to 60%% last year). The survey was promoted in *Governor Connect*, via governor meetings, and further emails encouraging governors to complete the survey were sent by the Membership and Involvement Manager. All governors were offered additional support if they had difficulty in completing the online form.

The following is worth noting:

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

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

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

Risks and Assurances

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

Consultation

The Governance Committee reviewed the results of the survey in October 2026.

Governance or Legal Issues

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

Net Zero Duty Implications

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

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

- No impacts identified.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

1) Note the outcome of the Council of Governors annual effectiveness survey 2026 as a positive assessment by governors of their effectiveness.
2) In line with the business as usual approach, agree the survey should be repeated in September 2027

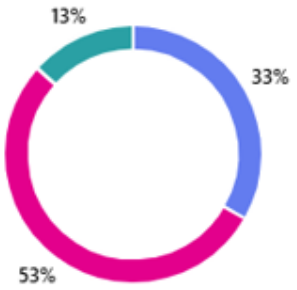
Report prepared and presented by: **Justine Fitzjohn, Director of Corporate Affairs and Trust Secretary**

Governors' annual effectiveness survey 2025 – results

1. Name

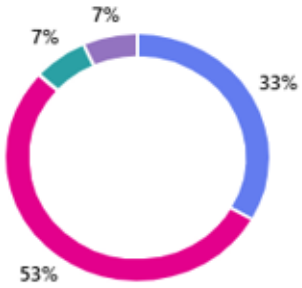
2. I feel that I am able to contribute positively to the work of the Council of Governors

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



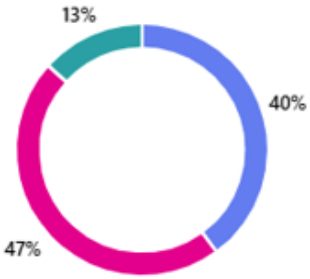
3. I have received adequate training and development opportunities to support me in my role as governor

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



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

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



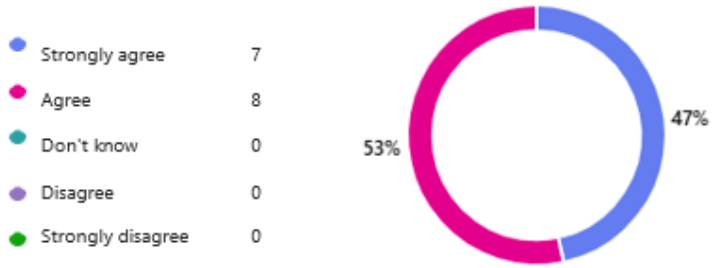
5. Please indicate in the box below any training or development needs that you would like the Trust to support you within your governor role

- Perinatal, Neuro Diversity
- To be able to access the national training for NHS Governors
- Accessing the data and using it to make it useful for raising issues regarding the effectiveness
- I'd like to know a little more about the Trust, itself
- I would like to know what my expected role is at Governor visits and meetings
- A refresh of "holding to account" training - collectively for Governors, NEDs and Chair would be useful
- More training on the NHS mental health approach - for example, I have recently learned that the NHS is moving towards a trauma-orientated holistic model. Also, financial statements training would be helpful for governors.
- How the trust leadership works

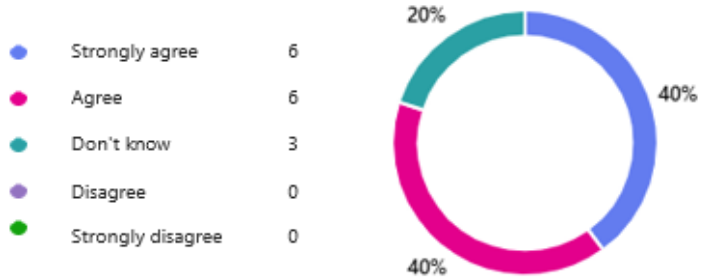
6. Please use this box to list suggestions for improvement or to raise specific issues regarding your governor role

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

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

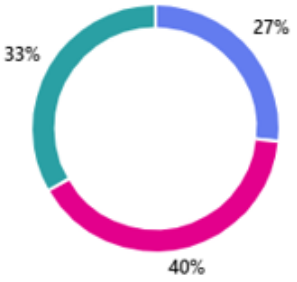


8. The Council is appropriately consulted and engaged in the Trust's strategy and development



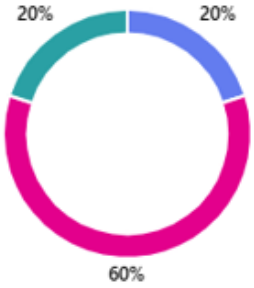
9. The Trust's strategy is informed by the input of governors

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



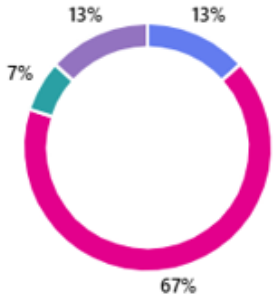
10. Governors are aware of risks to the quality, sustainability and delivery of current and future services

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



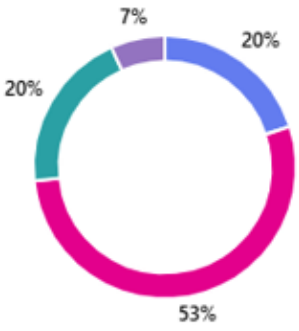
11. The Council of Governors uses the individual skills, experience, knowledge and diversity of its members to its best advantage in Council meetings.

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



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

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



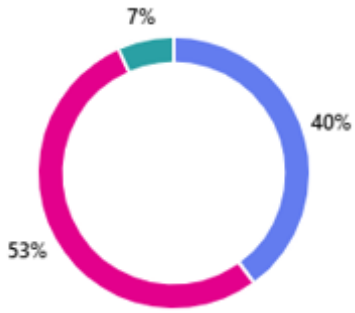
13. The Council of Governors carries out its work in an open, transparent manner

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



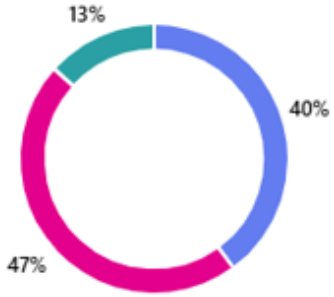
14. The Council of Governors carries out its work with quality as its focus

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



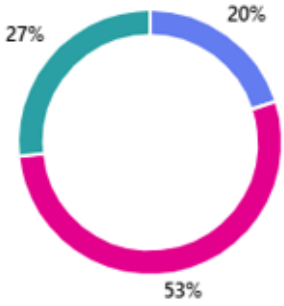
15. The relationship between the Governors and Trust Chair works well

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



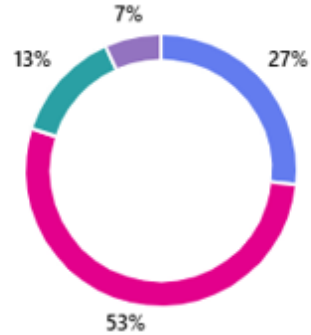
16. The Council communicates with, listens and responds to members and other stakeholders effectively

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



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

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



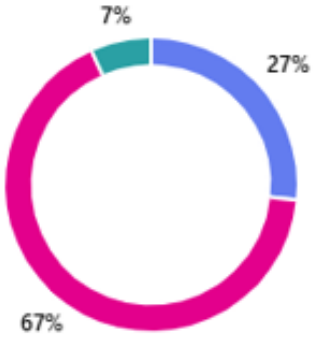
18. The Council of Governors meets at appropriate and regular intervals and receives adequate time and support to function well

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



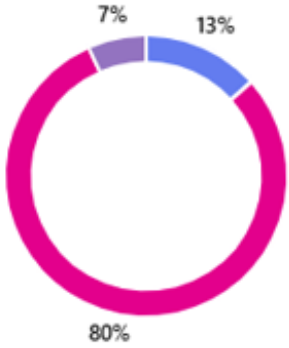
19. Governors' views are taken into account as members of the Council of Governors

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



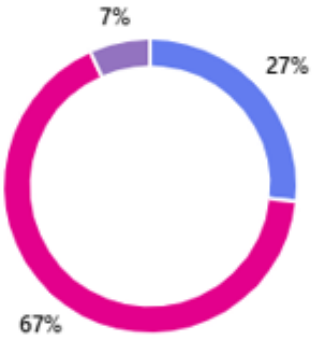
20. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors – Executive Directors

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



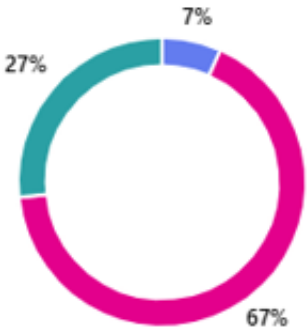
21. The Council of Governors have sufficient opportunity for contact, and good communication, with the Board of Directors – Non-Executive Directors

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



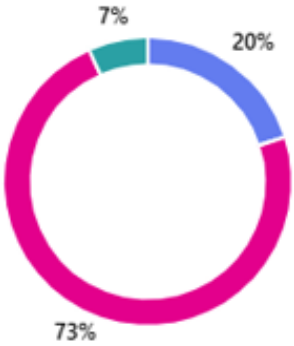
22. The Council of Governors has sufficient communication with the members of the Trust, either via the Trust or independently

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



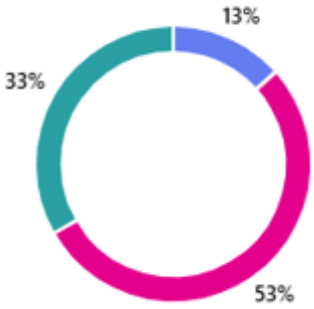
23. The Council of Governors has a strong voice

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



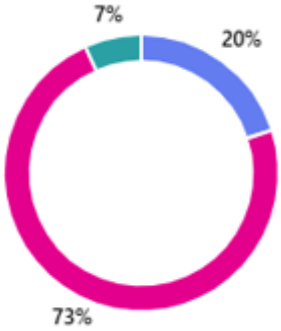
24. The Council of Governors is able to influence change

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



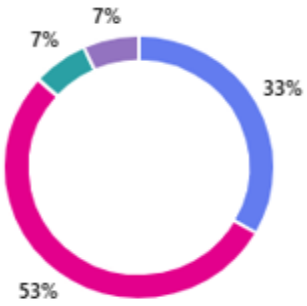
25. Council of Governor sub-committees (Nominations and Remuneration Committee and Governance Committee) are effective and provide quality update reports to the council

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

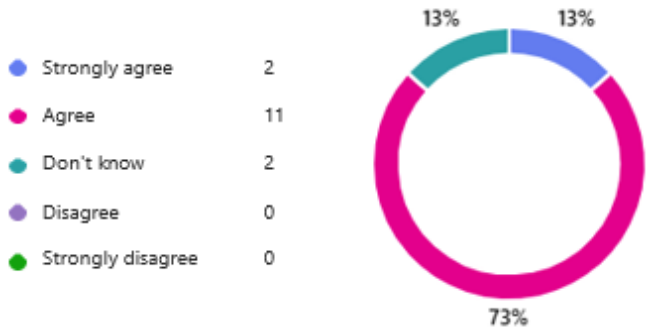


26. The Council of Governors receives sufficient information to hold the Board of Directors to account

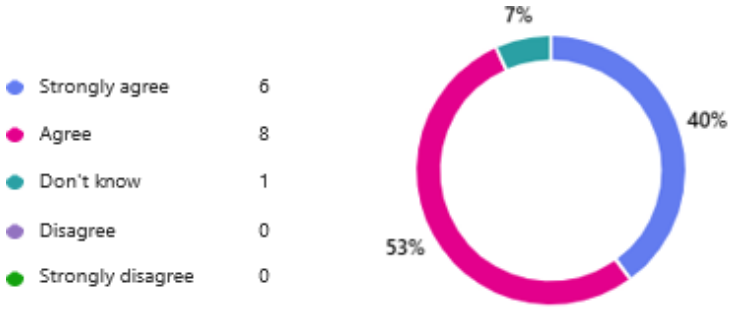
Strongly agree	5
Agree	8
Don't know	1
Disagree	1
Strongly disagree	0



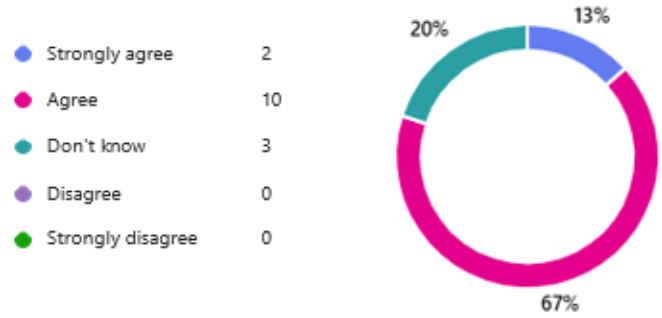
27. Governors can identify the key performance issues facing the Trust



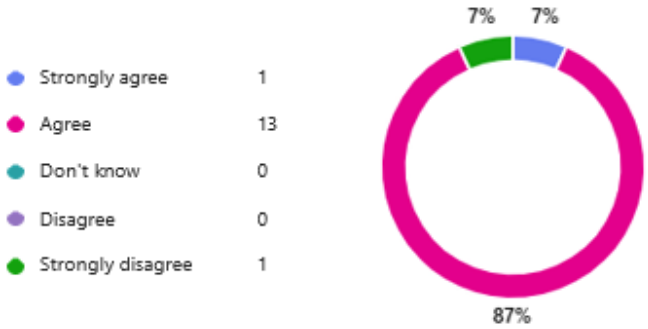
28. Governors can ask questions regarding performance reports



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



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



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

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

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 24 November 2026

Non-Executive Director (NED) Report – Lynn Andrews

Purpose of Report

This paper provides an overview of my activities as a Non-Executive Director during 2025/26 and of the activities of the Quality and Safeguarding Committee, which I chair.

Executive Summary

This report summarises my work with the Trust over the last 12 months.

The report demonstrates that I am fully compliant with all required training and development, meets the Fit and Proper Person requirements for a Non-Executive Director member with a clinical, quality and professional focus, and have a current appraisal.

My current responsibilities include:

- Trust Board Member (including attendance at Board and Board Development Sessions)
- Chair of the Quality and Safeguarding Committee
- Member of the People and Culture Committee
- Member of the Remuneration Committee
- Attendance at the Council of Governors
- Attendance at the Mental Health Act Committee

The report focuses on the Quality and Safeguarding Committee, which I chair, my membership of other committees, and other activities undertaken on behalf of the Trust.

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

Risks and Assurances

- Quality and Safeguarding Committee has gained assurance across a range of areas, as detailed within this report and has maintained oversight of the Board Assurance Framework (BAF) in relation to its areas of responsibility.

Consultation

- This paper has been prepared solely for the Council of Governors

Governance or Legal Issues

- The committee has gained assurance regarding compliance with the Care Quality Commission standards for Core Services and statutory Safeguarding requirements.

Net Zero Duty Implications

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

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

- None identified.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- No equality-related impacts identified in the preparation of this report.

Recommendations

The Council of Governors is requested to:

1. Consider the content of this report and seek clarification of additional information where required
2. Take significant assurance that I am competent to undertake the responsibilities of the Non-Executive Director role and to discharge my designated responsibilities effectively
3. Note that I continue to act in accordance with the Trust values and behaviours.

