

AGENDA

COUNCIL OF GOVERNORS – IN PUBLIC

Wednesday 11 March 2026 at 5pm – 7pm
New life church, Brumby Wood Lane. Scunthorpe. DN171AB
(Hybrid Meeting)

No	Item	Lead	Enc
1	Chairman's welcome		
2	Quorum / Apologies for absence		
3	Declarations of Interest		A
4	Minutes and actions from the previous meeting held on 10 September 2025		B
5	Young Advisors Group– What do we do and Why do we do it? Champion Solesi, Children's Care Group Young Advisors Group and RDASH Governor		Pres
6	Transitional Care Update – Children's Services How we ensure for those transitioning through to adult services from children's services are well supported. (follow up to September's presentation)		Pres
7	RDASH Performance – Committee Reports (from Committee Chairs and Governor members) <ul style="list-style-type: none"> • Finance, Digital and Estates Committee (FDE) • People and Organisational Development Committee (POD) • Public Health, Patient Involvement and Partnerships Committee (PHPIP) • Quality Committee (QC) • Trust People Council (TPC) 		C
8	Organisational changes in March, April and May 2026		Pres

TRUST UPDATE			
9	Trust Update: Regular reports <ul style="list-style-type: none"> • Chair's Report • Chief Executive's Report • Other Committee Reports (Audit, Mental Health Act and Remuneration) 	 	D
10	Governor Activities		E
11	Any Other Business (to be notified in advance to the Chair)		
12	Public questions *		
	Meeting close.		

	Kathryn Lavery Chair		Toby Lewis Chief Executive		Philip Gowland Director of Corporate Assurance
	Champion Solesi, Children's Care Group Young Advisors Group and RDASH Governor		Richard Chillery, Chief Operating Officer		Kate Jones, Acting Care group Director – Children's Care Group

*** Public Questions:**

Questions from members of the public are welcomed at the appointed time during the agenda. The following guidance is offered in respect of this item on the agenda:

- Questions at the meeting should ideally relate to papers being presented on the day
- Members of the public are very much welcome to raise questions at any other time, on any other matter, through the office of the Chair and Chief Executive or via rdash.corporate-assurance@nhs.net
- There is no need for questions to be submitted in advance, although this may mean that it is not always possible to provide an answer at the meeting. In that case, the questioner's contact details will be requested for response. Questions will be taken in rotation, to ensure those wishing to raise questions have equal opportunity, within the limited time available.

**PLEASE NOTIFY THE CORPORATE ASSURANCE TEAM OF ANY SPECIAL REQUIREMENTS AT
LEAST 48 HOURS IN ADVANCE OF THE MEETING**

rdash.corporate-assurance@nhs.net

**The next meeting of the Council of Governors will take place on
Wednesday 10 June 2026 at 5pm in Doncaster**

**ROTHERHAM DONCASTER AND SOUTH HUMBER
NHS FOUNDATION TRUST**

REGISTER OF INTERESTS OF THE GOVERNORS

ELECTED GOVERNORS

Name	Constituency	Interests Declared
Richard Rimmington	Public - Doncaster	Member of the Labour Party
Maureen Young	Public – Doncaster	Nil declaration
Andrew Flynn	Public – Doncaster	Public Governor Doncaster & Bassetlaw NHS Foundation Trust – Public Governor from October 2024
Joy Bullivant	Public Doncaster	Retired employee of RDaSH updated September 2025
Hannah Hall	Public - Rotherham	Employee at The Rotherham NHS Foundation Trust – Non Financial Dialled In Agency Ltd. – Financial Interests RDaSH Service user – Non Financial
Mabrookah Agbabiaka	Public - Rotherham	Newly appointed
Kamlesh Vatish	Public – Rotherham	Nil declaration
David Vickers	Public - Rotherham	Royal College of Nursing – Member Good News for Everyone (formerly Gideons) Rotherham Branch – Chair Yorkshire and Humber Regional Pensioners’ Convention member Care Quality Commission Public Engagement Group – member South Yorkshire Transport Users’ Group – member Rotherham NHS Foundation Hospital Trust – Readers’ Panel, PLACE team and Public Panel – member South Yorkshire ICB Readers’ Panel – Member AgeUK Policy Sounding Board – Policy Reviewer Age Uk Strategy Group – Member The Richmond Group of Charities – Lived Experience Network Member The Rivers Team Church Council – Member/Trustee Rotherham Deanery Synod (Church of England – Member Patients’ Association – member Your Party - Member Rotherham and Barnsley MIND – member Blue Mission Organisation, Sidon, Lebanon – International advisor National Development Team for Inclusion – Advisor/ Blogger
Arun Chaudhary	Public - North Lincolnshire	Awaited
Chris Pope	Public - North Lincolnshire	Foster Carer Local authority foster carer for North East Lincolnshire Council Receives fostering allowances and payments. Foster Panel Member North Lincolnshire Council Foster Panel Member Receives payment/expenses as a panel member

**ROTHERHAM DONCASTER AND SOUTH HUMBER
NHS FOUNDATION TRUST**

REGISTER OF INTERESTS OF THE GOVERNORS

		Trustee, :The Fostering Network, 87 Blackfriars Road, London SE1 8HA The Fostering Network is a charity (280852 and SCO39338) and is registered in England and Wales as a limited company no. 1507277 Receives expenses for travel and meetings Delta Academy Trust Vale Academy, Brigg Academy Advisory Board Member Enquire Learning Trust, Broughton Primary Academy Academy Improvement Committee Member
Sam O'Brien	Public – Rest of England	Navigo – Occasional work – from June 2024 University of Hull – Occasional work – from September 2017 Rethink Occasional work – from January 2023
Joan Cox	Patient & Carer	Employee of Her Majesty's Prison and Probation – Probation Service Manager – The Service uses RDaSH ASPIRE Services
Ian Spowart	Patient & Carer	Daughter works for RDASH as a social work nurse
Mark Johnson	Patient & Carer	Labour Party, Hadfield Parish Councillor. Member of CHAD Choice for all Doncaster.
Kevin Hodgkiss	Patient & Carer	Nil Declaration
Allan Bell	Patient & Carer	Nil Declaration
Baz Cooper	Patient & Carer	Newly appointed
Robert Foster	Patient & Carer	Newly appointed
Pippa Harder	Patient & Carer	Newly appointed
Jennie Gaul	Staff - Physical Health and Neurodiversity Care Group	Nil Declaration
Prachi Goulding	Staff North Lincolnshire Adult Mental Health and Talking Therapies Care Group	Nil Declaration
Jessica Williams	Staff Children's Care Group	Nil Declaration
Emma Wilsher	Staff Rotherham Adult Mental Health Care Group	Nil Declaration
Mike Seneviratne	Staff – Corporate	Trustee of SAGE Greenfingers charity in Sheffield Employee of RDaSH
Debra Taylor	Partner – Citizens Advice North Lincolnshire	Awaited

**ROTHERHAM DONCASTER AND SOUTH HUMBER
NHS FOUNDATION TRUST**

REGISTER OF INTERESTS OF THE GOVERNORS

NOMINATED / APPOINTED GOVERNORS

Lee Golze	City of Doncaster Council	Employee DMBC - Assistant Director: Partnerships, Early Intervention & Localities: Children, Young People & Families
Kym Gleeson	Healthwatch Rotherham	Non-financial professional interests - This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career – 1/4/2025 to present
Emma Price	South Yorkshire ICB	Employed by partner organisation – Non-financial Professional Interest
Champion Solesi	Young Advisory Group	Nil Declaration

This Register is maintained by the designated Board Secretary and is available as a Public document in line with Paragraph 34.1.3 of the Constitution.

