









AGENDA

COUNCIL OF GOVERNORS – IN PUBLIC

Wednesday 10 June 2026 at 5pm – 7pm
CAST Theatre, Doncaster DN1 3BU
(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 11 March 2026		B
5	Transitional Care Update Susannah Parker, Director of Psychological Therapies, Doncaster Mental Health and Learning Disabilities Care Group and Clinical Lead for Talking Therapies Selina Khunkhuna.		C
6	Who we think we are – Dr Jude Graham, Director for Psychological Professions and Therapies (part of presentation to a recent meeting of the newly established Community Leadership Executive (CoLE))		D
7	Ambient Loop (estate heating green plan) – Jo McDonough Director of Strategy		E
8	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) 		F

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) 		G
10	Governor Activities (including the agreement of a statement responding to the draft Quality Account 2025/26)		H
11	Any Other Business (to be notified in advance to the Chair)		
12	Public questions *		
	Meeting close.		

	Kathryn Lavery Chair		Philip Gowland Director of Corporate Assurance		Dr Jude Graham Director of Psychological Professionals and Therapies
	Jo McDonough Director of Strategy		Dr Susannah Parker Director of Psychological Therapies, Doncaster Mental Health and Learning Disabilities		Selina Khunkhuna Service Clinical Lead

* Public Questions:
<p>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:</p> <ul style="list-style-type: none"> 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. <p style="text-align: center;">PLEASE NOTIFY THE CORPORATE ASSURANCE TEAM OF ANY SPECIAL REQUIREMENTS AT LEAST 48 HOURS IN ADVANCE OF THE MEETING</p> <p style="text-align: center;">rdash.corporate-assurance@nhs.net</p>

**The next meeting of the Council of Governors will take place on
Wednesday 09 September 2026 at 5pm in Unity Centre, Rotherham S65 1PD**

**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 – 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 Nova Blade Ltd. Financial Interests Multiverse – apprenticeship student -Academic Member - Society of Radiographers Academic
Mabrookah Agbabiaka	Public - Rotherham	Nil declaration
Kamlesh Vatish	Public – Rotherham	Nil declaration
David Vickers	Public - Rotherham	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

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REGISTER OF INTERESTS OF THE GOVERNORS

Arun Chaudhary	Public - North Lincolnshire	Nil declaration
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 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 Communities' leadership executive (CoLE) member - representing North Lincs Parent Forum
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 His 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, Hatfield 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	Nil Declaration
Robert Foster	Patient & Carer	Nil Declaration
Pippa Harder	Patient & Carer	Awaited
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

**ROTHERHAM DONCASTER AND SOUTH HUMBER
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REGISTER OF INTERESTS OF THE GOVERNORS

Mike Seneviratne	Staff – Corporate	Trustee of SAGE Greenfingers charity in Sheffield Employee of RDaSH
Debra Taylor	Partner – Citizens Advice North Lincolnshire	Awaited

NOMINATED / APPOINTED GOVERNORS

Lee Golze	City of Doncaster Council	Employee DMBC - Assistant Director: Partnerships, Early Intervention & Localities: Children, Young People & Families MGMT Digital Marketing - shareholder	
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 11 MARCH 2026 AT 5:00 – 7:00PM

NEW LIFE CHURCH, SCUNTHORPE & VIA MICROSOFT TEAMS

PRESENT	
Jo Cox	Lead Governor (Chair)
Joy Bullivant	Public: Doncaster
Arun Chaudry	Public: North Lincolnshire
Andrew Flynn	Public: Doncaster
Kym Gleeson	Partner: Healthwatch Rotherham
Prachi Goulding	Staff: NL Adult Mental Health and Talking Therapies Care Group
Pippa Harder	Patient and Carer
Hannah Hall	Public: Rotherham
Kevin Hodgkiss	Patient and Carer
Sam O'Brian	Public: Rest of England
Chris Pope	Public: North Lincolnshire
Emma Price	Partner: South Yorkshire Integrated Care Board (SYICB)
Champion Solesi	Partner: Young Advisory Group
Ian Spowart	Patient and Carer
Emma Wilsher	Staff: Rotherham Adult Mental Health Care Group
Jess Williams	Staff: Children's Care Group
Kamlesh Vatish	Public: Rotherham
David Vickers	Public: Rotherham
Maureen Young	Public: Doncaster
IN ATTENDANCE	
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
Kathy Gillatt	Non-Executive Director
Philip Gowland	Director of Corporate Assurance and Board Secretary
Carlene Holden	Director of People and Organisational Development
Toby Lewis	Chief Executive
Dr Rumit Shah	NeXT Director
PUBLIC/STAFF	
Susan Black	Corporate Assurance Officer (Minutes)
Alexia Dibdin	Young Advisor
Leana Gater	Staff - Senior Project Manager, Children's Care Group
Chloe Jones	Project Support Administrator Children's Care Group
Kate Jones	Director of Nursing Children's Care Group
Paul Kincell	Volunteer – Corporate Assurance
Lisa McIntyre	North Lincolnshire with me in mind team
Jo Webster	The Value Circle
Anuoluwa Olubowale	Young Advisor