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

Council of Governors – November 2026
Non-Executive Director Report – Lynn Andrews

Purpose of Report

This paper provides a description of my activities as a Non-Executive Director (NED) with Derbyshire Healthcare Foundation Trust since my last report in November 2025 and provides information covering the Quality and Safeguarding Committee (Q&S), which I am Chair.

Background

This is my fourth year in office as a Non-Executive Director (NED). I commenced in post on 5 September 2022 in shadow capacity until 11 January 2023. I have continued to develop in my role as NED and Chair of the Quality and Safeguarding committee through board development opportunities, networking with NEDs outside the organisation, and 360-degree appraisal feedback.

Contractual obligations

In the NED role there is an expectation that you will devote the necessary time to undertake Trust business which is notionally a minimum of four to five days per month. I am expected to attend all Public Trust Board meetings and Quality and Safeguarding Committee(QSC) as chair. I have maintained good attendance at these meetings over the last 12 months missing only one Board meeting due to attendance at the NHSE Aspiring Chairs programme. I devote the time necessary to undertake my role in line with the role responsibilities and my appraisal objectives.

I completed my annual Fit and Proper Persons declaration confirming that I am meeting my contractual obligations as a Non-Executive Director and complying with Care Quality Commission Regulations (CQC) 5 Fit and Proper Person requirements. I had a positive annual appraisal with the Trust Chair in March 2026. I am fully compliant with all the training identified as role specific for NEDs. In addition, I have attended NED development sessions delivered by NHS Provides/NHS Alliance throughout the year.

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

Board Committee Member

- Trust Board
- Quality and Safeguarding Committee (QSC) as chair
- Member of People and Culture Committee
- Remuneration and Appointments Committee

Meetings in Attendance

- Council of Governors
- Mental Health Act Committee

Quality and Safeguarding Committee – Chair

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

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

The Committee has an extensive agenda covering all aspects of safety, effectiveness and patient experience. It also reviews Care Quality Commission recommendations and progress with implementing the actions. Reports are received quarterly for Adult and Children's Safeguarding activity. The Quality and Safeguarding Assurance Dashboard has been revised over the last year to ensure it captures quality plan delivery measures and is reviewed in depth on a quarterly basis. The Committee also has the responsibility for the assurance that we comply with the national Learning from Deaths process and reviews.

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

- The **Fundamental Standards of Care** and compliance with Care Quality Commission regulations. Following Mental Health Act and Core inspections of inpatient services the committee monitors completion and embeddedness of actions and the implementation of a structured programme of Fundamental Standards visits. The learning has been rolled out across community and other trust services. The Committee's view is that programme of Fundamental Standards visits has significantly strengthened the quality of care and provided significant assurance that improvements are embedding. All Core services inspected by the CQC have been rated as GOOD.
- **Patient Safety Incident Response Framework (PSIRF)** has had significant focus in the past year to ensure that the incident review process was strengthened and embedded. Internal training around the process was established, drop-in sessions implemented with the Patient Safety Team and post incident reviews established along with stronger governance through Divisional and Care group learning lessons sessions. The QSC have received assurance that leadership of the PSIRF programme has enabled significant progress.
- **Assertive Outreach and Community Mental Health Treatment** following the tragic events in June 2023 and the investigation into the care and treatment of Valdo Calocane within Nottinghamshire Healthcare NHS Foundation Trust. The Trust has completed a self-assessment outlining current practice and areas for improvement as part of the ongoing assurance and in response to national expectations set out in a NHSE letter (February 2025). The committee is assured that the current workforce

arrangements and case management processes ensure safe care, and that the Trust continues to work with the ICB to deliver care in line with national best practice.
- Close and detailed consideration of **Patient Care Planning** and **Care Programme Approach** (CPA) compliance. The leadership and oversight by the Director of Nursing has enabled the committee to be assured that appropriate actions are being taken to reach sustainable compliance. The Trust has now developed plans to implement the new NHS England's policy change to implement the Person Centred Framework.

Other activities outside of the Quality and Safeguarding Committee:

People and Culture Committee
I am a member of this Committee and many of the agenda items are interrelated in terms of workforce issues and how staff are supported through training and development to enable the provision of quality, safe and effective care. It has been very useful to be able to triangulate issues, such as leadership, supervision and training and is a reminder of the challenges clinicians face every day in keeping our service users safe.

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

Other activities
A key theme of my role is to understand and seek assurance on quality issues within the Trust and across services. The meetings I am a member of support this responsibility. I am a strong advocate for service visits to meet staff, talk with patients and carers and gain an understanding of the organisational culture. I undertake services visits regularly (at least one per month). Where possible, I also attend staff conference, awards events and key celebration events.

I attend the Mental Health Act committee which seeks to provide assurance of legal compliance, monitor the application of mental health legislation and ensure the patients' rights are protected.

I am the Board NED Freedom to Speak up Guardian and have also been a member of stakeholder groups and interview panels Medical Staff appointments.

I commenced the NHS England Aspiring Chairs Development Programme in May 2026 and am currently progressing through the programme, including participation in simulation events.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 24 November 2026

Non-Executive Directors Report – Deborah Good

Purpose of Report

This paper provides a description of my committee and wider activities during the year.

Executive Summary

As Chair of the Mental Health Act Committee, this report focuses primarily on my responsibilities in that role and the assurances obtained through the Committee's work. In addition to my role as Chair of the Mental Health Committee, I attend Board and Board Development meetings, serve as a member of the Remuneration Committee, the People and Culture Committee, and the Audit and Risk Committee. This report also highlights my involvement in wider Trust activities such as Carer Engagement and Board visits

Note: A brief personal profile is included at the end of this document.

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

Risks and Assurances

- The MHAC has considered the Board Assurance Framework and high- level risks in particular as they relate to the remit of the committee.

Consultation

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

Governance or Legal Issues

- None identified.

Net Zero Duty Implications

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

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

- None identified

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

- The EDI objectives of the Mental Health Committee are included within its terms of reference. The Committee reviewed how well these objectives had been met and confirmed that papers considered by the Committee had, in large part, made relevant reference to equality, diversity and inclusion matters where appropriate.

Recommendations

The Council of Governors is requested to:

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

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

Council of Governors – 24 November 2026
Non-Executive Directors Report – Deborah Good

Purpose of Report

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

Mental Health Act Committee

I have been Chair of the Mental Health Act Committee since September 2024. The Committee monitors and obtains assurance on behalf of the hospital managers and the Trust, as the detaining authority, that the safeguards of the Mental Health Act (MHA) and the Code of Guidance are upheld.

A recent focus of the Committee has been on compliance with patients' 'reading of rights' where concerns were raised about inconsistent performance across teams and the robustness of data. The Committee requested that this was escalated to the Trust Delivery Group and raised as a risk on the Risk Register. A thorough review of processes, data and reporting is resulting in improved performance.

Another recent area of focus has been in relation to application of the Mental Capacity Act where a commissioned audit identified that the clinical rationale for decisions was not always documented clearly. A resulting Quality Improvement project has improved the documentation and embedded a more structured assessment approach. Further audits which will be reported back to MHAC will ensure improvements are sustained.

The MHAC also provides governance and oversight of PCREF (Patient and Carer Race Equality Framework) and after a slow start we are now starting to see progress with work in this area very much aligned to the Trust's wider anti-racism approach and the Race Equality Action plan.

The new Mental Health Act 2025 received Royal Assent in December last year. Key aims include giving patients more say in their care, ending the detention of people with autism or learning disabilities solely for those conditions and addressing racial disparities in detentions. The Act will come into force very gradually and full implementation is estimated to take several years. The Mental Health Act Committee has approved an outline governance structure that will be used within the Trust to implement the Bill.

An exciting new development is the implementation of Thalamos, a new digital system for completing, sharing and processing MHA paperwork across all pathways. The system went live on 17 November and significant benefits realisation is expected through improved productivity, data quality and clinical decision making.

Audit and Risk Committee Member

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

People and Culture Committee Member

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

Other activities

In addition to formal committee work I also act as the NED lead for Carers attending the monthly Carers Engagement meeting and relevant Forums and events where possible. I advocate for the role of Carer champions across all services and the importance of achieving the Triangle of Care accreditation standards awarded by the Carers Trust. During the last year it has been pleasing to see much clearer lines of accountability and responsibility established in relation to patient and carer experience outcomes. I look forward to seeking assurance that the Trust is achieving greater impact in these areas over the next year.

In other activity I have attended a number of Board visits alongside Governors and Executive Directors. These visits are always a great opportunity to meet staff helping to provide a more rounded view of staff and service issues across the Trust.

Visits over the last few months have included;

- Dietetics Team
- Domestic and Hotel Services Teams, both North and South
- MHA Office Teams in North and South
- Derwent Unit and s136 suites
- Research and Development Team
- Mental Health Liaison Team
- Dementia Rapid Response Team (High Peak)
- In Reach Home Treatment Team (High Peak)
- Erewash CMHT)

More recently I was delighted to attend the annual HEARTS awards celebrating the amazing achievements of teams and individuals across the Trust.

Personal Profile – Deborah Good (NED since March 2022)



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

I returned to Derby in the early 1990s where I held various management roles with Derby City Council before joining the Audit Commission as a Housing Inspector and eventually Head of Housing. After a spell as a consultant with the Chartered Institute of Housing, I was appointed as Executive Director of Customer Experience and Business Support at Solihull Community Housing. I have also held positions as a Non-Executive Director at Derwent Living and Berneslai Homes.

I am currently a Trustee of Artcore, a multi-cultural arts charity based in Derby. It has a thriving community hub based in one of the most deprived areas of Derby (Charnwood Street) and also gallery and activity space in the centre of Derby offering a number of creative activities for adults and young people from all backgrounds and abilities. It recently hosted a very successful Diwali celebration on behalf of Derby City Council and earlier this month received Derby University's Honorary Partnership award in recognition of its outstanding partnership, commitment and contribution to the community and art.

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 24 November 2026

Integrated Performance Report (IPR)

Purpose of Report

This paper provides Council of Governors with an integrated overview of performance up to the end of September 2026 for internal measures, and to the end of August 2026 where the data source is NHS England The focus of the report is on key finance, performance and workforce measures. The purpose of the report is to provide information to governors – a verbal summary of the Boards performance presented by the Non-Executive Directors. This provides governors with details of how the Non-Executive Directors seek assurance from the Board on strategy issues including holding Executive Directors to account through Board Committees.

Executive Summary

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

Quality Performance

This section summarises performance across key quality, safety, patient experience and flow measures for August and September 2026, alongside the latest published tobacco treatment and flu vaccination measures.

Overall performance was mixed. Falls, ligature and absconding incidents remained within improvement thresholds, and Duty of Candour (DoC) requirements were met for the September incident. Seclusion, physical and prone restraint, patient-to-patient violence and assaults on staff reduced but remained above ambition. Continued Board oversight is required for complaints timeliness, medicines-management risks, Care Programme Approach (CPA) reviews, discharge barriers and patients not seen for over 12 months. Established governance arrangements support oversight, but the two-month position does not demonstrate sustained improvement.

Areas of assurance

Absconding remained below ambition, with 16 incidents in August and 17 in September against a threshold of 21 or fewer. Monitoring continues through inpatient governance routes.

Seclusion and physical restraint reduced from 35 to 21 episodes and 152 to 140 incidents respectively between August and September. Both remained above ambition; oversight continues through the Reducing Restrictive Practice Group and Safer Steps Programme.

Violence and aggression reduced, with patient-to-patient incidents falling from 38 to 27 and assaults on staff from 45 to 39. Both measures remained above ambition, requiring continued focused monitoring and staff support.

Prone restraint reduced from nine incidents in August to seven in September. The zero target was not achieved; individual incident review and targeted ward support continue through the Positive and Safe team.

Falls remained stable and within ambition at 35 in both months against a threshold of 39 or fewer. Most resulted in low or no harm, but significant injuries, including fractures, occurred; falls prevention and Care Group oversight continue.

Ligature incidents remained within ambition at 45 in August and 46 in September against a threshold of 55 or fewer. No fixed-point incidents were recorded in either month. A fatal non-fixed ligature incident in August 2026 prompted an organisational review to identify learning, and improvement actions were implemented as required. Non-fixed ligatures remain the predominant risk, with individualised risk management and Ligature Risk Reduction Group oversight.

DoC requirements were met for the one incident reported in September, with an apology letter issued; none were reported in August. Some incidents remain under review and the data may change.

Tobacco treatment met target and governance remains established. The latest published supported quit-attempt measure was 50%, meeting target, although further periods are needed to confirm sustainability. Specialist groups, Divisional reviews, Care Group meetings and multi-agency escalation provide ongoing oversight.

Areas of risk

Complaints timeliness remains below target, improving from 50% in August to 72.2% in September against 100%. Sustained compliance has not been achieved; the complaints improvement plan and Patient Experience oversight remain in place.

Restrictive practice remains above ambition despite reductions. September physical restraint was 140 against 88 or fewer, seclusion was 21 against 18 or fewer and prone restraint was seven against zero. Ward variation and repeated interventions require continued targeted action.

Patients not seen for over 12 months remain a material risk, increasing from 308 in August to 311 in September against a zero target. Access, safety and regulatory risks require continued service improvement plans, divisional business review and care group operational oversight.

Assaults on staff remain above ambition at 39 in September against 24 or fewer, despite reducing from 45 in August. Activity remains concentrated in Older People's Inpatient wards and the Psychiatric Intensive Care Unit (PICU). The No Excuse for Abuse approach supports monitoring and staff support.

Medication incidents remain above ambition at 135 in August and 133 in September against 122 or fewer. Predominantly low reported harm does not remove recurring administration, documentation, controlled-drug and post-rapid-tranquillisation monitoring risks. Pharmacy reviews, ward action plans and medicines governance continue.

Patient-to-patient violence remains above ambition at 27 incidents in September against 19 or fewer, despite reducing from 38 in August. Concentration in the PICU and a small number of Inpatient wards requires continued focused review through the Reducing Restrictive Practice Group.

CPA compliance declined and flu vaccination remains below target. CPA annual reviews reduced from 80.4% in August to 79.2% in September against 95%, requiring targeted Divisional oversight. The current flu vaccination rate is 28.6% against a Trust target of vaccinating 49% of frontline healthcare workers by the end of the campaign in March 2027. Campaign oversight continues through the Trust plan and People and Culture governance.

Discharge flow remains constrained, with the proportion clinically ready for discharge increasing from 6.9% in August to 7.6% in September against 3.5% or less. Housing, funding and social care barriers remain subject to twice-weekly multi-agency discharge meetings.

Operational Performance

Overall operational performance is mixed: several clinical access, safety and outcome measures remain strong, while sustained demand-capacity gaps, workforce pressures and inpatient flow constraints continue to drive material risk. The recommended assurance level remains limited. Priority actions are as follows: maintain grip on crisis response and helpline recovery; reduce out of area (OoA) placements, length of stay (LoS) and discharge delays; accelerate Community Paediatrics and Neurodevelopmental backlog plans; stabilise workforce capacity and sickness; embed consistent outcome measure completion; and secure System partner action on commissioning, accommodation, discharge and sustainable capacity.

Areas of assurance

The 72-hour post-discharge follow-up standard continues to be exceeded, placing the Trust among the top providers nationally, and the 14-day mental health readmission rate is in the best-performing segment

Early intervention in psychosis has exceeded target for eight consecutive months; Individual Placement and Support activity is 31% above target; and Derby and Derbyshire performs strongly for dementia diagnosis and specialist Perinatal access rate.