MINUTES OF THE COUNCIL OF GOVERNORS MEETING – PUBLIC SESSION

WEDNESDAY 10 DECEMBER 2025 AT 5:00 – 7:00PM

THE TOWN HALL ROTHERHAM & VIA MICROSOFT TEAMS

PRESENT	
Kath Lavery	Chair
Mabrookah Agbabiaka	Public: Rotherham
Allan Bell	Patient and Carer
Joy Bullivant	Public: Doncaster
Robert Foster	Patient and Carer
Andrew Flynn	Public: Doncaster
Jennie Gaul	Staff: Physical Health and Neurodiversity Care Group
Hannah Hall	Public: Rotherham
Ann Llewellyn	Patient and Carer
Sam O'Brian	Public: Rest of England
Chris Pope	Public: North Lincolnshire
Emma Price	Partner: South Yorkshire Integrated Care Board (SYICB)
Richard Rimmington	Public: Doncaster
Champion Solesi	Partner: Young Advisory Group
Ian Spowart	Patient and Carer
Victoria Stocks	Staff: Doncaster Mental Health and Learning Disabilities Care Group
Jess Williams	Staff: Children's Care Group
Kamlesh Vatish	Public: Rotherham
David Vickers	Public: Rotherham
IN ATTENDANCE	
Richard Banks	Director of Health Informatics
Rachael Blake	Non-Executive Director
Richard Chillery	Chief Operating Officer
Maria Clark	Non-Executive Director
Richard Falk	Non-Executive Director
Steve Forsyth	Chief Nurse
Sarah Fulton Tindall	Non-Executive Director
Philip Gowland	Director of Corporate Assurance and Board Secretary
Carlene Holden	Director of People and Organisational Development
Toby Lewis	Chief Executive
Shabir Pandor	NeXT Director
Simon Sheppard	Director of Finance and Estates
Diarmid Sinclair	Chief Medical Officer
David Vallance	Non-Executive Director
Pauline Vickers	Non-Executive Director
Susan Black	Corporate Assurance Officer (Minutes)
PUBLIC/STAFF	
Glynn Butcher	PFG
Leana Gater	Staff - Senior Project Manager, Children's Care Group

Minute Ref		ACTION
COG 01/12/25	<p>Welcome Kath Lavery, Chair, opened the meeting and welcomed all attendees.</p>	
COG 02/12/25	<p>Quoracy and Apologies for Absence Kath declared that the meeting was quorate.</p> <p>Apologies were received from Governors, Jo Cox, Dr Michael Seneviratne, Lee Golze, Pippa Harder, Maureen Young, Kym Gleeson and from members of the Board Kathy Gillatt, Dr Jude Graham and Jo McDonough.</p>	
COG 03/12/25	<p>Declarations of Interest No further declarations were made in respect of the agenda items for this meeting.</p> <p>The Council of Governor’s received the Declarations of Interest.</p>	
COG 04/12/25	<p>Minutes and Actions of the Previous Meeting Held on 10 September 2025 The Council of Governors approved the minutes of the previous meeting as an accurate record with the following amendment.</p> <p>Minutes An amendment to the minutes was requested to correct the spelling of Martha’s Law in section 04/09/25 of the minutes.</p> <p><i>Post meeting note the alteration to the minutes was completed.</i></p> <p>Actions COG 05/03/25b: Community framework action would remain open. COG 04/09/2024: Steve gave the following update: The Trust was currently scoping out the 3rd element of the process. The 24/7 hotline. All acute trusts, including RDaSH, are required to implement a 24/7 hotline under Martha's Law, the line would allow staff and families to escalate concerns about patients. This initiative was distinct from the Mental Health Act's second opinion assessment and was intended to provide a direct escalation route for health concerns. Implementation of the hotline was anticipated from 1 April 2026.</p> <p>The Council of Governors reviewed the action log, updates were noted and the propose to close actions agreed.</p>	
COG 05/12/25	<p>Election Outcome and current composition Phil reported on the recent governor elections, welcoming new and returning governors David Vickers, Allan Bell, Mark Johnson, Bob Foster, Mabrookah Agbabiaka and Andrew Flynn. All public and service user seats were now filled, with only a few partner seats remaining vacant.</p>	

	<p>Governors Ruth Sanderson and Mohammed Suleman were not returning for a further term, and Phil thanked them for the commitment to the trust and wished them well.</p> <p>Ian highlighted that there were a number of governors due for re-election in 2026 and wondered if their terms could be staggered. Philip advised that election rules were followed and from time to time this would occur. Ian mentioned that his term would expire in 2026 and talked about succession planning for the committees he attended, if he was not successful in being re-elected. Richard also mentioned that his final term concludes in 2026 leaving vacancies on the committees he attends.</p> <p>The importance of ensuring diversity and continuity in all board committees, was raised Toby suggesting that the Governors should take the opportunity to review which of them attended which Committees.</p> <p>The Council of Governors received and noted the paper for information.</p>	
<p>COG 06/12/25</p>	<p>RDASH Performance – Committee Reports (from Committee Chairs and Governor members)</p> <p>Governors attend as members of four of the Committees. This aligns to Promise five. The Chairs of the Committees were asked to give an overview of activities:</p> <p>Finance Digital and Estates (FDE) Committee: Pauline reported on the financial performance, noting that at month 6 the trust was £193,000 ahead of plan and forecasting to break even at the year end. Items that may impact this performance were noted as, more vacancies than expected and the receipt (or not) of £1.2 million deficit funding.</p> <p>The proposed savings plan (target £10m) for 2026/27 was reviewed by the committee.</p> <p>There was progress on the estates enabling plan with a paper planned to be presented to the Board of Directors in March 2026.</p> <p>The digital focus was on initiatives such as system connect and digital inclusion which support promise 14 with the 4 week wait and assisted patients to self-refer, saving time spent on administration.</p> <p>Having visited a number of wards over the last 12 months, Ann raised concern regarding stock held on the wards unnecessarily and the impact on finances / wastage (for example bed sheets). Toby offered to discuss the point further outside of the meeting and noted work linked to stock and procurement that might assist with the explanation of this important point.</p> <p>Action: A discussion with Ann regarding her ward visits and concerns raised regarding stock and wastage.</p>	

	<p>Public Health, Patient Involvement and Partnerships (PHPIP) Committee: Two recent meetings included discussion of the research and innovation plan, that focused on six key research areas; with other items discussed including innovation pilots for productivity and neighbourhood health. David highlighted the achievement of the volunteer target, and the ongoing rurality pilots looking at what could be done differently in rural communities.</p> <p>People and Organisational Development: Rachel described the committee's work regarding medical and nursing staff, education and learning, staff engagement, and the apprenticeship levy. The committee also noted the introduction of ten key measures for future monitoring, as well as the importance of addressing race-related issues and support for staff following RIDDOR incidents.</p> <p>Quality Committee (QC): Richard F explained the committee's shift towards focusing on quality and safety, and highlighted the introduction of 'always measures' for care planning, consent, and carer involvement. Ri</p> <p>Trust People Council (TPC):The Trust People Council discussed anti racism and the voice scorecard, which was a measure of how staff are doing, and how are they feeling. The committee track feedback from staff on their opinion of whether they believe that change would happen as a result of their feedback and their engagement with the trust. David Va advised that the council would look at culture in January 2026.</p> <p>Commenting on the above committees Toby reminded attendees that in health care things are not always perfect and that 'bad things' can occasionally happen. The Board had recently submitted a provider capability assessment on the culture and leadership of the organisation and the trust scored lower on two areas, our ability to manage quality and safety, and the extent we use data, also culture and the confidence in reporting risk.</p> <p>The Council of Governors accepted and noted the Committee papers.</p>	TL/SF
COG 07/12/25	<p>Digital Enabling Plan. Richard B presented the digital enabling plan, outlining the organisation's achievements in digital maturity, the high national rankings achieved for website accessibility, service desk accreditation, and compliance with digital capabilities frameworks, as well as ongoing improvements in patient apps and cybersecurity. The plan had 10 success measures and progress on these measures was being monitored and reported on.</p> <p>Artificial intelligence (AI) and ambient voice technology pilots were being undertaken to support clinical notetaking, administration, and to improve accuracy, the results so far were showing a 40% to 60% reduction in</p>	