Minute Ref		ACTION
COG 01/03/26	<p>Welcome Jo Cox, Chair, opened the meeting and welcomed all attendees.</p>	
COG 02/03/26	<p>Quoracy and Apologies for Absence Jo declared that the meeting was quorate.</p> <p>Apologies were received from Governors, Dr Michael Seneviratne, Lee Golze, Mabrookah Agbabiaka, Richard Rimmington, Baz Cooper, Bob Foster, Jennie Gaul and from members of the Board Dr Jude Graham Pauline Vickers, Dr Diarmid Sinclair, Simon Sheppard and Dave Vallance</p>	
COG 03/03/26	<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 04/03/26	<p>Minutes and Actions of the Previous Meeting Held on 10 December 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 month under COG 04/12/25 and on page 10 to change a name to Richard B in COG 07/12/25</p> <p><i>Post meeting note the alterations to the minutes were completed.</i></p> <p>The Council of Governors reviewed the action log, updates were noted and the propose to close actions agreed.</p>	
COG 05/03/26	<p>Young Advisors Group. What do we do and Why do we do it? Champion gave a presentation that outlined how young people, as governors, could bring fresh perspectives to RDASH, help shape policies, and ensure the trust remained accessible to the next generation. The discussion emphasised the desire for young people to have a voice at board level and to contribute to committees, not just as observers but as active participants in shaping the organisation.</p> <p>Young advisors were working with the Children’s Care Group Senior Leadership Team on Promise 7, in helping with increasing access to Children and Adolescent Mental Health Service (CAMHS) for children from black and ethnic backgrounds. In respect of Martha’s rule the group participated in consultation with Chily Pep, a charity dedicated to raising the voice of children and young people. Work had also been undertaken with the communications team to design the young advisor’s imagery. A 7 point plan was in place which covered, waiting times, bullying, school buses, careers within the NHS, school and teacher education, cultural stigma around mental health and knowledge and understanding of RDaSH services within schools. Champion explained that involvement in the young advisors group helped build confidence and by becoming volunteers of the trust gain exposure to career paths in the trust. The governors discussed the challenges young people face in accessing work experience within the NHS, noting that current processes were informal and</p>	

	<p>often rely on personal connections. There was agreement on the need to formalise and improve work experience policies to make opportunities more accessible, especially for underrepresented groups.</p> <p>Jo asked Leana about the work of the young advisors. Leana confirmed that their work was centred around Children’s services with a view to wider involvement across the trust. Champion had an interest in Research, and this was an area that they would like to become involved with.</p> <p>In respect of policies Carlene mentioned that she had been working with young advisor Alex on the work experience policy. This process was not quite right and being developed further.</p> <p>Toby acknowledged that young advisors as committee members would help shape how the trust works. Having attended a meeting with Roberta Radcliffe Birds where there were discussions regarding black minority ethnic communities and how the trust worked with parents. It was recognised that parents different perceptions of mental health may act as a possible barrier to access. Also, Toby had met with the young advisors where 85% of conversation was regarding bullying in school. In response to these concerns, conversations would be held with schools to establish how the trust could support this. Toby would welcome the young advisors thoughts and comments on bullying.</p> <p>Pippa inquired about the geographical scope of the youth advisory group, leading to clarification that the group operates in Doncaster and Lincolnshire, with plans to expand activities in Rotherham and link with other local youth groups to address shared challenges such as bullying and access to mental health. Leana confirmed that access to mental health services was to be piloted in Rotherham, Pippa expressed an interest to be involved with the pilot. Governor Emma W would be keen to become involved and help support. Toby informed the group of the initiative to do some tik tok videos for schools on the different aspects of the services and would encourage feedback to help develop these further.</p> <p>A community leadership executive being developed and members were currently being recruited. Toby felt that this would be a good forum for the young advisors and governors to become involved with.</p> <p>The group discussed the potential for reverse mentoring, where young people could mentor older staff and governors, and the importance of adapting meeting times and formats to facilitate youth participation, including the possibility of young people joining assurance committees and influencing leadership structures.</p> <p>The group acknowledged Champion’s informative presentation and the discussion this raised.</p> <p>The Council of Governors received and noted the paper for information.</p>	<p>Young Advisors</p>
<p>COG 06/03/26</p>	<p>Transitional Care Update, Children’s Services Kate described the strategic leadership undertaken to improve transition pathways, including the rewriting of the CAMHS to adult mental health policy in collaboration with clinical colleagues and young people, formal consultation with stakeholders, and the launch of the new policy, with an audit planned to monitor its use.</p>	