Mental Health Helpline answer times are among the quickest in the Midlands, with call abandonment reducing substantially. Older Adult LoS is within trajectory, Paediatric Physiotherapy has cleared waits over 52 weeks and the 0–4 Community Paediatrics backlog has reduced markedly

Areas of risk

Urgent crisis face-to-face contact within 24 hours remains below national performance, although October data show improvement. Demand continues to exceed commissioned capacity in the Mental Health Helpline, Community Paediatrics, autism, attention deficit hyperactive disorder (ADHD) and other Neurodevelopmental pathways, resulting in long waits and poor access rankings. Inpatient services remain pressured with a number of female PICU OoA placements, and Adult Acute LoS above trajectory. Paired outcome-measure completion is particularly weak for children and young people (CYP), while national methodology continues to overstate CYP waits over 104 weeks by including adults first referred before age 18. Perinatal access is above the national standard but below the Integrated Care Board's much more stretching local trajectory.

People Performance

People performance remains strong across compulsory training, turnover and clinical supervision, with all three measures meeting or exceeding their respective targets. Principal workforce risks remain with high sickness absence levels and appraisal compliance being below target. Vacancy levels continue to fall, and agency usage remains low, supported by strengthened oversight and vacancy-filling activity.

Areas of assurance

The Trust continues to demonstrate strong performance across several key workforce metrics.

Compulsory training compliance remains robust at 95.7% and continues to perform above the 95% target.

Annual turnover remains healthy at 10.6%, in line with national and regional benchmarks and below the Trust's 12% upper tolerance, indicating a relatively stable workforce.

Clinical supervision compliance remains above target at 96% and management supervision slightly below target at 94.5%.

Areas of risk

Sickness absence remains a key concern and priority area of focus within the Trust. The September 2026 monthly absence rate was 6.9%, comprising of 2.7% short-term absence and 4.2% long-term absence. Anxiety, stress or depression-related illness remains the leading cause, reinforcing the need for sustained focus on wellbeing, early intervention and strengthening managers skills in supporting staff and managing sickness absence.

Annual appraisal compliance has remained in the high eighties over the past five months, consistently below the revised 95% target. Key areas of focus remain to understand the reasons for decline and addressing appraisals that are overdue or approaching renewal. Agency usage remains low compared with the previous year as work continues to reduce this further.

Financial Performance

At the end of September, there is a deficit of £0.9m, which has been adjusted for the IFRS16 PFI adjustment, bringing the adjusted financial position to a deficit of £0.8m which is better than the

plan by £0.1m. The deficit position is mainly driven by OoA expenditure and acuity on the Inpatient wards, which has been partly mitigated by other underspends.

Areas of assurance

The plan includes an efficiency requirement of £14.8m with the plan assuming 72% is delivered recurrently. At the end of September efficiencies have delivered £6.7m against a plan of £6.7m.

The forecast assumes the full efficiency programme will be delivered.

Capital is below plan at the end of September by £1.9m. The forecast includes additional expenditure related to nationally-funded schemes not in the plan.

Cash at the end of September was £33.3m (£34.5m last month) against a plan of £23.5m, £9.8m above the plan. There are no concerns in relation to debt recovery.

The Better Payment Practice Code (BPPC) sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices. At the end of September, the volume and value of invoices was above target at 95.3% and 97.9% respectively.

Areas of risk

Agency expenditure at the end of September is slightly over plan at £0.1m but is forecast to be on plan by the end of the financial year. Bank expenditure is above plan at the end of September by £0.9m and is forecast to be over plan by £1.4m by the end of the financial year.

At the end of September, OoA expenditure is above plan by £1.6m. The current forecast is based on a reducing trajectory which brings the forecast overspend to £1.6m by the end of the financial year.

Strategic Considerations		**Board Assurance Framework (BAF) Risks**	**Strategic Delivery Plan Reference**
Patient Focus: Our care and clinical decisions will be respectful of and responsive to the needs and values of our service users, patients, children, families and carers.	X	25-26 1A	1.2-1.4
People: We will attract, involve and retain staff creating a positive culture and sense of belonging.	X	25-26 2A	2.1–2.4
Productive: We will improve our productivity and design and deliver services that are financially sustainable.	X	25-26 3A	3.1–3.3
Partnerships: We will work together with our system partners, explore new opportunities to support our communities and work with local people to shape our services and priorities.	X	25-26 4A-C	4.1

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Net Zero Duty Implications

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

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

No meaningful impact identified.

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

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

Report presented by: **Chioma Akpom, Non-Executive Director**

Lynn Andrews, Non-Executive Director

Jo Hanley, Non-Executive Director

Andrew Harkness, Non-Executive Director

Ralph Knibbs, Non-Executive Director

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

Rachel Leyland
Deputy Director of Finance

Liam Carrier
Assistant Director of Workforce Transformation

Joseph Thompson
Associate Director of Physical Health and Quality

Derbyshire Healthcare
NHS Foundation Trust

Integrated Performance Report

24 November 2026

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QUALITY PERFORMANCE



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

Responsible Committee: **Quality and Safety Committee**

Executive Summary

This update focuses on performance during August and September 2026. Measures are reviewed against the 2026/27 improvement ambitions in the Quality 2026 scorecard and the supporting Quality Dashboard. The period shows a mixed position: seclusion, physical restraint, prone restraint, assaults on staff and ligature incidents reduced, while falls remained stable and Duty of Candour (DoC) compliance was maintained. However, complaints timeliness, restrictive practice, medication incidents, Care Programme Approach (CPA) reviews and discharge flow require continued targeted action and Board oversight. Governance and mitigation remain in place through Care Group and Divisional performance reviews, specialist safety groups, patient experience and patient safety processes, and multi-agency discharge arrangements.

Overview

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

Performance remained below the 100% target, with 50.0% of complaints responded to within 90 working days in August and 72.2% in September. September showed improvement, but sustained compliance has not yet been achieved. The complaints improvement plan remains in place, with oversight through the Patient Experience team, Care Group performance meetings and the quarterly Patient Experience report.

Seclusion episodes per month (Target: ≤18)

Seclusion episodes reduced from 35 in August to 21 in September. Both months remained above the improvement ambition of 18 or fewer, although September activity was 40% lower than August. Activity remained concentrated in the Psychiatric Intensive Care Unit (PICU) and the Radbourne Unit. Oversight continues through the Reducing Restrictive Practice Group, seclusion reviews and the Safer Steps Programme.

Physical restraint incidents per month (Target: ≤88)

Physical restraint reduced from 152 incidents in August to 140 in September, a 7.9% reduction, but remained above the improvement ambition of 88 or fewer in both months. Activity continued to vary between clinical areas and was influenced by repeated interventions involving a small number of unwell patients. Positive and Safe teamwork compliance was 91% and supplementary training continues, with oversight through the Training and Education Committee and Reducing Restrictive Practice Group.

Physical restraint by prone position (Target: 0)

Prone restraint reduced from nine incidents in August to seven in September but remained above the zero target. The reduction provides positive evidence of movement away from higher-risk restrictive interventions. The targeted prone-reduction project continues on female wards and PICU, with individual incident review and ward support provided by the Positive and Safe team.

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

Incidents reduced from 38 in August to 27 in September, a 28.9% reduction, but remained above the improvement ambition of 19 or fewer in both months. The Quality Dashboard identifies concentration in PICU and a small number of inpatient wards. Most incidents resulted in low or no harm. Oversight continues through the Reducing Restrictive Practice Group.

Assaults on staff by patients (Target: ≤24)

Assaults on staff reduced from 45 in August to 39 in September, a 13.3% reduction, but remained above the improvement ambition of 24 or fewer. The improvement follows the July high point, although activity remains concentrated in Older People's Inpatient wards and PICU. Monitoring continues through the Reducing Restrictive Practice Group and the Trust's No Excuse for Abuse approach; race-related abuse remains a staff safety and equality concern.

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

Ligature incidents were 45 in August and 46 in September, both below the improvement ambition of 55 or fewer and broadly stable. No fixed-point incidents were recorded in either month, meeting the target of three or fewer. A fatal non-fixed ligature incident in August 2026 prompted an organisational review to identify learning, and improvement actions were implemented as required. Non-fixed ligatures remain the predominant risk, with oversight through the monthly Ligature Risk Reduction Group, individualised risk management and ward-level environmental safety plans.

Medication incidents per month (Target: ≤122)

Medication incidents remained above the improvement ambition, at 135 in August and 133 in September, although they reduced slightly and were predominantly no harm or insignificant harm. Recurring themes include administration and dose errors, missed or undocumented doses, controlled-drug governance, prescribing and medicines reconciliation, storage monitoring and incomplete post-rapid-tranquillisation monitoring. Mitigations include targeted education, strengthened ePMA use, ward action plans, pharmacy Datix reviews and escalation through medicines governance groups.

Falls on Inpatient wards (Target: ≤39)

Falls were stable at 35 in both August and September, meeting the improvement ambition of 39 or fewer. Incidents remained concentrated in Older People's Acute Inpatient services. Most resulted in low or no harm, although significant injuries, including fractures, occurred. Oversight continues through the Falls Lead, clinical leadership, bi-weekly falls prevention meetings and monthly Care Group performance review.

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

Incidents increased slightly from 16 in August to 17 in September but remained below the improvement ambition of 21 or fewer in both months. The dashboard reports common cause variation with no emerging pattern of harm; monitoring continues through inpatient governance routes.

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

No DoC incidents were reported in August, and one was reported in September. The Quality Dashboard confirms that DoC requirements were met for the September incident, with an apology letter issued. Some incidents remain under review and the data may change.

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

CPA annual review compliance reduced from 80.4% in August to 79.2% in September, remaining below the 95% target. Variation between divisions requires targeted oversight through Divisional performance reviews, Care Group Fundamentals of Care meetings and service action plans. The Trust is preparing to transition to the mental health Personalised Care Framework, while CPA indicators remain in place until implementation is complete.

Proportion of patients clinically ready for discharge (Target: ≤3.5%)

The proportion remained above the 3.5% threshold, increasing from 6.9% in August to 7.6% in September. The principal causes remain unavailable suitable housing, funding arrangements and social care placements. Twice-weekly multi-agency discharge event meetings continue to escalate and resolve barriers.

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

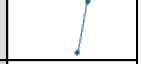
The number increased slightly from 308 in August to 311 in September, following the earlier improving trajectory. Performance remains materially above the zero target and continues to represent an access, safety and regulatory risk. Oversight is maintained through divisional business meetings, Care Group operational meetings and service performance improvement plans.

NHS Oversight Framework 2026/27: percentage of inpatients referred to and seen by an in-house Tobacco Treatment service who make a supported attempt to stop smoking (Target: 50%)

The latest published position is 50%, meeting the 50% target. As this is an NHS England (NHSE) measure with limited published data, further periods are required to confirm sustained performance.

NHS Oversight Framework 2026/27 healthcare worker flu vaccination rate (Target: 49%)

The current flu vaccination rate is 28.6% against a Trust target of vaccinating 49% of frontline health care workers by the end of the campaign in March 2027. The 2026/27 campaign commenced in October, with delivery and equity actions monitored through the approved Trust flu vaccination plan and People and Culture governance arrangements.

Measure	Target	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	
No. of complaints responded to within 90 working days (rolling 24 months)	100%	27%	20%	23%	44%	43%	44%	42%	43%	43%	74%	50%	72%	
Seclusion episodes per month	18	28	15	26	17	16	27	14	31	34	35	35	21	
Physical restraint incidents per month	88	89	72	75	112	146	139	129	151	170	154	152	140	
Prone restraint incidents per month	0	14	14	14	10	19	3	11	10	16	8	9	7	
Incidents of violence and aggression between patients per month	19	34	27	19	18	19	15	23	39	35	23	38	27	
Assaults on staff by patients per month	24	26	24	22	23	26	29	33	45	57	69	45	39	
Ligature incidents per month	55	47	65	35	77	31	73	60	52	90	75	45	46	
Ligature incidents per month involving fixed points	3	4	5	4	4	0	4	1	2	5	3	0	0	
Medication incidents per month	122	162	179	163	162	131	129	113	158	162	162	135	133	
Falls per month	39	32	33	40	43	44	38	49	47	46	45	35	35	
Abscond, escape and fail to return incidents	21	18	23	21	24	20	29	13	19	8	8	16	17	
Duty of candour incidents	0	4	0	1	3	2	5	0	4	3	1	0	1	
Care programme approach (CPA) annual reviews	95%	79%	79%	82%	82%	80%	76%	76%	76%	79%	80%	80%	79%	
Proportion of patients clinically ready for discharge	3.5%	12%	11%	11%	11%	9%	12%	9%	9%	9%	8%	7%	8%	
Patients open to mental health services but not seen for over 12 months	0	460	433	399	408	401	401	421	384	426	366	308	311	
NOF percentage of inpatients referred to and seen by an in-house tobacco treatment service who make a supported attempt to stop smoking[1]	50%							0%	50%					
NOF healthcare worker flu vaccination rate[1]	54%							44%	44%					

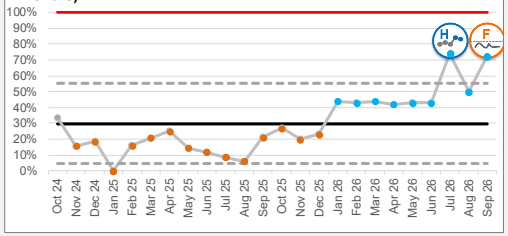
[1]NHS England data

Target

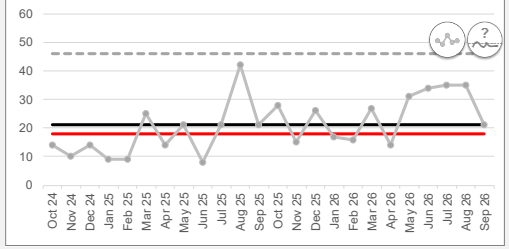
Mean over the past 24 months

Quality Key Performance Indicators – Statistical Process Control Charts

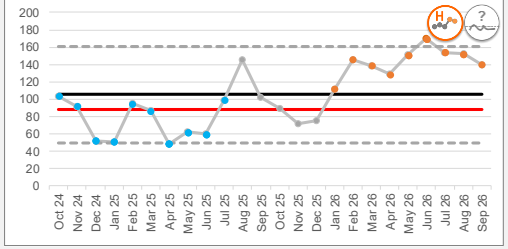
Complaints responded to within 90 working days (rolling 24 months)



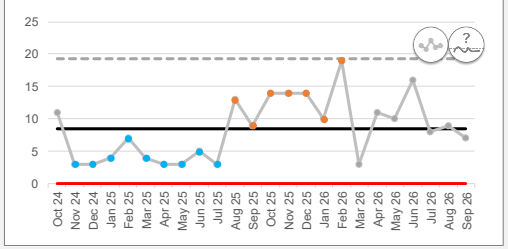
Seclusion episodes per month



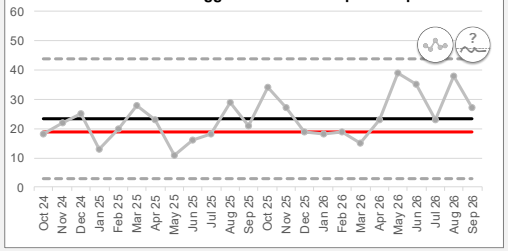
Physical restraint incidents per month



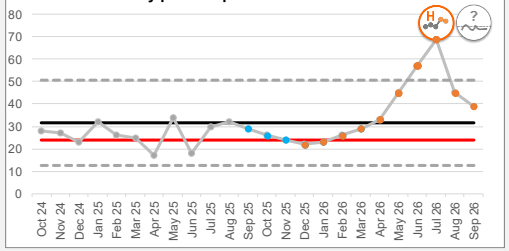
Physical restraint by prone only position per month