	<p>administration time for clinical staff. The need for clinical oversight and ethical considerations during this process were emphasised.</p> <p>David Vi asked about availability of non-digital solutions for patients who did not consent to the use of AI. In response to David's question, Richard B confirmed that non-digital options remain available for patients who were digitally excluded, and that digital solutions were offered as an option rather than a requirement.</p> <p>Governors asked about co production and diversity during the pilots Richard F addressed the questions, stating that technology pilots involve staff and patients with diverse regional accents, and that a broader engagement and communications effort was being planned before full implementation.</p> <p>The presentation would be circulated following the meeting and Richard mentioned that he would be happy to take any further questions outside the meeting.</p> <p>The Council of Governors received the presentation for information.</p>	
<p>COG 08/12/25</p>	<p>Anti Racism – Promise 26</p> <p>Carlene presented the organisation's anti-racism action plan giving a health warning about the nature of the presentation. Carlene shared the anonymised staff experiences of racism, describing the seven-point action plan, recent open staff meetings, and ongoing efforts to address both behaviour and attitudes.</p> <p>The anonymised examples of racist incidents reported by staff were presented, and Carlene explained the use of the RADAR system for reporting incidents and described the emotional impact of these experiences on staff and the leadership teams.</p> <p>The seven point action plan included diversifying recruitment panels, expanding anonymous reporting, enhancing education and training, and increasing transparency about actions taken in response to incidents, with ongoing review and adaptation based on staff feedback.</p> <p>Open staff meetings were becoming routine, providing a platform for staff to share experiences, leading to increased awareness and commitment from leadership to address both overt racism and microaggressions, and to ensure managers were equipped to respond appropriately.</p> <p>While behaviour in the workplace was strictly managed, efforts were also progressing to address underlying attitudes through education, active training, learning half days, and scenario-based learning, with a focus on building trust and transparency.</p> <p>The governors acknowledged the difficulties in controlling and monitoring behaviour and cultural attitudes and also asked if actions</p>	

	<p>taken on incidents were shared. Carlene confirmed actions had been shared as appropriate and different learning sessions would be held with different teams addressing their difficulties and RDaSH as an organisation were trying to be open and transparent and be clear on what acceptable behaviour was.</p> <p>Toby explained that the promise 26 had not been met and the organisation did not find it acceptable for someone to say, “I didn’t mean it”. The organisation had to be trusted that action would be taken on incidents, including micro aggressions.</p> <p>The Council of Governors received and noted the paper for information.</p>	
<p>COG 09/12/25</p>	<p>Trust Update Regular Reports</p> <p>Chairs Report</p> <p>Kath mentioned that her mid-term performance review had been undertaken with David and Pauline, and all objectives were on track for completion.</p> <p>The Council of Governors received and noted the Chairs report, there were no additional comments.</p> <p>Chief Executive’s Report</p> <p>Questions had been received from Kym prior to the meeting which Toby would provide a written response to and cover elements in this update.</p> <p>An inspiring annual members meeting had been held with the Youth Advisory Group, which highlighted the need to address school-related mental health issues. Work had been undertaken to improve the waiting times for child and adolescent mental health services (CAMHS), plans were being developed to increase accessibility of jobs and career prospects within schools and improvements had been made with communication and feedback from patients.</p> <p>Government initiatives were in place to have a mental health support worker in all schools however this would not address issues such as bullying. The trust would collaborate with schools and mental health support teams to develop new approaches.</p> <p>Toby confirmed that the organisation was on track to achieve four-week waiting times for most services by April, this would be the shortest time for any trust in the country, and this was a great achievement by staff. The exception to this was neurodiversity, and it was planned that in North Lincolnshire and Doncaster the waiting times would be reduced ‘to weeks’ by the following Christmas and resource was being reallocated to address higher referral rates in Rotherham.</p>	

A solution was still required to address the 6,000 adult ADHD and autism referrals, and this would be discussed at Board in January 2026.

The high dependency unit in Doncaster was 40% filled and there were still 73 complex out-of-area placements at a cost of circa £2,000,000pa - efforts were being made to reduce these and develop community-based support services, with the goal of bringing long-term patients back locally. Toby acknowledged the hard work undertaken by Dr Jude Graham in this area.

There was ongoing work to manage the organisations staff sickness, particularly long-term mental health absences and Toby outlined the work undertaken with the teams in following policies and the support for mental health absence with the consideration of voluntary positions to assist with recovery. The NHS target is 4% and the journey to achieve this would be discussed at board.

The neighbourhood health initiative was mentioned, which involved reallocating resources from specialist to generalist roles to better serve local populations.

Jess asked if the mental health support teams, who had established relationships with schools, would be involved in the RDaSH discussions. Toby advised that Christina and Kate would be, however the first step would be to locate the schools who are open to engagement and participation.

Highlighting the high numbers of out of area placements Sam wondered if bringing them all back locally was achievable. Toby advised that there were different categories of out of area patients and significant achievements had been made in bringing "inappropriate placements" back locally. Richard C confirmed that they were now just 2 in this category. The 73 out of area placements referred to earlier were categorised as complex with no support locally to meet their needs. The organisation would now identify their needs and either provide the service they require or locate and source the community support required. This process may take a couple of years to achieve.

Community rehabilitation practices in North Lincolnshire were working, and Richard C would provide a more depth report for the governors at a future date. There were also cases within the community that would form part of this initiative (out of area avoidance cases)

Action: Richard C to provide more information on the community rehabilitation initiative at a future meeting.

In closing, Toby reminded that there would be a further briefing to Governors on the 21 January 2026 at 17:00 for governors to attend. The trust was entering into a large-scale reorganisation of certain services and Toby wanted to ensure governors were well-informed.