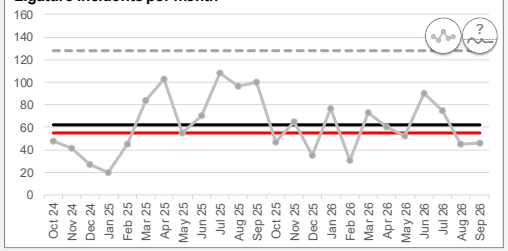
Incidents of violence and aggression between patients per month



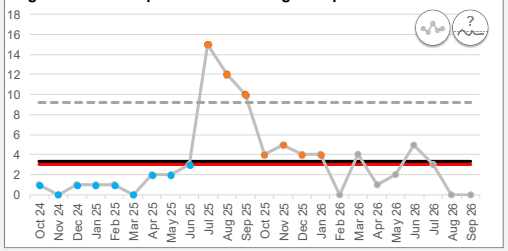
Assaults on staff by patients per month



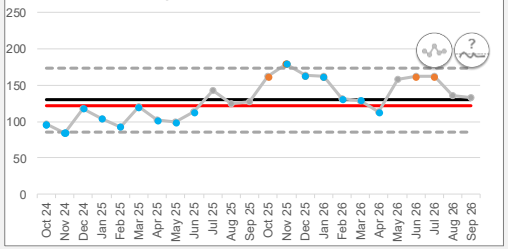
Ligature incidents per month



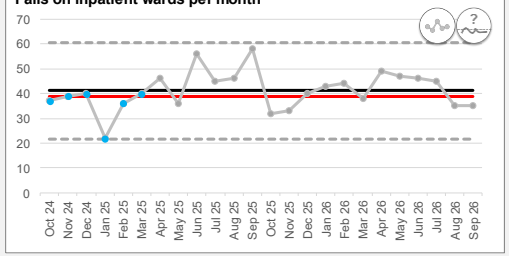
Ligature incidents per month involving fixed points



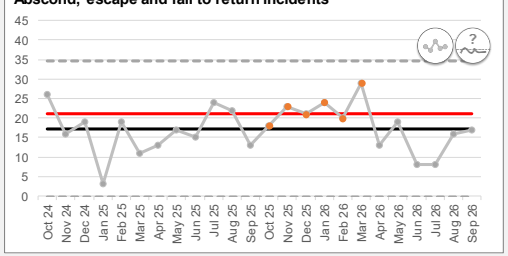
Medication incidents per month



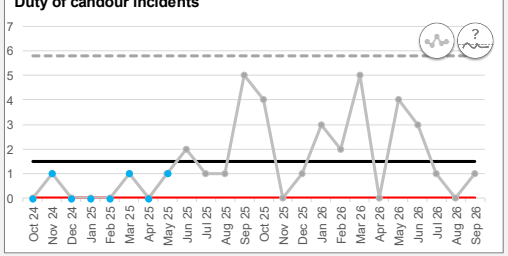
Falls on inpatient wards per month



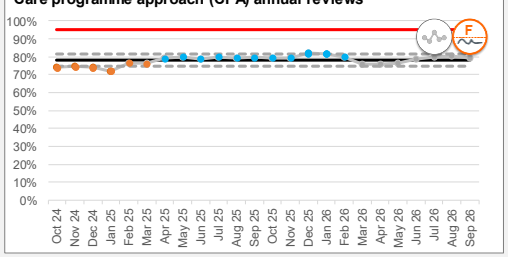
Abscond, escape and fail to return incidents



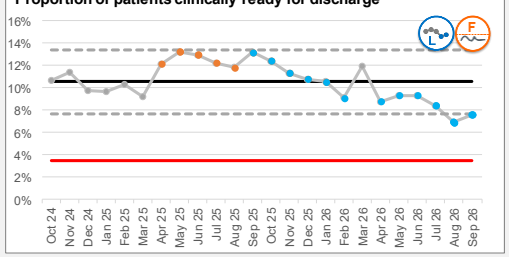
Duty of candour incidents



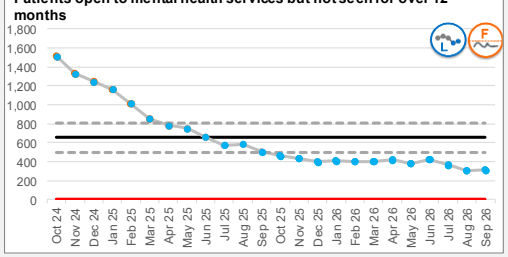
Care programme approach (CPA) annual reviews



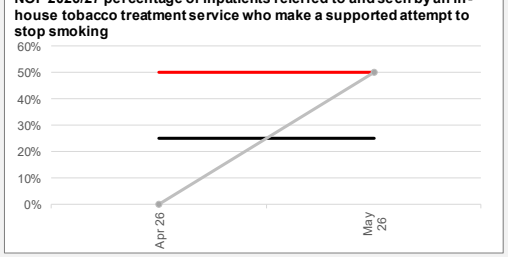
Proportion of patients clinically ready for discharge



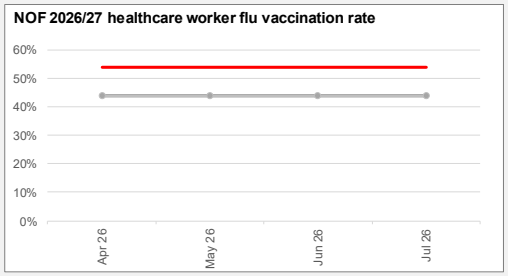
Patients open to mental health services but not seen for over 12 months



NOF 2026/27 percentage of inpatients referred to and seen by an in-house tobacco treatment service who make a supported attempt to stop smoking

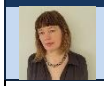


Quality Key Performance Indicators – Statistical Process Control Charts (2)



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

OPERATIONAL PERFORMANCE



Deputy Chief Executive/ Chief Delivery Officer:
Vikki Ashton Taylor

Responsible Committee: **Finance and Performance Committee**

Executive Summary

NHS oversight framework

The Quarter 2 (Q2) rankings and scores are yet to be published. From internal analysis it is forecast that the overall result will be very similar to Q1 and again place in segment 3, with the usual caveat that it is not possible to predict with certainty. The notable changes in Q2 include: the percentage of urgent crisis response patients to receive face-to-face care within 24 hours dropping from 71% (segment 2) to 60% (segment 3); the percentage of clinical trials set up within 90 days dropping from 100% (segment 1) to 50% (Segment 4); sickness absence increasing by from 6.1% to 6.4%, dropping into segment 4 from segment 3; and the percentage of inpatients referred to and seen by an in-house Tobacco Treatment service who make a supported attempt to stop smoking increasing from 0% (segment 4) to 40% (segment 1).

Inflow

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

This is an NHS Oversight Framework (NOF) measure of the proportion of urgent referrals made to Crisis teams and Mental Health Single Points of Access who were seen face to face within 24 hours. In the latest published data (August 2026), the service achieved 60% against the national average of 73.6% and placed in the worst performing 25% of providers.

A full performance improvement plan is in place, and October to date the position has improved to 76.6%. There are a number of factors contributing to the recent decline. Vacancy factor particular in the city and county south has reduced capacity. 5.0 whole time equivalent (WTE) Band 6 have now been recruited to, reducing the gap. Short-term and long-term sickness as well as employee relations cases are also contributing to reduced staffing capacity. A weekly escalation meeting is in place chaired by the Deputy Director of Operations and Head of Practice to support the remedial actions needed. A workforce assurance meeting has also been agreed (chaired by the Director of People) to ensure oversight and grip on the broader workforce issues. Medium-term work is needed across all adult services to understand the demand and capacity on the service in greater detail and ensure appropriate decisions and escalations on service delivery can be made, as well as future-proofing service delivery.

Mental Health Helpline

From the latest official statistics published by NHSE (August 2026), the proportion of calls to the helpline which were abandoned (callers hung up) after interactive voice response call steering was third highest in the Midlands at 25%. However, this has improved significantly from 40% in March 2026 and fell just below the national average of 26%. The Trust's speed to answer calls was the second quickest in the Midlands, at 68 seconds. This was considerably quicker than the national average of 220 seconds.

Demand for the service continues to remain high, with call volumes for the professional line being up to 200 per week and the helpline being up to 800 per week. The service remains focused on delivery of the performance improvement plan, with weekly performance cross check meetings which have been reviewed by the new team leadership in place following operational phase 1b. The service continues to provide daily mental health practitioner support to East Midlands Ambulance Service (EMAS) colleagues in respect of the Mental Health Response Vehicle, and have also prioritised this as a service necessity, which in turn impacts on the wider pathway of Emergency Department avoidance and hospital admission. A consultation relating the relocation of the helpline is complete, the team will relocate in November to the Mental Health Urgent Access Centre alongside Crisis teams which will support better integration of urgent services.

- The Mental Health Text Message service was successfully implemented on 1 July 2026 following completion of testing and staff training. The service is now operational and forms part of the wider offer to improve accessibility and choice for people seeking support but is currently receiving an average of just six texts per week.

This has been a phased implementation plan, currently operational for all known patients to Working Age Adult services. A slight pause in the wider roll-out occurred owing to the consultation and move. However, with this now complete, further roll-out to the public (adults) is planned to be realised by the end of November with communication and engagement plans being worked through currently. Access for Children and Young People (CYP) services is also still being worked through. It is essential that the pathway is robust clinically as the urgent services operate differently to adult services, and it essential that the right escalation routes are enabled from the text to business as usual services

- Engagement with the Integrated Care Board (ICB) regarding the future service specification continues. Discussions remain focused on ensuring that commissioning arrangements accurately reflect current service demand of all services provided by the helpline and support service activity and workforce requirements
- Whilst improvements have been made, demand continues to exceed commissioned capacity. This remains a risk to performance and service delivery and continues to be highlighted through commissioning discussions and performance assurance processes. Funding for two WTE Band 6 posts reinvestment into the helpline was agreed. However, this is currently stalled as the funding is no longer available.

Adult Community Mental Health team (CMHT) waits

There are currently 1,230 patients waiting on the various Adult CMHT external waiting lists. The average wait is 10 weeks (median seven weeks). 213 patients have been waiting over 18 weeks (17%) and 13 have been waiting over 52 weeks (1%). A performance improvement plan is in place. The plan aims to reduce waiting lists in line with the agreed recovery trajectory while keeping patients safe during their wait.

Main priorities:

- Strengthen waiting well compliance: require monthly audits; standardise SystmOne documentation; and increase management and governance scrutiny
- Prioritise patients at greatest risk: ensure plans are in place for people waiting over 52 weeks and those with higher complexity, escalating risk or safeguarding concerns
- Reduce backlogs and improve flow: review high-volume pathways, particularly single points of access, and introduce targeted outpatient recovery actions in Amber Valley, Erewash and Derby City
- Address capacity constraints: protect management time, review staffing and skill mix, escalate system barriers and monitor staff wellbeing
- Improve assurance: cleanse waiting-list data monthly, strengthen digital reporting, review referral and triage processes, and report progress through governance forums.

Mental health 14 day readmission rate

The rate of readmissions to Adult Acute, Older Adult or PICU beds within 14 days of discharge has reduced to 5% which places in the best performing segment of the NOF and is below the national average of 5.8%.

Reduce Accident and Emergency (A&E) referrals to Liaison teams of patients known to Mental Health services

This is one of three mental health sector priority targets set this financial year. To date there is no data published. However, NHSE has advised that the data is currently in testing phase.

Outflow

Inappropriate out of area (OoA) Adult Acute and PICU placements

At the end of September there were zero Older Adults, one Adult Acute, one male PICU and 13 female PICU inappropriate OoA. The ICB recognises a maximum of three female PICU placements. From an acute bed perspective, at the end of September there were 13 patients placed in acute OoA continuity of care placements.

A mental health sector priority has been set to reduce Adult Acute inappropriate OoA placements by 50% from the March baseline (excluding PICU placements). As there was only one patient out of area in March, this means that the Trust must effectively eliminate inappropriate acute placements by year end if the target is to be achieved.

The Clinical Bed Manager is in post and is providing clinical oversight to PICU female patients. There is ongoing work via gatekeeping including a new performance improvement plan being drafted to capture the short to long term improvements needed around gatekeeping, aiming to reduce inappropriate admissions and ensure Getting it Right First Time (GiRFT) principles are being followed around purposeful admission.

Average Length of Stay (LoS) for Adult Acute and PICU mental health beds (rolling three months)

From July to September the average (mean) LoS was 58 days against the medium term plan target of 48.5 days. During the three months there have been a number of discharges of people with unusually long LoS of over 200 days, which is positive, but means that average LoS gets worse before it can start to get better. If excluding those discharges, the mean LoS would have been just 45.2 days. (Median LoS of all discharges was 36.5 days). LoS has also been impacted by delays to discharge when clinically ready, which inflated mean length of stay by 4.7 days. In total the discharged patients experienced 1,191 delayed bed days at a cost of £956.3k.

Changes to Patient Flow Delivery Group have been made to ensure the improvements made within flow have more stringent oversight and are impactful. Ongoing emphasis and iterative changes to the GiRFT)/LoS meeting are happening to ensure the correct outputs in terms of reduction in LoS are being achieved. Changes planned this month to that process include building in an escalation for any ward holding over 25% of patients with 60 days plus LoS (who are not clinically ready for discharge) and revising the terms of reference to ensure correct triumvirate oversight and grip.

Average LoS for Older Adult mental health beds

From July to September the average (mean) LoS was 75.6 days, achieving the medium-term plan target of 80.3 days. Delay to discharges when clinically ready has inflated average LoS by 14.4 days, which is significant. In total the discharged patients experienced 1,242 delayed bed days at a cost of £1.2m. A revised performance improvement plan for Older Adult LoS reduction and improved flow has been implemented. Weekly reporting remains in place regarding performance against a suite of Older People inpatients Fundamentals of Care metrics, including LoS.

Adult Acute and Rehabilitation discharges followed up within 72 hours

The national standard for follow-up after inpatient discharge continues to be consistently exceeded, ensuring patients get support at the time they are most vulnerable, and placing the Trust in the top nine of providers nationally. This process continues to be tightly monitored on a daily basis by the Trust's Performance Analyst to ensure the safety of patients.

Discharges from CMH services with a paired outcome score

A new NOF metric for this financial year is a measure of the proportion of people discharged from CMH services who had a paired outcome measure completed. This means completion of an outcome measure at the start of their episode of care, then repeating the same outcome measure at discharge in order to enable comparison of the scores at the start and end of treatment as a measure of effectiveness. For adults, this is patient reported outcome measures, ie outcome measures completed by the patients themselves, and for children this can be patient or clinician reported. In the latest official data the completion rate for adults was 14%, placing in the top 16 of trusts, and for children was 9%, placing 49th out of 54 NHS providers.

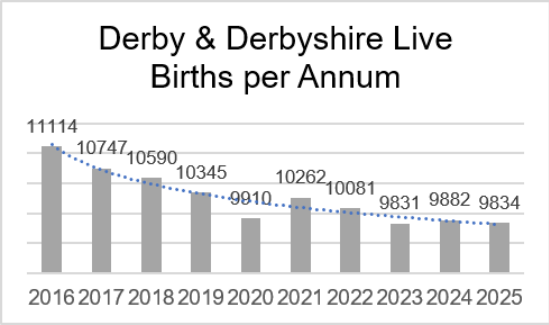
Action is being taken to revise the relevant standard operating procedures. Work across the Adult and CYP teams has started with a review of the current outcomes being used, with a view of standardising the measures where possible. Paired outcomes have been added to the productivity transformation workplan as it requires a whole service approach to ensure that the outcomes measures are embedded in practice and we have the right clinical, Information Management, Technology and Records (IMT&R) and operational framework for sustainability of the programme.