	The Council of Governors received and noted the report.	
COG 10/12/25	<p>Governor Activities</p> <p>Kath asked the governors to accept the report that was included within the pack.</p> <p>The Council of Governors received and noted the report.</p>	
COG 11/12/25	<p>Any Other Business</p> <p>There was no further business.</p>	
COG 12/12/25	<p>Public Questions</p> <p>Glyn thanked RDaSH for all the involvement and support with the local communities saying that it felt good to be part of RDaSH.</p> <p>No public questions had been received.</p>	
COG 13/12/25	<p>Date, Time, and Venue of Next Meeting</p> <p>Wednesday 4 March 2026 at 5pm New Life Church, Scunthorpe, DN17 1AB</p>	

COUNCIL OF GOVERNORS MEETING – ACTION LOG

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
COG 06/12/25	RDASH Performance: Toby and Steve to arrange a discussion with Ann regarding her ward visits and concerns raised regarding stock and wastage with Ann.	TL/SF	A short time after the last CoG meeting Ann chose to stand down from her Governor role without the opportunity to hold the discussion with her. The issues pertinent to stock levels on wards were, and are, part of work undertaken through Facilities in respect of non-pay expenditure across the Trust.	Propose to Close
COG 04/09/2024	RDASH Performance – Committee Reports - Quality Committee Introduction of Martha’s Law	SF	The topic featured in the discussion at the September meeting and again in December with an outline of the planned work that would see the implementation of the hotline by 1 April 2026. Action to remain open until confirmation received.	Open
COG 05/03/25b	RDASH Performance – Committee Reports - Public Health, Patient Involvement and Partnerships (PHPIP) Committee The Community Involvement Framework to be an agenda item for a future meeting.	TL	Appended to this action log is the Community Involvement Framework which was part of a broader paper that was presented to the Board of Directors in January 2026, regarding our work linked to Promise 5. That full Board paper is also attached to the email that is sent to Governors with today’s agenda and papers. We will schedule time in 2026 for a discussion with Governors about this framework.	Open
COG 09/12/25	Trust Update Regular Reports More information on the community rehabilitation initiative would be provided at a future Governor meeting.	RC	Consideration will be given to the timing and content of a future session with Governors – potentially in a formal meeting, although the regular information evening sessions may be better suited.	Open

Annex A: RDaSH Community Involvement Framework

Community Involvement Framework

We want to:	
<ul style="list-style-type: none"> work within our communities routinely, at neighbourhood/hyper local level 	
<ul style="list-style-type: none"> start with what is strong locally 	
<ul style="list-style-type: none"> be consistently considered in how we work and support others 	
<ul style="list-style-type: none"> stand alongside peers and partners 	
To do this we will strive to:	
Draw in others to our work inside the Trust (20%)	Lean into the work of others where they are: supporting existing structures, networks, individuals and organisations (80%)
Policy development Committees and other forums Senior recruitment decisions Decisions made about service design Choices about what to prioritise	Use neighbourhood spaces for our work Prioritise conversations at place and neighbourhood level Join others' forums in preference to hosting our own Be open to organisations of different sizes and traditions – sharing data, skills, and funds wherever possible Support partnership efforts, working with all stakeholders: with an intentional bias towards seldom-heard residents and groups Recruit students, volunteers and staff from our local communities, creating opportunities for all Invest our funds locally, working with bodies who share our social values Offer time for our leaders and clinicians to immerse themselves within our communities
Success will be measured through our formal governance structures, ensuring we have achieved and sustained a quantity of change	Success will be measured through feedback loops from individuals and partners, collected on a consistent basis from 2025 – 2028. In addition we will publish data demonstrating (we intend) increased investment of time, money and skills within our local community against a 23/24 baseline.

Rotherham Doncaster and South Humber NHS Foundation Trust

Council of Governors

11 March 2026

Item 5 - Young Advisors Group– What do we do and Why do we do it?

Presentation

Rotherham Doncaster and South Humber NHS Foundation Trust

Council of Governors

11 March 2026

Item 6 - Transitional Care Update – Children’s Services

Presentation

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Performance – Committee Reports	Agenda Item	Paper C
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Council of Governors	Date	11 March 2026
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>The attached paper reflects and summarises the most recent work of the Board Committees – with a focus on the four Committees that have Governors as members. Those Governors together with the respective Chairs of the Committees (all Non-Executive Directors) will offer commentary in support of this written paper at the meeting. Additionally, the report also reflects on the Trust People Council where the six staff governors are members.</p> <p>Within the additional papers provided to Governors as ‘Pack B’ there are the reports that were issued to the Board of Directors in January 2026. It would be useful for Governors to consider these alongside this paper so as to gain an understanding of the recent work – and to form a view on how we might best present in future CoG meetings too (format)</p>			
Alignment to strategic objectives (indicate with an ‘x’ which ambitions this paper supports)			
SO1: Nurture partnerships with patients and citizens to support good health			X
SO2: Create equity of access, employment, and experience to address differences in outcome			X
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services			X
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings			X
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.			X
Business as usual			X
Previous consideration (where has this paper previously been discussed – and what was the outcome?)			
The attached report presents a consolidated report on the Committee’s most recent reports which have been provided to and discussed by the Board of Directors meetings which are held in public – most recently in January 2026.			
Recommendation (indicate with an ‘x’ all that apply and where shown elaborate)			
The Council of Governors is asked to:			
X	RECEIVE the paper for information		
Impact (indicate with an ‘x’ which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register			
Strategic Delivery Risks			
System / Place impact			
Equality Impact Assessment	Is this required?	Y	N X If ‘Y’ date completed
Quality Impact Assessment	Is this required?	Y	N X If ‘Y’ date completed
Appendix (please list)			
Within Pack B the reports from the Committees to the Board of Directors in January 2026 are included for additional information.			

RDASH Performance – Committee Reports. March 2026

Introduction and Overview

This Report focuses on key performance information and the assurances provided via the Committees and the Board of Directors meetings. The Chief Executive's Report also provides further details of some of the key news and updates relating to the Trust and the wider environment in which it operates from the last quarter.

Of importance to the Council of Governors is the position reported and the input of the Non-Executive Directors in these meetings. Non-Executive Directors chair all Committees and Governor representatives have become members of four of the Board's Committees.

This report to the Council of Governors highlights the recent meetings of the respective Committees and the key items of business at each meeting. Governors should also note that at each Board of Directors meeting (public) there is a written report from each Committee.

The Board met most recently in public on 29 January 2026 and will do so again on 26 March 2026 (Legacy Conference Centre, Doncaster from 10am). The papers from all Board meetings held in public are available via the Board Secretary and are available via the Trust website. [Link to Board papers](#)

Finance, Digital and Estates Committee

At each meeting of the Board of Directors the Integrated Quality Performance Report (IQPR) is presented – one key component of this report presents the overall Trust financial position. This position is provided in more detail, and subject to scrutiny and challenge via the Finance, Digital and Estates Committee (FDE) and through other mechanisms including individual liaison between Finance Department representatives and individual budget holders.

Pauline Vickers, NED, is the Chair of the FDE – the other NEDs on the Committee are Sarah Fulton Tindall and Rachael Blake. Governor members are Ian Spowart and Richard Rimmington.

FDE met on 17 December 2025 and was attended by governors Richard and Ian. A report based on that meeting was presented to the Board of Directors on the 29 January 2026 (see Pack B). The key items of business related to:

1. Performance against the finance domain of the IQPR
2. Medium Term Finance Plan: 2026 to 2027 Savings Plan Development Update
3. Trust Procurement Function Development
4. Ambient Voice Technology: Update and Results from Pilot
5. Health and Safety Act Compliance: Air Quality, Legionella, Fire Safety
6. Strategic Delivery Risk Report
7. Internal Audit Progress Report

The committee met again on 18 February 2026 reporting to board on 26 March 2026 Ian was in attendance and Richard gave his apologies. The key items of business related to:

1. Draft Estate Enabling Plan
2. Information Governance Report
3. Clinical Coding Audit Report
4. Information Quality Work Programme 2025-26
5. Information Quality Work Programme – Progress against recommendations 2023/24, 2024/25
6. Performance against the finance domain of the IQPR
7. Medium and Long Term Finance Plan (inc savings plan)
8. Strategic Delivery Risk Report
9. Internal Audit Progress Report

The Finance, Digital and Estates Committee will meet again on the 22 April 2026.