Elective/access

Women accessing specialist Perinatal Mental Health service

The current access rate remains above the national 10% target at 11.7% and again placed NHS Derby and Derbyshire ICB in the top eight performers nationally, with Nottinghamshire placing 20th and Lincolnshire placing 18th.

The NHS long-term plan target is for 10% of mothers to access services. However, live births have fallen year-on-year since this target was set based on 2016 births, and in the latest data covering 2025, births were 11.5% lower than the target year.



The fall in live births means that to meet the target of 1358 mothers accessing the service, 13.8% of mothers need to be seen, which is a considerably higher target than the 10% long-term plan requirement, and higher than the targets set for our peers. The targets were set prior to the live births data being published, with the Trust's target being based on median performance over a 12 month period.

ICB	Live births 2025	Target	% of births
Derby & Derbyshire	9834	1358	13.8%
Nottingham & Nottinghamshire	10483	1315	12.5%
Lincolnshire	6004	720	12.0%

Rolling 12 months access has fallen below this challenging target for the last three months. Referral demand remains sufficient to meet target, but workforce capacity is limiting recovery.

Recruitment across both Community teams is expected to finish by October 2026, with the revised performance improvement plan tracking assessments, waiting times, workforce capacity and recovery actions; assurance remains partial and further discussions will need to take place with the ICB and NHSE to ensure we are being measured on par with other providers in the cluster.

Community waits over 52 weeks and waits under 18 weeks

The position continues to improve, and September saw a reduction to 40% of children waiting over 52 weeks to be seen. At the time of writing, this has further reduced to 30%. The majority of the long waits are for Community Paediatric autistic spectrum disorder (ASD) assessment and/or attention deficit hyperactive disorder (ADHD) assessment. Demand for Community Paediatrics over the past six years has been as high as 450% above capacity and remains to date at 250% above. There has been limited system ownership to prevent flow into health services. There has been no increase in funding to match increased demand or population increase of 10% over the past 15 years.

Good progress has been made on the CYP Community waits. Paediatric Physiotherapy has cleared all waits over 52 weeks, including the 52 to 104 weeks waiting cohort. This has been achieved through additional Code 5/6 clinics, validation of the waiting list, extra staffing, pathway changes, improved job planning using NHS demand and capacity calculator and use of centralised re-bookable clinics. There remain 27 children still waiting over 18 weeks. These children are reviewed weekly and a revised recovery plan is in place with a trajectory for achieving the 18 week waits by February 2027. Risks to achieving this remain around staffing/sickness, etc. However, the plan is to pull in additional capacity from across the Care Group and wider teams to mitigate this risk if needed.

The 0–4 and 5–16 pathways have now been separated. This protects capacity for younger children and gives a clearer view of both waiting lists. The 0–4 cohort waiting over 52 weeks has reduced from 962 in April 2026 to 21 children. Appointments have been allocated where capacity allows and the remaining cases are being actively managed for treatment by the end of November 2026. A further 600 CYP remain over 18 weeks on the Community Paediatricians Unit, and the team is currently working on a trajectory of March 2027 to achieve the 18 week target.

The assurance on achieving this target is supported that all Medical vacancies have now been filled, additional Consultant and locum capacity is in place, and further substantive capacity is due to start in November. Weekly recovery meetings, daily tracking of the remaining cases, increased clinical contacts supported by a revised standard operating procedure prescribing expected activity and protected new-patient capacity provide assurance that there is clear grip on the position which helps with the forecasting of our position.

CYP mental health waits for help that are over 104 weeks

This is a new NOF metric for 2026/27 and an NHS medium-term plan target to eliminate waits over 104 weeks by financial year end. “Help” is defined by NHSE as an attended appointment, completion of an outcome measure, plus completion of a clinical intervention. In the latest official data 13% of CYP are reported as waiting over 104 weeks, which is a total of 180 against the medium-term plan target of 71. Only 71 of the 180 reported are actually children. So in reality, the trajectory has been achieved. The remaining cohort are patients open to Adult Mental Health services and Adult Neurodevelopmental services, the eldest being 41 years old. Unfortunately, NHSE count anyone as a child if they were aged under 18 at the time their episode of care started and have recently confirmed that they will not be changing this approach.

A performance improvement plan has been devised and is in implementation phase. Work across the Adult and CYP teams has started with a review of the current outcomes being used, with a view of standardising the measures where possible. Outcomes have been added to the productivity transformation workplan as it requires a whole service approach to ensure that the outcomes measures are embedded in practice and we have the right clinical, IMT&R and operational framework for sustainability of the programme.

Early intervention in psychosis

The Early Intervention services and At Risk Mental State (ARMS) Services assess people who are suspected of experiencing a first episode of psychosis. The national standard is to undertake an assessment and assign a Care Co-ordinator within two weeks of people being referred into the service (target 60%). For the last eight months the target has been exceeded.

Individual work placement support

Over the last 12 months the number of people using CMH services in Derbyshire who have been supported to find work and stay in work by the *Work Your Way* team has increased by 26%, and the target has been exceeded by 31%.

Dementia diagnosis

Data are available at ICB-level only, and NHSE are now publishing the data quarterly. In Q1, nationally 66.2% of patients had a recorded diagnosis. At 69.6%, NHS Derby & Derbyshire ICB placed 10th best in the country.

CYP mental health referrals receiving a full clock stop within four weeks: this is one of three new mental health sector priorities for 2026/27. The target is to achieve 50% by financial year end, which is a significant increase from current performance. Prior to the introduction of this metric, the Trust was working to a three-year plan as agreed with the ICB to achieve the four-week target.

This metric has historically applied to the Mental Health Support teams which are commissioned to achieve this target. In Derbyshire, this contract is delivered by a private provider `Compass`. Applying this metric to tier 3 Child and Adolescent Mental Health services is a challenge and we are currently reporting an average 20 week wait. Work is currently underway to review the performance improvement plan to work towards this revised target.

Collaboratives

Transforming care programme

For adults, the Trust and system have agreed a trajectory for 2026/27 to reduce from 32 inpatients in Q1 down to 28 in Q4. As of September 2026, there were 18 adult inpatients with autism, which is two above trajectory, and 16 adults with a learning disability and autism (LD&A), which is in line with trajectory, giving a total of 34 adults in total, two over the trajectory of 32. The agreed target threshold for CYP inpatients is static at three per month, and currently there are three CYP inpatients, which is in line with trajectory.

The LD&A Patient Review team, with the ICB Escalation team, continues to strengthen the transforming care pathway. The primary challenges with the LD&A patient cohort is appropriate care and accommodation pre- and post-admission alongside System tolerance of risk often leading to out of hours admissions. A performance improvement plan is in place and shared with System partners to address these issues with the aim to achieve the target of LD&A admissions of 28 by March 2027.

Living Well

Living Well delivery remains broadly on track, with Adult Social Care funding now confirmed in principle and several practice and operational improvements underway. The main risks relate to workforce capacity, leadership resilience, ICB governance transition and sustainability beyond March 2027. The Strategic Living Well Practitioner role was agreed for substantive recruitment to support ongoing work within Living Well, especially with the transition to Neighbourhood models. Continued support is required to finalise contractual arrangements, maintain System oversight during ICB transition and agree longer-term programme capacity and governance arrangements.

Measure	Target	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	
Medium term plan metrics														
Inappropriate adult acute & PICU mental health out of area placements at month end^ **	6	4	7	4	7	3	6	6	11	7	9	9	15	
Women accessing specialist perinatal mental health services (rolling 12 months)* ^^	1358	1360	1365	1360	1355	1385	1395	1365	1365	1320	1290	1295		
Perinatal access rate (ICB)*	10%	12.3%	12.4%	12.3%	12.2%	12.5%	12.7%	12.5%	12.5%	12.0%	11.7%	11.7%		
Individual work placement support access (rolling 12 months)*	750	780	810	805	845	845	860	885	910	935	955	985		
NHS oversight framework trust operational services scoring metrics for 2026/27														
Proportion of patients waiting over 52 weeks for community care ***	0.5%	66%	62%	66%	62%	63%	51%	52%	54%	55%	48%	44%	40%	
Proportion of patients waiting less than 18 weeks for community care ***	82%	16%	18%	20%	23%	20%	27%	25%	26%	27%	35%	37%	34%	
Children and young people's (CYP) mental health waits for help that are over 104 weeks* ***	11%	10%	10%	10%	11%	12%	13%	13%	12%	13%	13%	13%		
Number of CYP mental health waits for help that are over 104 weeks* **	71	120	125	130	160	180	190	180	175	185	190	180		
Adults discharged from community mental health services with a paired outcome score* ***	12%							14%	13%	13%	13%	14%		
CYP discharged from community mental health services with a paired outcome score* ***	20%							10%	8%	8%	8%	9%		
Mean length of stay for adult acute mental health and PICU patients (latest 3 months)**	49.5	51.6	55.0	55.7	56.9	55.9	52.3	51.3	54.0	54.1	53.5	51.7	58	
Mean length of stay for older adult acute mental health patients (latest 3 months)**	80.7	107.2	101.3	86.0	87.0	93.3	95.7	94.8	88.7	78.9	75.4	76.8	76	
Adult acute and rehabilitation discharges followed up within 72 hours (latest 3 months) ***	71%	86%	91%	86%	91%	92%	89%	90%	88%	88%	91%	88%	93%	
Mental health 14-day readmission rate (latest 3 months)* ***	10%	5%	1%	2%	3%	5%	3%	4%	5%	6%	6%	5%		
Percentage of patients in crisis to receive face-to-face contact within 24 hours* ***	71%	76%	75%	76%	78%	81%	71%	78%	68%	68%	62%	60%		
Data quality maturity index ***	95.2%	99%	99%	99%	98%	97%	97%	98%	98%	98%	98%	98%	98%	
Key operational measures														
Children & young people eating disorder routine referrals seen within 4 weeks	95%	100%	100%	100%	100%	100%	100%	100%	100%	96%	96%	100%	100%	
Children & young people eating disorder urgent referrals seen within 1 week	95%	#N/A	#N/A	#N/A	100%	#N/A	#N/A	#N/A	100%	#N/A	#N/A	#N/A	#N/A	
Dementia diagnosis rate - the data are now published quarterly only (ICB)*	68%	68.9%	68.8%	68.9%	68.7%	68.7%	69.8%			69.2%				
Early intervention in psychosis 2 week waits from referral to treatment - complete	60%	85%	56%	78%	41%	67%	73%	70%	88%	72%	63%	68%	81%	
Mental health sector priorities 2026/27														
Reduce adult acute out of area placements by 95% from March 26 baseline (1 patient)	0							0	2	1	1	1	1	
Reduce A&E referrals to Liaison teams of patients known to mental health services*	tbc							NHSE data is currently in test phase						
Children & young people mental health referrals receiving a full clock stop within 4 weeks*	50%							7%	5%	4%	2%	3%		

Data not available yet - awaiting publication by NHS England

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

* Data source = NHS England

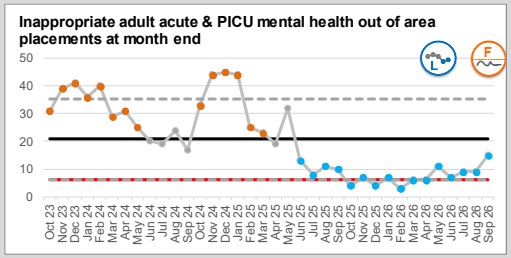
^^ Perinatal and maternal mental health services

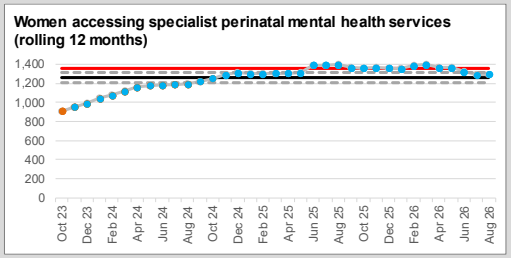
** Target is the level set in the medium term plan trajectory for the latest month.

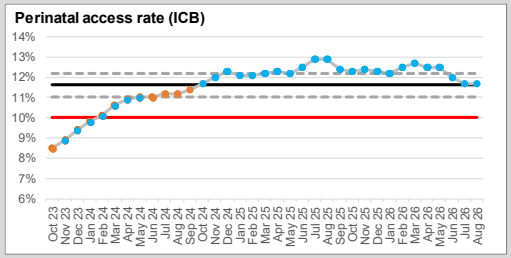
*** Target set is the threshold for achieving segment 2 in the latest NOF quarterly rankings

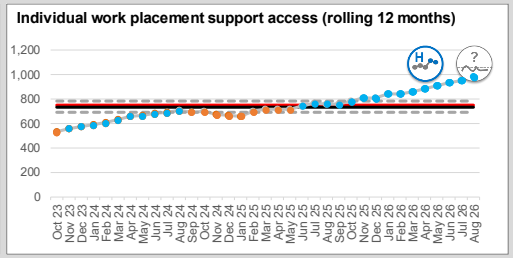
For more information regarding the NOF 2026/27 see: https://www.england.nhs.uk/nhs-oversight-framework/

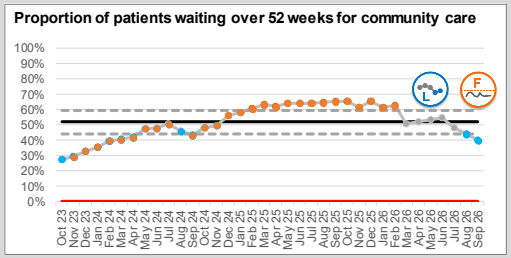
Operational Key Performance Indicators – Statistical Process Control Charts

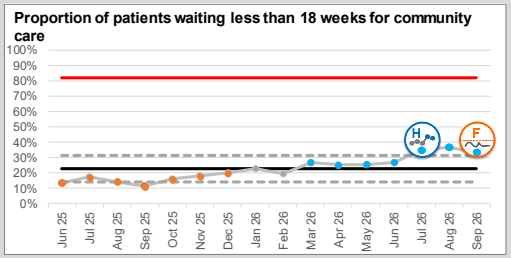


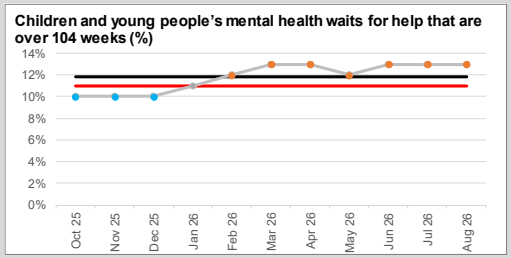


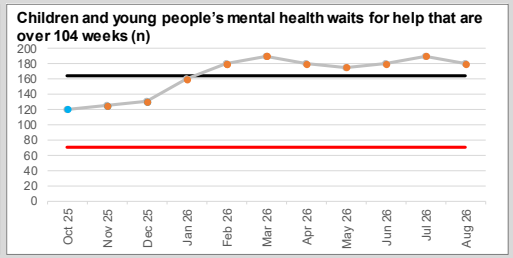


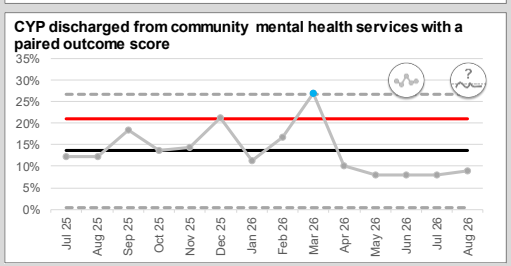


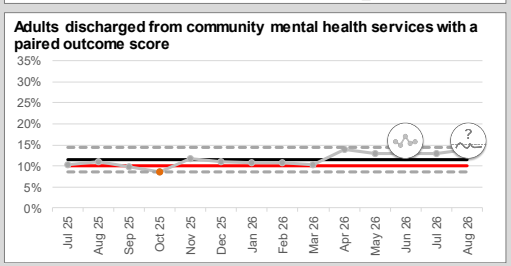


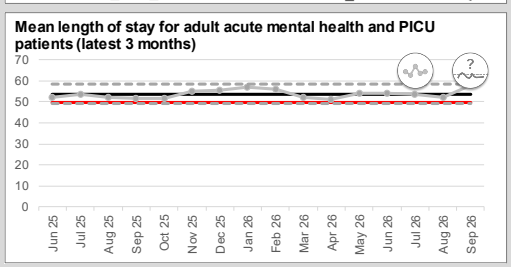


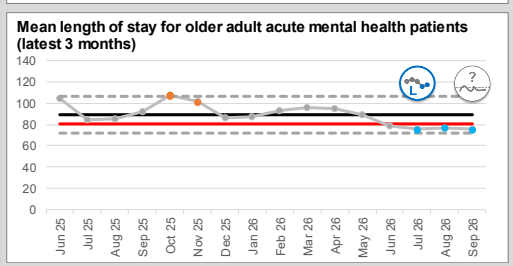


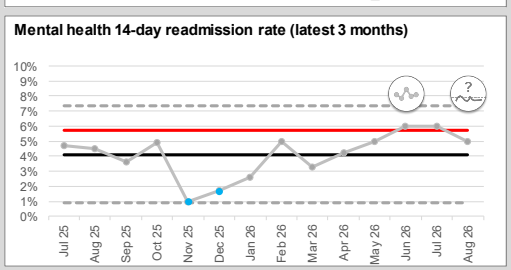


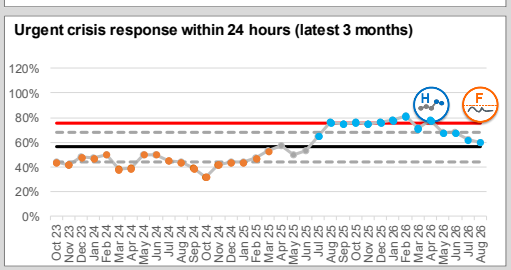


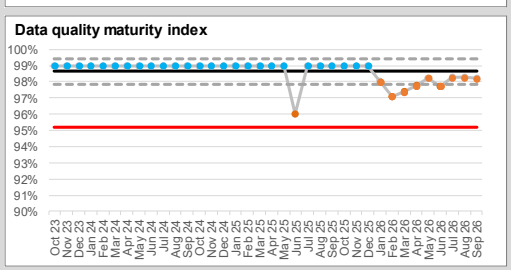


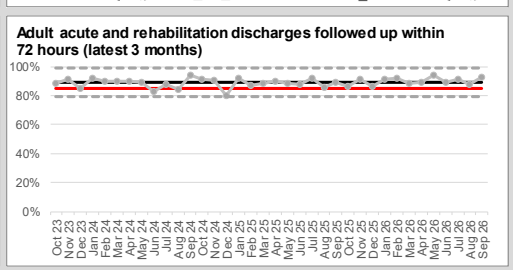


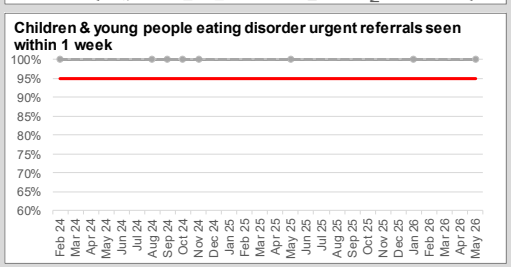


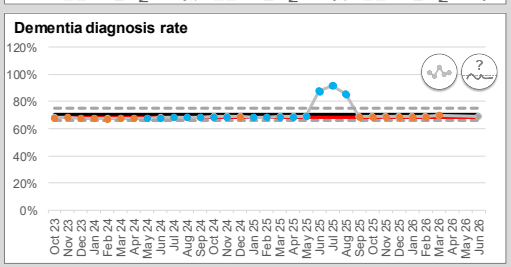


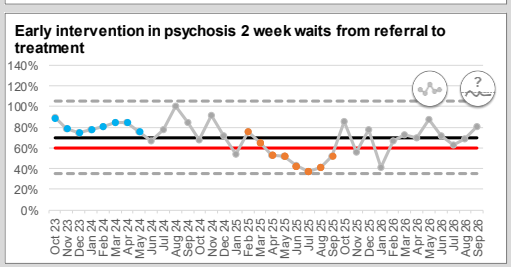


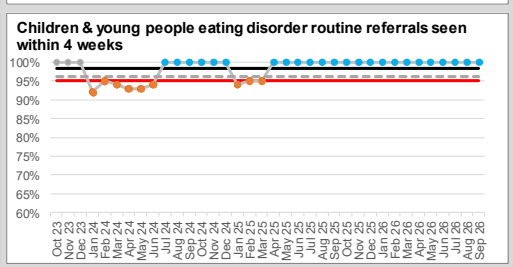






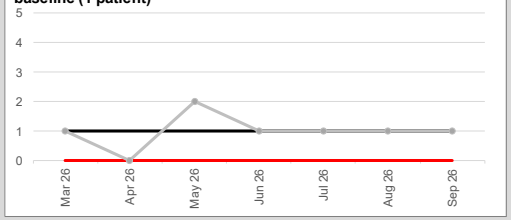




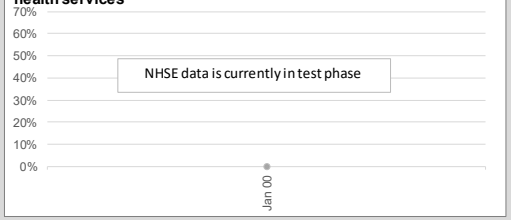


Operational Key Performance Indicators – Statistical Process Control Charts

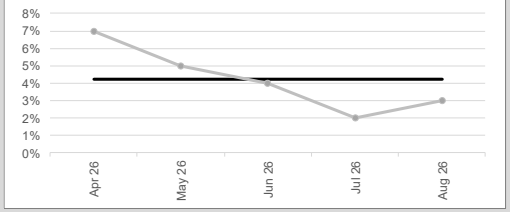
Reduce adult acute out of area placements by 95% from March 26 baseline (1 patient)



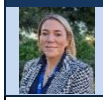
Reduce A&E referrals to Liaison teams of patients known to mental health services



Children & young people mental health referrals receiving a full clock stop within 4 weeks



PEOPLE PERFORMANCE



Director of People, Organisational Development and Inclusion:
Rebecca Oakley

Responsible Committee: **People and Culture Committee**

Executive Summary

People performance remains strong across compulsory training, turnover and clinical supervision. Sickness absence and appraisal compliance remain the principal areas requiring focused action, while vacancy levels continue to fall and agency use remains low.

Overview

Annual appraisal

Compliance has fallen by 1% compared to the previous month to 87%, which is below the revised 95% target. During September, 265 appraisals expired, while appraisals completed during the month helped maintain compliance in the high 80s. Actions continue to focus on understanding the decline and addressing appraisals that are overdue or approaching renewal. The People and Inclusion team continues to raise awareness with managers to ensure they hold appraisals in a timely manner and to ensure systems are updated when the appraisal takes place.

Annual turnover

Turnover rate remains in line with national and regional comparators at 10.6% and has remained below the Trust's 12% upper tolerance for the last year.

Compulsory training

Compliance remains high at 95.7% and continues to exceed the 95% target. Work continues to address training that is overdue or approaching renewal to maintain performance.

Sickness absence

The September 2026, monthly sickness absence rate was 6.9%, an increase of 0.1% compared to the previous month. Short-term absence accounted for 2.7%, an increase of 0.3% compared to the previous month and long-term absence accounted for 4.2%, a decrease of 0.2% compared to the previous month. Long-term sickness absence continues to drive the current high levels of sickness absence, along with a seasonal increase in short-term sickness absence. Anxiety, stress or depression-related illness remains the highest reason for sickness absence. Efforts continue to support our people to remain well at work including ongoing work to support long term absence cases, which is starting to show a slight improvement. Short-term absence requires further dedicated focus and intervention.

Vacancy rate

The September 2026, rate was 2.8% which is a significant improvement from the beginning of the financial year. The vacancy rate is calculated by taking the funded full-time equivalent (FTE) posts less staff in post FTE at month end.

Agency usage

Usage has reduced significantly compared to the previous year and remains low. Agency workers continue to be used for a small number of Medical roles and Registered Mental Health Nurses. The Agency Reduction Panel meets fortnightly to review vacancies and temporary staffing usage, in particular to ensure appropriate approval of agency use remains in place.

Supervision

Compliance targets were reset to 95% to align with comparable mental health trusts and provide a sustainable benchmark. Following alignment of the supervision system with the revised policy, clinical supervision compliance remains within target at 96.0% and management supervision compliance at 94.5%, slightly under target.

NOF Staff Survey

The latest NHS Staff Survey measures included within the NOF provide an important assessment of staff experience, engagement and morale. The table below shows the Trust's reported performance against these measures and the national comparison, with the Trust reporting positive scores compared to the comparators in all areas other than advocacy. The results will continue to inform targeted action through the People and Culture governance arrangements.

NOF staff standards

Performance against the NOF staff standards is set out in the table below. The measures provide assurance on the Trust's core workforce arrangements and highlight where further management action is required. The Trust is performing well against comparators.

PEOPLE KEY PERFORMANCE INDICATORS

Measure	Target	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	
People Performance														
Annual appraisals[4]	95%	91%	91%	91%	91%	92%	92%	91%	88%	86%	87%	88%	87%	
Annual turnover (target 8-12%)	12%	10.4%	10.7%	10.8%	10.7%	10.8%	10.5%	10.5%	10.3%	10.4%	10.4%	10.2%	10.6%	
Compulsory training	90%	94.8%	94.5%	94.6%	94.5%	95.0%	94.8%	95.4%	95.5%	95.7%	95.5%	95.8%	95.7%	
Vacancy	5%	8.9%	8.5%	6.7%	6.4%	5.8%	5.6%	8.0%	7.9%	4.3%	4.3%	3.9%	2.8%	
Bank staff use	5%	4.5%	5.2%	4.7%	4.2%	4.7%	5.2%	5.7%	4.3%	5.4%	4.5%	5.1%	4.4%	
Agency staff use	1.9%	0.5%	0.4%	0.5%	0.4%	0.5%	0.7%	0.4%	0.4%	0.5%	0.3%	0.4%	0.3%	
Management supervision - staff compliant with supervision policy[3]	95%	88%	86%	89%	88%	85%	94.8%	96%	95%	95%	95%	95%	94.5%	
Clinical supervision - staff compliant with supervision policy[3]	95%	85%	86%	88%	88%	89%	96%	96%	96%	96%	96%	96%	96%	
NHS oversight framework														
NHS Oversight Framework (NOF) sickness absence rate	5%	6.6%	6.6%	6.3%	6.0%	6.2%	6.1%	6.3%	6.3%	6.3%	6.8%	6.8%	6.9%	
Long term sickness (28 days plus)	n/a	3.6%	3.9%	3.7%	3.2%	3.2%	3.5%	3.7%	3.8%	3.9%	4.3%	4.4%	4.2%	
Short term sickness (<28 days)	n/a	2.9%	2.6%	2.6%	2.8%	2.9%	2.6%	2.6%	2.5%	2.4%	2.5%	2.4%	2.7%	
NOF annual NHS staff survey - raising concerns sub-score[1]	6.64	6.76	6.76	6.76	6.76	6.76	6.64	6.64	6.64	6.64	6.64	6.64	6.64	
NOF annual NHS staff survey engagement theme score[1]	7.02	7.07	7.07	7.07	7.07	7.07	7.02	7.02	7.02	7.02	7.02	7.02	7.02	
NOF annual NHS staff survey advocacy rate[1]	6.87	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	6.02	
NOF annual NHS staff standards sub score[1]	7.77							7.82	7.82	7.82	7.82	7.82	7.82	
NOF national education and training survey overall satisfaction score[2]	77.4%	78.9%	78.9%	78.9%	78.9%	78.9%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	79.4%	

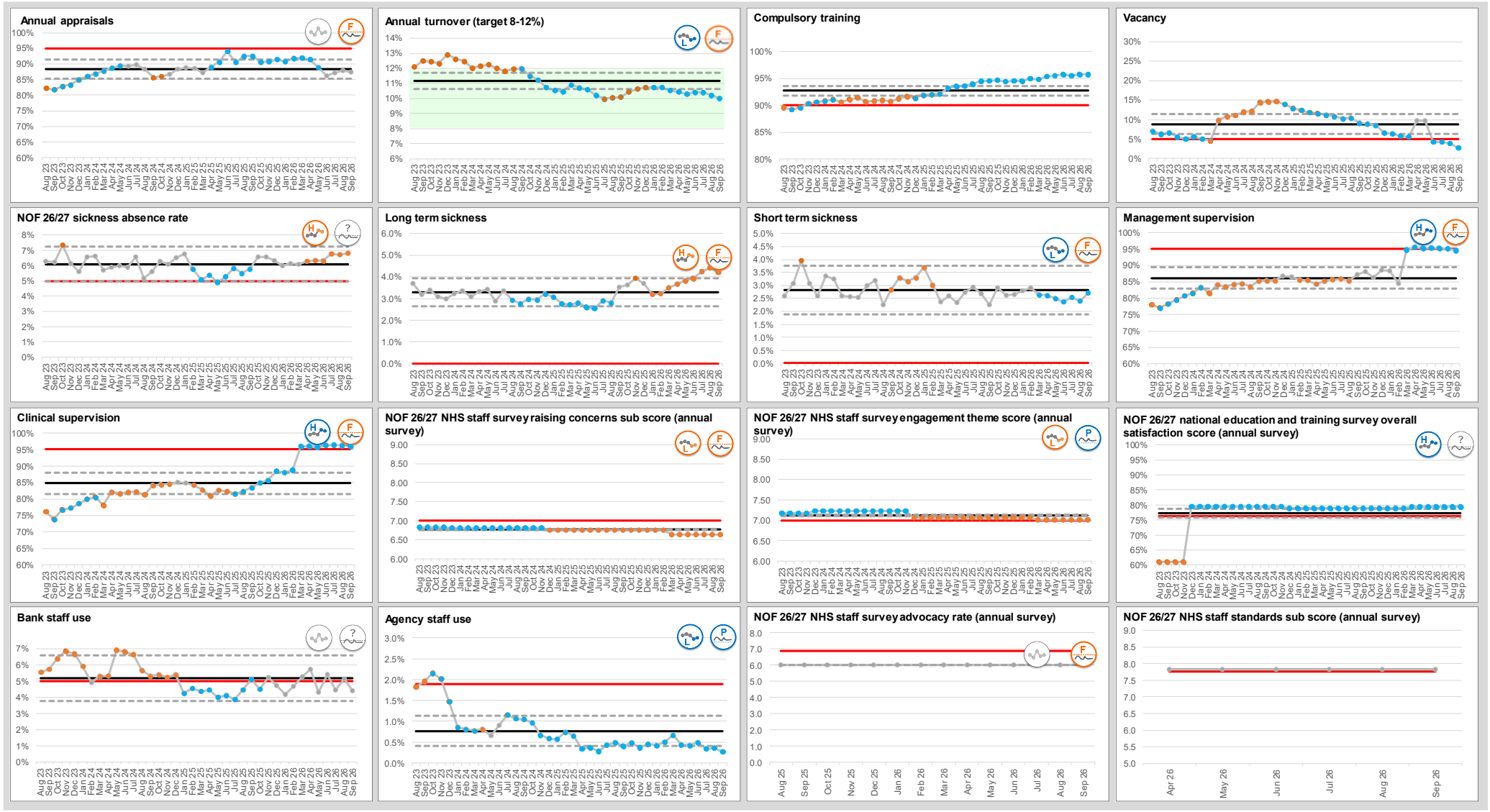
[1]2025 survey results were published in March 2026. Target = national average (2024 raising concerns = 6.74, and 2024 engagement = 7.07).