Public Health, Patient Involvement & Partnership Committee

Dave Vallance, NED, is the Chair of the Public Health, Patient Involvement & Partnership Committee. The other NEDs on the Committee are Richard Falk and Maria Clark. The Governor members are Joy Bullivant and Jo Cox.

The Committee met on 21 January 2026, Jo and Joy attended the meeting. The report based on the meeting was presented to the Board of Directors on 29 January 2026 (see Pack B). The key items of business related to:

1. Promise 8 RDaSH 5 update
2. Promise 11: Serving our Armed Forces Community update
3. Promise 15: Updated thinking on the delivery of Promise 15
4. Promise 21: delivering success
5. Adult Eating Disorders Collaborative Update
6. Progress Report on Equity and Inclusion Plan
7. Strategic Delivery Risks
8. Internal audit Recommendations

The Public Health, Patient Involvement & Partnership Committee will meet again on 18 March 2026.

People and Organisational Development Committee

Chairing the committee was Rachael Blake, NED. The other NEDs on the Committee are Pauline Vickers and Dave Vallance. Governor members are Ian Spowart and Richard Rimmington.

POD met on the 17 December and was attended by Ian and Richard. The report based on the December meeting was presented to the Board of Directors on 29 January 2026 (see Pack B). The key items of business related to:

1. Real living wage annual update and next steps
2. Integrated quality performance report (IQPR) and the top ten measures
3. People promise theme report covering vacancies, turnover, volunteers, local recruitment, peer support workers
4. Staff Survey and pulse update, 2025 campaigns
5. Training needs analysis 2026/27 plans
6. Trust people council
7. Internal audit recommendations
8. Strategic Delivery Report – SDR5
9. Guardian of Safe Working Hours Report

The committee met again on 18 February 2026 reporting to board on 26 March 2026 Richard was in attendance and Ian gave his apologies. The key items of business related to:

1. Top Ten Measures and Integrated quality performance report (IQPR)
2. Organisational design and effectiveness 2026/27 plans
3. Trust People Council
4. Internal audit recommendations
5. Strategic Delivery Report – SDR5
6. Staff Incidents, Violence and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations Report (RIDDOR) Quarterly
7. Guardian of Safe Working Hours Report

The People and Organisational Development Committee will meet again on 22 April 2026.

Quality Committee

Richard Falk, NED, is the Chair of the Quality Committee – the other NEDs on the Committee are Dave Vallance and Maria Clark. Governor members are Hannah Hall and David Vickers.

The quality committee met on 21 January 2026(David and Hannah were in attendance). The report, based on that meeting, was presented to the Board of Directors on the 29 January 2026 (Pack B). The key items of business related to:

Meeting 21 January 2026 The key items of business related to:

1. National report benchmarking summary briefing
2. Patient Safety Escalations
3. Integrated Quality Performance Report
4. Internal Audit Recommendations
5. Strategic Delivery Risk
6. Patient Feedback
7. Promise Update
8. Mortality Report
9. Education and Learning plan integration with PSIRF
10. Internal Audit Report: PSIRF

The Quality Committee will meet again on 18 March 2026.

Trust People Council

The Trust People Council was established to help our employee staff networks, staff governors and other specified leaders (including a patient representative) to directly influence the cultural programme of the organisation. TPC operates as a peer to our non-executive led Board committees: and supports the ambition of the Council to see the staff governor role given substantially greater prominence inside RDaSH.

Three of the staff Governors attended the most recent meeting in January (Victoria, Jennie and Prachi). There was a different approach to the meeting with group work focusing on the culture of the organisation with a focus on developing a:

- Caring, Supporting, Fair and Equitable culture for all: we want staff to treat patients with respect, care and compassion, so all leaders and staff must treat their colleagues with respect, care and compassion
- Climate that supports equality, diversity and inclusion: celebrate the diversity and different thoughts, perspectives and views
- Climate that supports 'nurturing the power of our communities': encouraging learning and innovation, working alongside those within services and in neighbourhoods
- Collective leadership: where staff at all levels are empowered as individuals, within and between teams to act to improve care within and across health and care organisations and systems – 'leadership of all, by all and for all'

TPC meets again on 15 April 2026.

Rotherham Doncaster and South Humber NHS Foundation Trust

Council of Governors

11 March 2026

Item 8 - Organisational changes in March, April and May 2026

Presentation

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Trust Update	Agenda Item	Paper D
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Kath Lavery, Chair, Philip Gowland, Director of Corporate Assurance		
Meeting	Council of Governors	Date	11 March 2026
Suggested discussion points (two or three issues for the meeting to focus on)			
The Chair's Report summarises the key events, meetings and work undertaken in the last quarter.			
The Chief Executive's Report to the Board in January 2026 is appended to this report, as is the latest Promises and Priorities scorecard.			
The remaining Committee Reports – not referred to in the earlier agenda item - are included in this paper.			
Alignment to strategic objectives (indicate with an 'x' which ambitions this paper supports)			
SO1: Nurture partnerships with patients and citizens to support good health			X
SO2: Create equity of access, employment, and experience to address differences in outcome			X
SO3: Extend our community offer, in each of – and between – physical, mental health, learning disability, autism and addiction services			X
SO4: Deliver high quality and therapeutic bed-based care on our own sites and in other settings			X
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.			X
Business as usual			X
Previous consideration (where has this paper previously been discussed – and what was the outcome?)			
Some related Committee to Board Reports have been received at recent Board meetings			
Recommendation (indicate with an 'x' all that apply and where shown elaborate)			
The Council of Governors is asked to:			
X	RECEIVE the paper for information		
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register			
Strategic Delivery Risks			
System / Place impact	x		
Equality Impact Assessment	Is this required?	Y	N X If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N X If 'Y' date completed
Appendix (please list)			
<p>Both these appendices are provided to Governors in Paper Pack B:</p> <p>1 Chief Executive's Report to the Board of Directors from January 2026.</p> <p>2 Promises and Priorities Scorecard from the Board of Directors in January 2026.</p>			

Chair's Report to the Council of Governors: March 2026

The report to the Council of Governors this month captures the meetings and events that I have attended during the period from December 2025.

I start with a thank you to you our Governors for the continued dedication to the role and making yourselves available to contribute and engage across so many different activities. There is a separate paper on those activities but I highlight the continued success of the 'Coffee and Cake' sessions that allow me (and Jo Cox) to meet and get to know Governors; I also note the extraordinary attendance at the second of the briefings, in January 2026, that Toby hosted for Governors on the future finances and changes to the Trust. Your attendance and questions were much appreciated and showed your dedication to the role. Again, thank you.

My previous reports have noted some changes to the Board of Directors and I am pleased to welcome Dr Runit Shah as an Associate Non-Executive Director to the Board. As a local GP and previous NHS NED, we have already benefitted from his input I very much look forward to Runit enhancing his understanding of the Trust, of the Governors and making a valuable contribution to the Trust. We will unfortunately be saying goodbye at the end of the financial year to Richard Banks, Director of Health Informatics when he retires. Richard has been a long standing director at the Trust and he will be missed – best wishes to Richard and thank you for your contributions to the Trust.

Other key aspects of my work in the last quarter are listed below:

My schedule continues to afford and require regular meetings with Toby Lewis, Chief Executive to understand the current issues, successes, and challenges at the Trust and how the Trust is participating in the system-based environment.

I have continued to foster many important relationships through multiple 1-2-1 meetings with individual members of the Board of Directors, senior staff and with our partners in particular, through the Yorkshire and Humber and National Chairs Networks and the South Yorkshire Mental Health, Learning Disability and Autism Collaborative - all continue to be interesting and extremely valuable in terms of understanding the role of the Trust within this wider system-based environment.

My regular 1-2-1 meetings include those with Jo Cox, Lead Governor

Within the Trust I meet regularly with my Non-Executive colleagues, attend the Charitable Funds Committee and the Trust People Council (alongside the Staff Governors).

I have also attended / participated in the following:

- Consultant interviews
- The opening of the Elizabeth Quarter building in Scunthorpe, North Lincolnshire – a fantastic, new building that really sets the bar for the accommodation our staff deserve and that we are striving to put in place across all geographical areas.
- Visit to Phoenix Unit (new High Dependency Rehabilitation Unit) on the Tickhill Road Site, Doncaster. A new service for the area aimed at repatriating individuals currently 'out of area' back to closer to home. And later that day to Great Oaks in Scunthorpe, where a significant development is underway.

Both visits allowed me to see the developments, talk to staff who are to work in these improved buildings, delivering brand new or improved services and they really emphasised how proud they are of the new facilities and looking forward to delivering for patients .

- Discussions as part of the ongoing developmental well-led review being undertaken by The Value Circle
- Shining Stars Awards and Distinguished Service Awards – fantastic opportunities to recognise colleagues across the trust and their contributions.

Kath Lavery, Chair
3 March 2026

Chief Executive's Report to Council of Governors: March 2026

This report summarises selected important activities and results within RDaSH over the period since the last COG. Since we last met, we have made two formal three-year plan submission to NHS England and commenced statutory consultation with 200 employees on organisational change. I do not duplicate here *the CEO report* provided to the Board of Directors meeting in public. The last report is issued with the COG papers. These reports tend to be a useful summary every eight weeks of the wider organisation in about five pages.

The National Oversight Framework (NOF) continues to see the Trust rated at 2, with a financial override reducing this to a 3, because we have been in receipt of deficit support funding. That funding is removed from April, so, notwithstanding not yet published changes to the NOF we might expect our rating to improve into the top ten among 61 peer Trusts. Our first ever provider capability rating assessment scores us Amber Green – our own view and one validated and confirmed by NHS NEY (the regional health body).

We have formally opened the Elizabeth Quarter facility in central Scunthorpe in January – and looks forward to completion of the refurbishment of both Great Oaks wards at the end of May (a ten month build period). Our first Trust Open Access Crisis service will open during June, also at Great Oaks as a major alternative to A&E and one we hope to deliver in close partnership with MIND.

1. Our patients

April 2026 is nearly upon us. Under Promise 14, that is the month in and from which we pledged in 2023 to deliver a maximum four week wait. With the exception of neurodiversity care, and of podiatry in Doncaster, we will deliver this ambitious and remarkable goal, giving us **the shortest waiting times in the NHS**. This signature quality and safety improvement is something to be very proud of, to work hard to sustain, and is an important fixed point as we move through organisational change.

Promise 14 also includes a commitment to deliver **short wait urgent care** inside 48 hours, whilst also delivering faster crisis care access. Monitoring of our position commenced in detail from February. In particular, the improvement work behind this measure tries to focus in on what happens to pressing referrals sent on a Friday or approaching a bank holiday.

The Board has been especially focused on the dreadful situation faced by young people in North Lincolnshire who have been diagnosed with ADHD, but who since April 2025 have **not had access to a treatment (prescribing) service** owing to both the closure of the service at NLAG, and commissioners' inability to purchase a replacement offer. Over recent days agreement has been reached to fund the proposal RDaSH but forward in spring 2025, and we hope to have mobilised the new service in early summer 2026.

As we did in May 2025, in two months' time not only will we publish our Quality Account for the year, but the Board will also conduct a detailed review of the likely eight PSIIIs (**patient safety incident investigations**) undertaken in 25/6, the lessons learned from them and the safety measures since. This follows from the January Board review of all relevant national Prevention of Future Death notices issues by coroners. As we move towards implementation of our always measures, contained within the Trust's quality and safety plan, it is important we continue to focus on learning and improvement in relation to safety. This certainly includes learning in

relation to physical health in mental health wards and medication errors in depot prescribing.

Whilst national mental health policy continues to overlook the particular issues faced by patients with **an eating disorder**, the Trust continues to lead work to try and cause improvements in services in South Yorkshire: whilst linking closely to the expert Navigo service available south of the Humber. A series of investments made have so far opened up community services to Doncaster residents, introduced community-based teams in all four places, and invested funds in MEED care in acute hospitals. Work to commission an integrated community and inpatient offer inside the NHS is pressing ahead, notwithstanding more reorganisation of how services are commissioned planned for 2027/28.

In March 2025 the Board determined that we should look to **disproportionately invest in older adult services** over the coming two years. Within our agreed 26/27 investment fund changes, we have done just that by supporting team expansion, especially in placing older adult expertise within our Crisis services – having in late 2024 insisted that such services drop age restrictions from their practice.

2. Our people

Elsewhere on today's agenda, I will provide an overview of the work being done under the guise of **organisational change**. This work seeks to improve our productivity and in places to reset the balance of generalism and specialism. In adult physical health services, the work behind that is most advanced, where in mental health we have far more work to do over the coming eighteen months in that regard. Understandably there is attention on the recently closed consultation affecting 200 colleagues and up to 62 job roles: the work of the coming month lies in redeployment for those affected, and in relentless if compassionate implementation of changed expectations of workflows in a minority of teams within our community settings. It is too early to confirm whether or the scale of compulsory redundancies proceeding as we move forward with our £10m CIP, of which the consultation work forms £3.75m. The most considerable risk to financial delivery within that programme remains full occupancy of the High Dependency Rehab Unit, Phoenix.

Over the coming month we will receive details of the outcome of **our 2025 staff survey**. As in 2024, the useful unit of analysis will primarily be at directorate level, with our action plans being focused on sharing and spreading what is working well in some teams to a wider group of teams. We did commence work on financial restructuring during the period of the survey being live, and we would anticipate that will depress or impact the results we see. The Trust People Council continues to focus on our culture, and on how we support colleagues to have confidence in key safety measures like our speak up arrangements.

The Council of Governors has been candidly briefed on our work associated with Promise 26. Whilst it is pleasing, we have received acknowledgement, at bronze level, for the work we have done through an accreditation process led by the NHS in the north-west, we know there is **much more to do to tackle both patient on staff and staff on staff racism**. The Board determined in November 2025 that we needed to shift towards an anti-racist stance and expect the same of our employees – an intervention in Mulberry Ward in Scunthorpe is taking place presently on that basis. This sets unambiguous behavioural expectations and then uses observational methods to test their implementation in practice.

Our people, at RDaSH, of course includes both students and volunteers. We continue to sustain compliance with our minimum standard of **350 volunteers** across the organisation – including a distributed use of volunteers across all our sites. Evaluation work on the impact of, and learning from, our volunteers is taking place presently. In scaling up volunteering, we have seen much more diversity of background among those working with us, and also a significant increase in volunteering as a pathway into employment. Pathways into employment form a key part of Promise 9, and this promise is presently towards the bottom of our league table of delivery. Q1 will need to see renewed focus across the target groups cited.

3. Our partners and populations

This spring our long promised new **Homeless Health team** takes shape in Doncaster. Developed with partner agencies, and with patient voices to the fore, this seeks to take learning from other provision led by mental health-based Trusts around the country. Housing insecurity and homelessness remain a valent issue among patients we work with, and our aim with this time-limited investment is to impact not only the most complex and excluded patients, but also to support the knowledge base and risk taking of wider professional staff.