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

[3]System changes implemented from March 2026

[4]Target increased from 90% in April 2026

People Key Performance Indicators – Statistical Process Control Charts



FINANCIAL PERFORMANCE



Director of Finance:
James Sabin

Responsible Committee: **Finance and Performance Committee**

Executive Summary

Overall

At the end of September, there is an overall deficit of £0.9m, which has been adjusted for the Private Finance Initiative (PFI) adjustment related to the International Financial Reporting Standards (IFRS) 16 accounting change, bringing the adjusted financial position to a deficit of £0.8m which is better than plan by £0.1m. The deficit position is mainly driven by out of area expenditure and acuity on the Inpatient wards, which has been partly mitigated by other underspends. The forecast remains to achieve the breakeven plan. However, there are several risks that need to be managed throughout the financial year with regards to: the delivery of the efficiency programme in full, achieving the reducing trajectory in OoA expenditure and managing other cost pressures in year.

Efficiencies

The plan includes an efficiency requirement of £14.8m with the plan assuming 72% is delivered recurrently. At the end of July, efficiencies have delivered £6.7m against the plan of £6.7m, 67% has been delivered recurrently against a plan of 64% year to date. The forecast assumes that the full efficiency programme will be delivered, with 76% of savings delivered recurrently against a plan of 72%.

Temporary staffing

Agency expenditure at the end of September is slightly over plan at £0.1m but is forecast to be on plan by the end of the financial year. The two highest areas of agency usage continue to relate to Consultants and Nursing staff. In September agency expenditure was 0.7% (0.8% last month) of total pay expenditure which is lower than the plan of 0.9%. Bank expenditure is above plan at the end of September by £0.9m and is forecast to be over plan by £1.6m by the end of the financial year. The highest area of bank expenditure relates to Nurses, both qualified and unqualified. Bank expenditure is currently running at 4.6% (4.4% last month) of total pay expenditure. against a plan of 4.0%.

Adult Acute OoA placements

At the end of September, OoA expenditure is above plan by £1.6m. The current forecast is based on a reducing trajectory which brings the forecast overspend to £1.6m by the end of the financial year. However, if the current run rate continues spend could be as high as £5.8m which could lead to an overspend of £3.7m.

Capital expenditure

Capital is below plan at the end of September by £1.9m. The forecast assumes spend of £8.2m against the plan of £7.6m which includes additional national funding of £0.9m which was not in the original plan.

Cash

Cash at the end of September was £33.3m (£34.5 last month) against a plan of £23.5m, £9.8m above the plan which is due to timing of cash receipts. There are no concerns in relation to debt recovery.

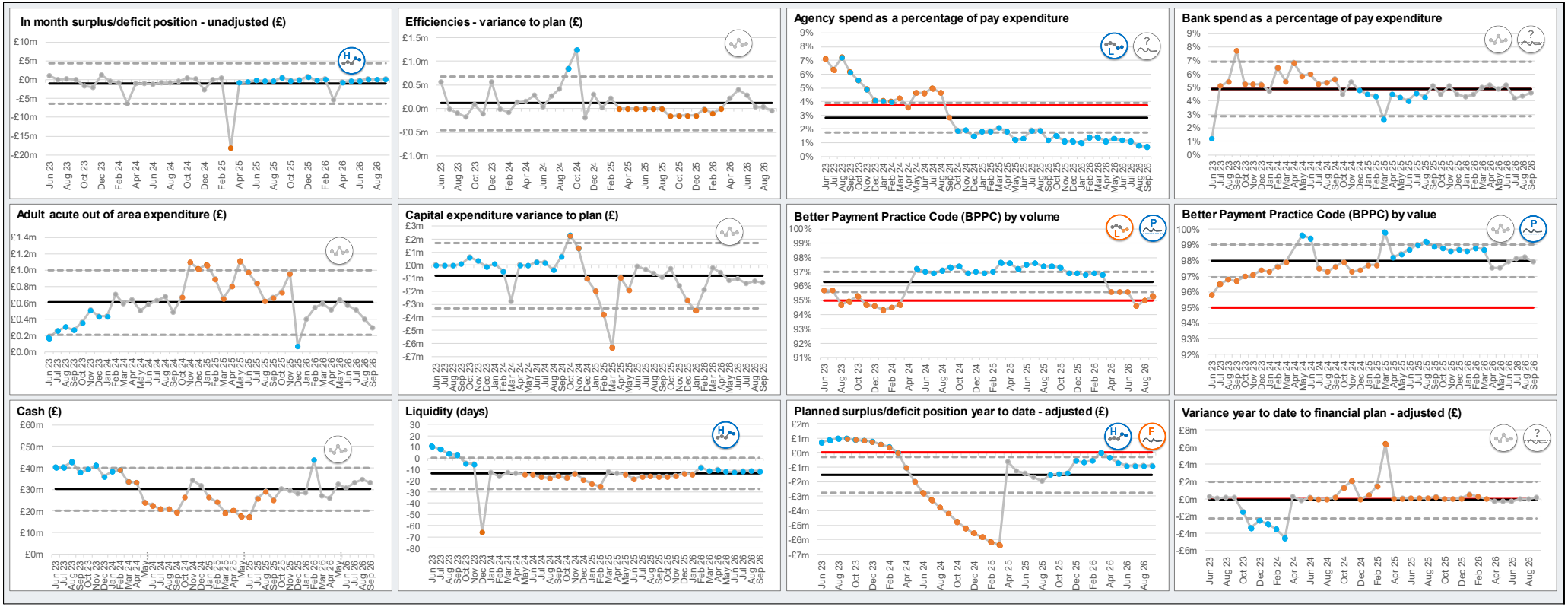
Better Payment Practice Code (BPPC)

The BPPC sets a target for 95% of all invoices to be paid within 30 days. BPPC is measured across both invoice value and volume of invoices. At the end of September, the volume and value of invoices was above target at 95.3% and 97.9% respectively.

FINANCIAL KEY PERFORMANCE INDICATORS

Measure	Target	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	
Financial Performance														
In month surplus/deficit position - unadjusted (£)	-	-£ 224,055	-£ 16,211	£ 792,384	-£ 181,752	£ 105,378	-£ 5,302,531	-£ 660,307	-£ 341,136	-£ 255,919	£ 187,903	£ 29,293	£ 129,525	
Efficiencies - variance to plan (£)	-	£ 2,000	£ 1,000	-£ 150,000	-£ 17,000	-£ 96,000	£ -	£ 213,000	£ 400,000	£ 281,000	£ 28,000	£ 30,000	-£ 47,000	
Agency spend as a percentage of pay expenditure	3.7%	1.5%	1.0%	1.1%	1.0%	1.4%	1.4%	1.1%	1.3%	1.2%	1.1%	0.8%	0.7%	
Bank spend as a percentage of pay expenditure	4.9%	4.5%	4.9%	4.5%	4.3%	4.5%	5.0%	5.2%	4.9%	5.2%	4.2%	4.4%	4.6%	
Adult acute out of area expenditure (£000)	-	£ 727	£ 956	£ 60	£ 399	£ 543	£ 592	£ 513	£ 637	£ 564	£ 513	£ 401	£ 289	
Capital expenditure variance to plan (£)	-	-£ 274,000	-£ 1,606,000	-£ 2,719,000	-£ 3,479,000	-£ 1,905,000	-£ 244,000	-£ 583,500	-£ 1,167,000	-£ 1,058,000	-£ 1,432,000	-£ 1,249,000	-£ 1,324,000	
Better Payment Practice Code (BPPC) by volume	95%	97.3%	96.9%	96.9%	96.8%	96.9%	96.8%	95.6%	95.6%	95.6%	9460.0%	95.0%	95.3%	
Better Payment Practice Code (BPPC) by value	95%	98.8%	98.6%	98.7%	98.6%	98.8%	98.7%	97.5%	97.5%	97.9%	9810.0%	98.2%	97.9%	
Cash (£000)	-	£ 30,338	£ 29,717	£ 27,969	£ 28,403	£ 43,653	£ 26,925	£ 25,834	£ 32,492	£ 30,704	£ 33,241	£ 34,544	£ 33,264	
Liquidity (days)	-	-16	-16	-13	-14	-8	-11	-10	-12	-12	-12	-11	-12	
NHS oversight framework 2026/27														
Planned surplus/deficit year to date - adjusted (£)	£ -	-£ 1,472,000	-£ 1,421,000	-£ 557,000	-£ 669,000	-£ 521,000	£ 11,000	-£ 343,000	-£ 678,000	-£ 908,000	-£ 912,000	-£ 903,000	-£ 893,000	
Variance year to date to financial plan - adjusted (£)	tbc	£ 5,116	£ 6,456	£ 33,609	£ 496,585	£ 240,026	£ 11,000	-£ 296,000	-£ 271,000	-£ 275,000	-£ 52,000	-£ 1,000	£ 140,000	
Relative difference in costs	<100%									85.7%			85.7%	
Temporary staffing cost relative band	1									4				

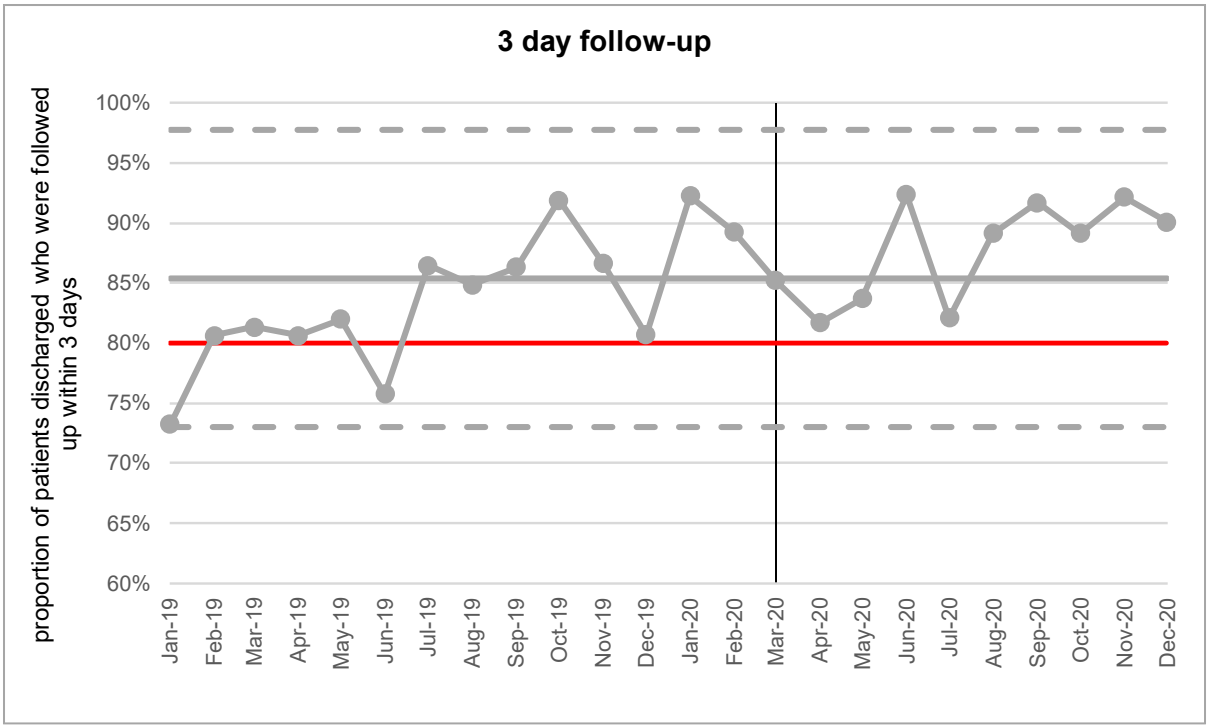
Financial Key Performance Indicators – Statistical Process Control Charts



Appendix 1

Statistical Process Control Chart (SPC) Guidance

Example SPC chart:



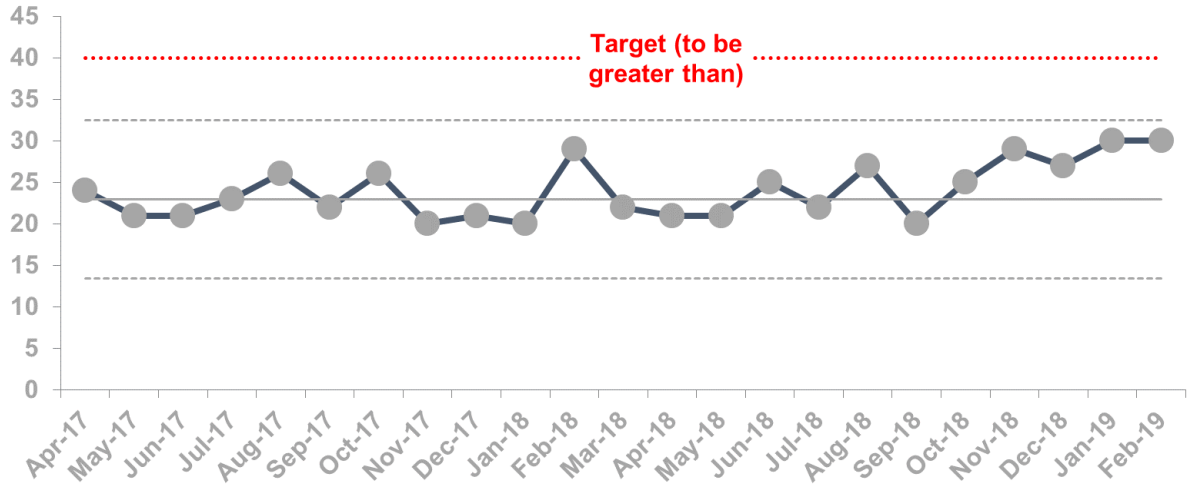
- The red line is the target
- The grey dots are the actual performance each month. They are coloured grey as performance each month is normal in this example
- The solid grey line is the average (mean) of all the grey dots
- The grey dotted lines are called process limits, or control limits.