The reorganisation of ICBs continues, with the first wave of voluntary redundancies proceeding. Both organisations who purchase our services have published commissioning intentions and multi-year financial plans: albeit in truth their engagement with us remains on a next-year only basis. There is considerable work to be done to see resources truly shift from acute hospital care and it would be misleading to suggest that local work or thinking on those transitions is more than nascent. The Board rightly worries about a shift to contracting and transactional behaviours and the conduct of discussions over funding for the coming year reinforce those anxieties – the patient risk is that after everyone has done only what the words on the page state, the needs of a complex human with varied needs fall between those cracks.

The Trust is moving forward in our engagement with the Dept for Education's **Families First** drive, clearly led primarily through local authorities. In Doncaster, and likely in North Lincolnshire, we expect to make a specific senior appointment to drive changes in our practice over the coming eighteen months consistent with an intention to focus work with vulnerable young people to be more preventive and more inter-agency. It is recognised that some health professionals are concerned that this agenda will see a role shift towards the NHS without resource, and we will approach the work experimentally.

Advertisements have now been issued for recruitment to **our Communities' Leadership Executive**. This important body, sitting alongside our clinical leadership executive, will move forward our Promise 5 commitment to power-shared, and to the primary influence of those using and relying on our services to shape our strategy beyond 2028 and to hold us to account for our promises beforehand.

Toby Lewis, Chief Executive – March 6th 2026

Other Board of Director Committee Reports.

Further to the four reports in Paper C, the reports from the other Board Committees are listed below.

The **Mental Health Act Committee (MHA)** – whose membership comprises of three Non-Executive Directors and is chaired by Sarah Fulton Tindall. The Committee focuses on ensuring that the Trust adheres to the Mental Health Act. This will include the work undertaken on a daily basis across a range of services in each geographical area and the work of the Trust Associate Managers – the lay (independent) people who sit on panels to review the cases of patients detained under the Mental Health Act. Governor David Vickers is a member of the Committee.

Since the last Council of Governors meeting, the Committee met on 17 December 2025 and 18 February 2026. The report based on the December meeting was presented to the Board of Directors in January 2026, the output from the February meeting will go to the Board in March 2026. The key focus is the compliance with the MH Act.

The **Audit Committee** – whose membership comprises of three Non-Executive Directors and is chaired by Kathy Gillatt – primarily focuses on the oversight and delivery of the work of the external auditors, Deloitte (who are appointed by the Council of Governors), and of the internal audit team and counter fraud teams – both services are provided to the Trust by *360 Assurance*, an NHS internal audit consortium. The remit of the Committee also includes clinical audit as well as research and educational governance.

The Audit Committee met on the 3 December 2025 and on 4 February 2026. The report based on the December meeting went to the Board of Directors in January; the output report from the February meeting will go to the Board in March 2026.

The work of the **Charitable Funds Committee** focuses on the oversight and management of the Charitable Funds, of which the Trust is the Corporate Trustee. Key to the work is the ability to raise funds, but to also have clear plans for expenditure. Maria Clark chairs the Committee.

The Charitable Funds Committee met most recently on 4 March 2026. The key matters of business were in relation to plans for fundraising and seeking donations to support the funds, the delivery of investment income from the funds held and the future financial plans of the charity.

The work of the **Remuneration Committee** – which comprises of all the Non-Executive Directors and is chaired by Kath Lavery, Chair – focuses on the remuneration and related issues of the Executive Directors and Senior Managers. The Committee meets on an ‘as and when’ basis but must meet at least once annually. The Committee met on 4 March 2026 to discuss the impact on the Executive Group of Richard Bank’s retirement; the Trust’s compliance with the Very Senior Managers Framework in 2025/26; and to agree the process for the Chief Executive’s 2026 appraisal.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Governor Activities	Agenda Item	Paper E
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Council of Governors	Date	11 March 2026
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>This report to the Council of Governors comprises three parts:</p> <ul style="list-style-type: none"> An update on governor elections / appointments and to present the current terms of all Governors A summary of the work and activities undertaken both individually and collectively by Governors between December 2025 and March 2026. 			
Alignment to strategic objectives (indicate with an 'x' which ambitions this paper supports)			
SO1: Nurture partnerships with patients and citizens to support good health	X		
SO2: Create equity of access, employment, and experience to address differences in outcome	X		
SO5: Help to deliver social value with local communities through outstanding partnerships with neighbouring local organisations.	X		
Previous consideration (where has this paper previously been discussed – and what was the outcome?)			
This report has not been previously presented, although a similar paper is presented to each CoG meeting.			
Recommendation (indicate with an 'x' all that apply and where shown elaborate)			
The Council of Governors is asked to RECEIVE AND NOTE:			
	the update regarding current Governors		
	the planned work to approve appointments to Board Committees		
	the summary of Governor Activities and the forward plan regarding areas of Governor interest		
Impact (indicate with an 'x' which governance initiatives this matter relates to and where shown elaborate)			
Trust Risk Register			
Strategic Delivery Risks			
System / Place impact			
Equality Impact Assessment	Is this required?	Y	N X If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N X If 'Y' date completed
Appendix (please list)			
Appendix 1: Current Governor terms of election / appointment			

1 Governor Composition

There remains 4 vacancies of the 10 partner governor positions and work is ongoing to fill these places:

- City of Doncaster Council
- Rotherham Metropolitan District Council
- Youth Advisory Group
- University representative

Vacancies have opened up for 1 patient and carer governor and 1 staff governor. We say farewell to Ann Lewellyn and Victoria Stocks. Dean Eggitt's term as our GP governor has reached an end point and Dean is assisting with the replacement representative from the GP community.

Appended to this paper is a full list of all current Governors and their respective terms of election / appointment.

2 Governor Activities

2a Attendance of Governors as members of Committees to the Board of Directors *(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)*

For Governors to be in a better position to hold the Non-Executive Directors to account and to know more about the workings of the Trust and its performance, Governors were appointed as members for the Committee meetings.

Committee	Governor One	Governor Two
Finance, Digital and Estates	Richard Rimmington	Ian Spowart
People and Organisational Development	Richard Rimmington	Ian Spowart
Quality	David Vickers	Hannah Hall
Public Health, Patient Involvement and Partnerships	Jo Cox	Joy Bullivant
Mental Health	David Vickers	

See Paper D (Item 7) for more details about the Committees.

Following the discussions at the last Governor meeting we have sought expressions of interest in becoming a member of the Committees and have been somewhat inundated! Thank you. By the end of April we will discuss again with Governors this opportunity ensuring that everyone is very well sighted on the commitment and understands what it entails. We will undertake to agree some revisions to the table above conscious of the fact that Richard will step down from two Committees and in the interests of giving as many Governors as possible the opportunity we will also talk to David and Ian about their preferences given they already are member of more than one Committee. Once agreed, we will hold a session with the likely ten Governors together and talk more about the role, introduce Committee chairs and lead executives to them and ensuring that everyone is well sighted on the role and this opportunity.

2b Attendance of Governors at meetings of the Board of Directors (Public Session) *(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)*

The Board of Directors holds a meeting in public every other month. The December meeting was attended by David, Ian, and Jennie. At January's meeting there was no governor attendance. Governors are invited to attend the next meeting on 26 March 2026.

Please contact Phil for the link and to receive the papers in advance of future meetings.