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

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

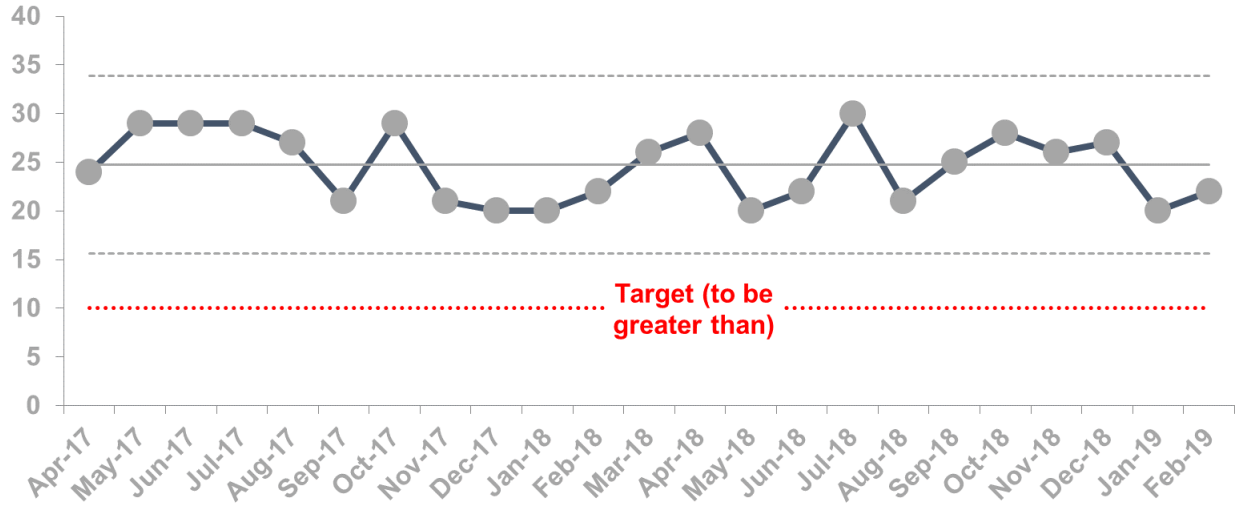
Things to look out for:

1. A process that is not working:



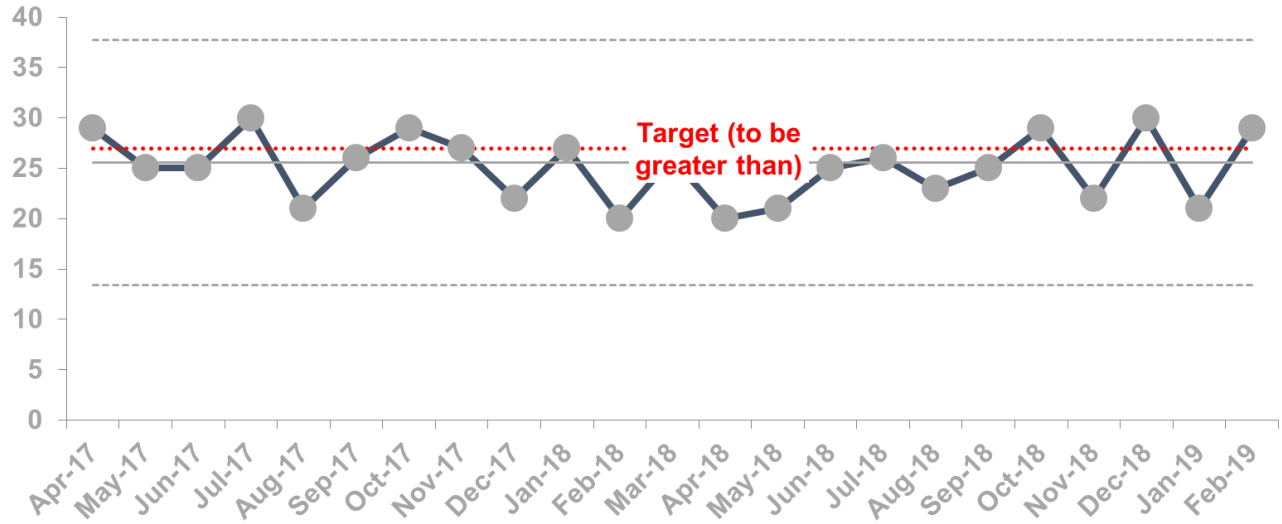
In this example the target is higher than the upper dotted grey line. This means that the target will never be achieved. To achieve the target, we need to change how we do things.

2. A capable process:



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

3. An unreliable system:

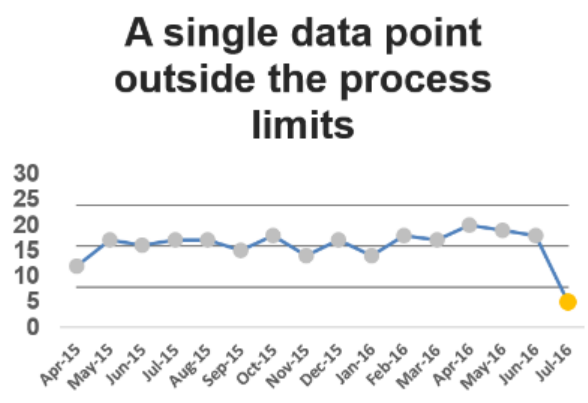
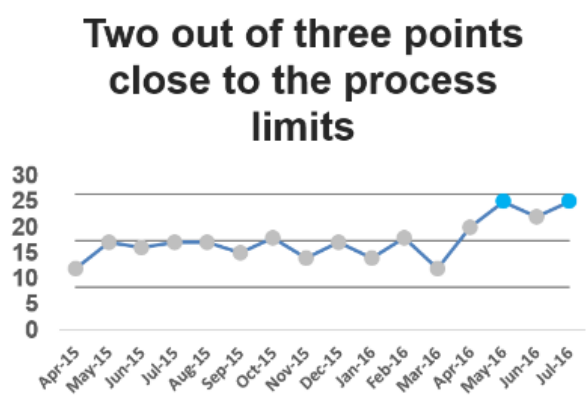


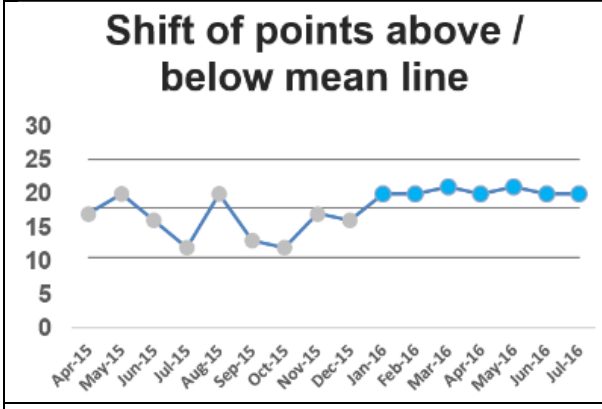
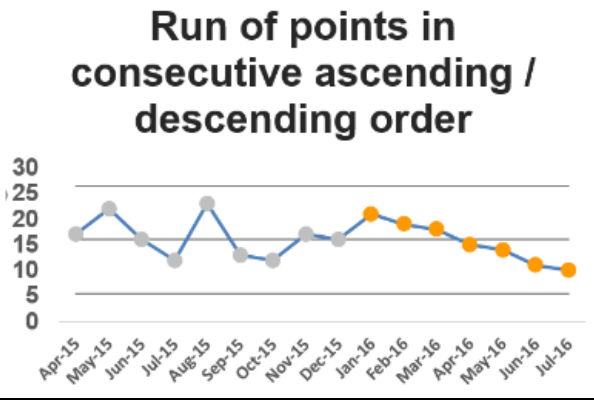
In this example, the target line sits between the two grey dotted lines. As it is normal for the grey dots to fall anywhere between the two dotted grey lines, this means that it is entirely random as to whether or not the target will be achieved. So, this system is unreliable and needs to be redesigned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

4. Unusual patterns in the data

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

There are four scenarios where this can happen:

	
In this example the July 2016 perfomance is significantly lower than expected and falls beneath the lower grey dotted line.	Two out of three points close to one of the grey dotted lines is statistically significant, in this case they are blue, indicating better than expected performance.

	
A run of seven points above or below the average line is significant. In this example it might indicate that an improvement was made to the process in Jan 2016 that has proven to be effective.	A run of seven points in consecutive ascending or descending order is significant. In this example things are getting worse over time.

Frequently seen in the NHS:

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

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

(Adapted from guidance kindly provided by Karen Hayllar, NHSE)

Appendix 2

Assurance Ratings

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 24 November 2026

Feedback from the Annual Members Meeting

Purpose of Report
To provide feedback on the Trust's Annual Members Meeting which took place on 30 September 2026.

Executive Summary
This year the Annual Members Meeting (AMM) took place virtually on 30 September with the theme of 'A ray of hope'.

There were 54 attendees which included; presenters, Trust members, the public, Trust Board and Governors. It was held later than in previous years, starting at 6pm to see if this would improve attendance (50 attended last year).

The programme included a summary of the 2025/26 Annual Report and Accounts, governor highlights from last year, plans for 2026/27 and presentations focusing on the positive impact of our new therapeutic environments on our service users, how our Community Enhanced Rehabilitation team support people using our services, and an overview of our Specialist Psychology team who works with patients in Derby with HIV, AIDs, cancer and brain injuries

The AMM had been promoted widely including:

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

Feedback from those who attended the AMM included:

- The presentations were really well received; and the content tied in really well with the theme
- Attendees really appreciated that experts by experience were involved in the presentations
- The presenters were pleased to be able to share information about their services/innovations with attendees.
- Announcing the winning entries of the art competition was a highlight for many and was an example of real participation
- The formal slides were clear and accessible.
- The meeting did over-run, despite clear guidance for time keeping.
- A suggestion was made to break up the competition, doing the younger categories at the start of the meeting and the rest at the end.
- Thanks were given to Denise for the tremendous effort of pulling everything together,

At the recent Governance Committee, governors agreed to establish a task and finish group to plan for next year's AMM.

A provisional hold for the AMM for 2027 is **Wednesday 29 September 2027**.

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

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

Consultation
Feedback on the Annual Members Meeting was discussed in detail by the Governance Committee in October 2026.

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

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

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

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

Recommendations
The Council of Governors is requested to:

1) Receive the report.

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

Derbyshire Healthcare NHS Foundation Trust
Report to the Council of Governors – 24 November 2026

Report from the Governance Committee

Purpose of Report

The Governance Committee of the Council of Governors (CoG) has met once since its last report to the Council of Governors on 20 October 2026. This report provides a summary of the meeting including actions and recommendations made.

Executive Summary

Key matters discussed at the meeting had been:

- Governors involvement in CQC Well Led Inspection
- Update on the Health Bill
- Feedback from governors' engagement activities
- Governor engagement opportunities including Board visits
- Governors Annual Effectiveness Survey results
- Annual Members Meeting feedback.

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

Net Zero Duty Implications

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

biodiversity); medicines; supply chain and procurement; food and nutrition and adaptation.

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

- No meaningful impact identified.

Risks and Assurances

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

Consultation

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

Governance or Legal Issues

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

Public Sector Equality Duty & Equality Impact Risk Analysis

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

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

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

Recommendations

The Council of Governors is requested to:

1) Note the report made of the Governance Committee meeting held on 20 October 2026

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

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

Council of Governors – 24 November 2026
Report from the Governance Committee meeting held on 20 October 2026

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

10 governors attended the meeting.

Open Session

This is a new feature, suggested by governors and is an opportunity for governors to discuss anything about their governor role that isn't on the agenda. No matters were raised this time.

Governors involvement in CQC Well Led inspection

A revised presentation was given to support the governors to contribute to the inspection in early November. It was agreed to send governors the well led booklet, the latest training slides and the list of previous 'holding to account' questions.

Update on Health Bill

Governors noted that it was currently at the House of Lords stage and still included the section to remove the mandatory requirement for Foundation Trust governors and membership. The guidance on the 'dynamic arrangements' the Trust is required to have in place instead had not been issued. This would be further explored in the Joint Board and Council of Governors session in January. In line with other Trusts, the governors supported the pausing of the upcoming elections.

Election of Chair and Vice Chair of Governance Committee

The Committee agreed the current co-chair arrangements work well but it could be split again, governors agreed to lodge their interest before the next meeting.

Feedback from Governors' engagement activities

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

Governor engagement opportunities including Board Visits

Governors were encouraged to take part in the Board visits the details of which are circulated to all governors by the Membership and Involvement Manager.

Governors' annual effectiveness survey

The results were on the whole positive and would be presented to the Council of Governors in November.

Governor training topics

Suggestions were made for the upcoming year.

Consideration of holding to account questions to the Council of Governors

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

Annual Members Meeting update

Feedback was given and all agreed it had been a successful event, thanking the Membership and Involvement Manager for all her hard work.

In memorial

Governors were sad to hear of the passing of Jill Ryalls, former Public Governor for Chesterfield. A note will be sent to the family as well as arranging a plaque in the Garden of Remembrance at Kingsway.

Recommendations

The Council of Governors is requested to:

1) **Note the report made of the Governance Committee meeting held on the 20 October 2026**

Governor Meeting Timetable November 2026 – March 2027

DATE	TIME	EVENT	LOCATION/COMMENTS
24.11.26	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
24.11.26	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
12.1.27	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
26.1.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
26.1.27	2pm-5pm	Council of Governors and Trust Board development session Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.2.27	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
2.3.27	11am-12pm	Informal catch up with Selina Ullah, Trust Chair	Virtual via MS Teams
23.3.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
23.3.27	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

* This has been changed from 22 September – please make sure that you update your diaries.

Please note:

- **All Council of Governors** meetings are hybrid and take place in person in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

- **All Public Trust Board** (except for the meeting on 30 September) meetings take place in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
  (You can also observe these online – the information is shared on the website a few days prior to the meeting.)
- **All Governance Committee** meetings take place in Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ, unless otherwise stated
- Link to map of Kingsway Hospital is on the Trust website: Kingsway Site Map. (Access to Kingsway Hospital is via the Kingsway roundabout. Drive through the Manor Kingsway housing development and look for our NHS signs. You may find that the best postcode for your satnav is DE22 3NH rather than DE22 3LZ.)
- Links for hybrid/virtual meetings are included in the calendar invites (and also with the papers when they are circulated a week prior to meeting)

Governor Meeting Timetable April 2027 – March 2028

DATE	TIME	EVENT	LOCATION/COMMENTS
20.4.27	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
25.5.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
25.5.27	2pm-5pm	Council of Governors	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
20.7.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
20.7.27	2pm-5pm	Council of Governors and Trust Board development session Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
24.8.27	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
21.9.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
21.9.27	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
29.9.27	Late afternoon or evening – to be confirmed	Annual Members Meeting	To be confirmed
12.10.27	10am-12.30pm	Governance Committee	Hybrid meeting – Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
23.11.27	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.

23.11.27	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
25.1.28	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
25.1.28	2pm-5pm	Council of Governors and Trust Board development session Please note that this meeting is held in person.	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
22.2.28	10am-12.30pm	Governance Committee	Hybrid meeting: Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
21.3.28	9.30am onwards	Public Trust Board	Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ. You can also observe online.
21.3.28	2pm-5pm	Council of Governors meeting	Hybrid meeting: Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ

Please note:

- Informal catch ups with Selina Ullah, Trust Chair to be finalised
- **All Council of Governors** meetings are hybrid and take place in person in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
- **All Public Trust Board** meetings take place in Conference Room A&B, First Floor, Research and Development Centre, Kingsway Hospital site, Kingsway, Derby DE22 3LZ
  (You can also observe these online – the information is shared on the website a few days prior to the meeting.)
- **All Governance Committee** meetings take place in Kingsway Room 10, Kingsway House, Kingsway Hospital site, Kingsway, Derby DE22 3LZ, unless otherwise stated
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- Links for hybrid/virtual meetings are included in the calendar invites (and also with the papers when they are circulated a week prior to meeting)