2c Artificial Intelligence Session December

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public 8 Preparing the forward plan)

Mike Seneviratne our Associate Medical Director, Clinical Director for Research and governor gave a demonstration on the use of AI within the Trust. Mike demonstrated the Ambient speech recognition technology and its use in a clinical setting for completion of notes. The governors attending enjoyed the session and the insight as to how this technology could be used in the future.

Governors attending the session were Richard, Ian, Maureen, Pippa, Kamlesh, Jessica and Joy.

2d Trust People Council January

(Aligns with Governor Responsibilities 2-Representing the interests of members and the public)

The Trust People Council aims to help our employee staff networks, staff governors and other specified leaders (including a patient representative) to directly influence the cultural programme of the organisation. TPC operates as a peer to our non-executive led Board committees: and supports the ambition of the Council to see the staff governor role given substantially greater prominence inside RDaSH.

Three of the staff Governors attended the most recent meeting in January 2026 (Victoria, Jennie and Prachi).

2e Governor Induction Session January

(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)

Phil hosted an induction session for our new governors on 20 January 2026. The session gave an insight to the governor role and an opportunity for the new governors to network.

The induction session was attended by governors Mark, Bob, and Mabrookah. A second session for newly elected or appointed Governors is planned for March 2026

2f Peer Reviews scheduled to September 2026

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)

Governors have participated in recent Peer Reviews focusing on the patient experience aspect of the review – where a number of staff from different parts of the Trust attend a specific location.

Governors attending these visits include: Jo, Kym, Jennie, Joy, Emma, Mike, David, Kamlesh, Jennie and Richard.

2g Coffee and Cake with Kath January / February

An opportunity to meet with Kath in small groups of governors over coffee/tea and cake. The first get together was held in October with Kath and enjoyed by the governors attending the session. Joining Kath were governors Mark, Bob, Mabrookah, Baz, Prachi and Victoria. The final session in February was attended by Lee, and Debra. Paul our Governor Support volunteer also joined Kath for coffee.

2h Discussion with Toby Lewis – Finance and future plans

(Aligns with Governor Responsibilities 1-Holding non-executive directors to account for the performance of the Board; and 2-Representing the interests of members and the public)

A second session arranged by Toby to meet with governors to discuss further the finance and future plans for the trust. There was a fabulous attendance with 20 governors joining Toby at the meeting. Attendees were Chris, Jo, Dean, Jennie, Pippa, Joy, Kamlesh, Emma P, Mike, Ian, David, Debra, Andrew, Prachi, Hannah, Mabrookah, Mark, Sam, Emma W, and Maureen.

2i Pre-Cog Meeting February

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)

A Governor only meeting to review and discuss the forthcoming Council of Governors' meeting. The meeting was chaired by Lead Governor Jo and attended by Andrew, Jennie, Hannah, Pippa, Mark, Sam, Chris, Kamlesh, David and Maureen.

2j Session with Simon Sheppard and Pauline Vickers March 2026

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)

This was an informal chat with Simon and Pauline in part as an opportunity for Simon to meet Governors, following his appointment to the Trust in December 2025 and also to talk broadly about the work of the Directorate. Governors attending were: Jo, Pippa, Kamlesh, Mark, Maureen, David, Sam, Emma W, Hannah, Chris, Champion and Ian.

2k Governor involvement activities

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public)

Chris and Prachi – joined February's community psychological professionals development meeting topics covered "Joined-Up Care: How Connected Are Our Services?"

Hannah met with Richard Banks to discuss the availability of patient information on the Trust's website.

David meeting with ICB in March

2l Lead Governor Activities

(Aligns with Governor Responsibilities 2 - Representing the interests of members and the public, 8 -Preparing the forward plan)

Jo has again had a busy period as the Lead Governor and has been involved in a range of activities at the Trust, as listed below:

January

16th Jan – Introduction Meeting with Simon Sheppard – Director of Finance and Estates

19th Jan – catch-up meeting Sue B

20th Jan – Lunchtime catch up meeting with Kath and Governor Coffee and Cake with Kath

21st Jan – PHPIP Committee meeting

21st Jan – CoG briefing with Toby Lewis – financial discussion

February

2nd Feb – catch up meeting with Sue B

2nd Feb - pre-cog agenda setting meeting

13th Feb – governor welfare meeting - Philip Gowland

23rd Feb – Catch up Sue B

24th Feb – Governor Coffee and Cake with Kath and introductions with COG volunteer Paul after meeting

March

4th March – Informal Evening Session – Simon Sheppard and Pauline Vickers

9th March – RDaSH Well lead interview with The Value Circle

3. Forthcoming Events

The next public Board of Directors meeting being held on the 26th March which governors are invited to attend.

Spiritual and Religious Care in the Trust Wednesday 25th March 9.30am-12pm. The session is being held at the back of the chapel on the Tickhill Road Hospital site.

Carer event 17th March 2026 at St Cathrines House, Tickhill Rd, Doncaster DN4 8QN [link](#)

And with a eye a little bit further into the future – our Annual Members Meeting and Fun Day will take place on Saturday 19 July in Woodfield Park / Tickhill Road Site.

Philip Gowland, Director of Corporate Assurance
4 March 2026

Appendix 1 : Current Governors and their terms of election / appointment

Governor	Term End Date	Type	Where	Term
Dean Eggitt	28-Feb-26	Partner	LMC Doncaster	1st
Ian Spowart	30-Nov-26	Patient /Carer	Patient /Carer	1st
Joan Cox	30-Nov-26	Patient /Carer	Patient /Carer	3rd
Joy Bullivant	30-Nov-26	Public	Doncaster	1st
Lee Golze	30-Nov-26	Partner	City of Doncaster Council	2nd
Richard Rimmington	30-Nov-26	Public	Doncaster	3rd
Champion Solesi	30-Nov-27	Partner	Young Advisory Group	1st
Maureen Young	30-Nov-27	Public	Doncaster	2nd
Arun Chaudhary	30-Nov-27	Public	North Lincolnshire	1st
Chris Pope	30-Nov-27	Public	North Lincolnshire	1st
Emma Price	30-Nov-27	Partner	SY ICB	1st
Emma Wilsher	30-Nov-27	Staff	Rotherham Care Group	1st
Hannah Hall	30-Nov-27	Public	Rotherham	1st
Jennie Gauld	30-Nov-27	Staff	Physical Health Care Group	1st
Jessica Williams	30-Nov-27	Staff	Children's Care Group	1st
Kamlesh Vatish	30-Nov-27	Public	Rotherham	2nd
Kevin Hodgkiss	30-Nov-27	Patient /Carer	Patient /Carer	1st
Prachi Goulding	30-Nov-27	Staff	NL Care Group	1st
Debra Taylor	31-Mar-28	Partner	Citizens Advice N Lincs	1st
Kym Gleeson	31-Mar-28	Partner	Health Watch Rotherham	1st
Sam O'Brien	31-May-28	Public	Rest of England	1st
Baz Cooper	31-May-28	Patient /Carer	Patient /Carer	1st
Pippa Harder	31-May-28	Patient /Carer	Patient /Carer	1st
Allen Bell	30-Nov-28	Patient /Carer	Patient /Carer	1st
Robert Foster	30-Nov-28	Patient /Carer	Patient /Carer	1st
Mike Seneviratne	30-Nov-28	Staff	Corporate / Backbone	3rd
David Vickers	30-Nov-28	Public	Rotherham	2nd
Mabrook Agbabiaka	30-Nov-28	Public	Rotherham	1st
Andrew Flynn	30-Nov-28	Public	Doncaster	1st
Mark Johnson	30-Nov-28	Patient /Carer	Patient /Carer	2nd