A transitions worker role had been piloted in Rotherham, funded jointly by adult and children's services, with feedback being gathered to inform improvements. Peer support workers had been introduced across children's services, with investment to achieve full coverage and support the transitional journey.

Online surveys and forums were used to gather feedback from young people about their transition experiences, which informed policy changes. Plans were outlined to establish drop-in forums and further develop transitional support roles, ensuring ongoing engagement with young people and continuous improvement.

Kate presented anonymised examples illustrating both successful and problematic transitions, highlighting the importance of early planning, joint working, and continuity of care, as well as the risks and negative impacts when transitions were poorly managed or referrals were delayed.

The focus currently had been in CAMHS, there were also three further Care groups developing transitional services. Richard C advised the governors that Talking Therapies would be presenting their work on transition at the next Council of Governors meeting in June and the other care groups would follow. The care groups plans were set out in the slides and available for the governor view and hold the care groups to account.

Chris raised concerns about neurodiverse service provision, especially in North Lincolnshire. Kate and Richard explained that post-attention deficit hyperactivity disorder (ADHD) treatment services previously paused by North Lincolnshire and Goole NHS Foundation Trust (NLAG) were being recommissioned by the Integrated Care Boards (ICBs). This service was to be delivered by RDASH, with plans to integrate assessment and treatment services and transfer existing cases.

The group discussed the implementation of shared care models, where GPs and community pharmacies would play a greater role in medication reviews and ongoing support, aiming to reduce the need for clinic visits and improve accessibility for families.

Toby emphasised the importance of clear communication with families during the transition of service provision, with plans to initiate contact and provide ongoing updates to manage expectations and support families through changes. A significant investment of £1.2 million for neurodiversity services was noted, with additional resources being redirected to areas with higher prevalence and longer waiting lists, such as Rotherham, to address disparities and improve service delivery.

The age and time taken to transition was raised by Rumit who explained that these issues were also experienced in acute services. Rumit asked what training and engagement was undertaken. Kate advised that this was a topic under review by the physical health team and an age of 14 had been suggested, Kate advised that the transition needed to be specific to each child. Pathways were in place and outside providers would support.

Arun highlighted that some children had been in CAMHS for years and some were geographically challenged. Kate advised that Microsoft Teams was used to make contact and when required personal visits would be undertaken before discharge.

	<p>The Council of Governors received and noted the paper for information.</p>	
<p>COG 07/03/26</p>	<p>Organisational changes in March, April and May 2026</p> <p>Toby explained the timeline and rationale for the organisational change, including the need to cut £10 million from the finances, the completion of staff consultation, and the decision-making process involving a steering group and clinical group. The change process would be complete by the end of March 2026.</p> <p>Alternative ideas and questions had been suggested during the consultation process, and changes had been made to approximately 12 of the 50 planned projects. The projects included, merging the health and wellbeing pathway into the community mental health pathway in Rotherham, this was consistent with the service in Doncaster. The unplanned chaperone arrangements would be removed, where two colleagues visited patients at night. Other devices were in use for safety, and each visit would be risk assessed. The procurement service would be outsourced.</p> <p>The organisational changes affected approximately 46 roles, this was down from the initial estimate of 62, with efforts focused on redeploying affected staff to suitable alternative positions within the organisation, maintaining pay protection where necessary. Toby clarified that there was no vacancy freeze.</p> <p>Hannah asked if the redeployment jobs would be of the same banding. Toby advised that where the band was lower the salary would be protected. Richard C confirmed that when the band was lower and vacancies of the original band become available they would be made aware of this by Human Resources.</p> <p>The consultation phase had now been completed, Phase two, the redeployment phase would conclude at the end of March 2026. Implementation would commence in April 2026. There were key performance indicators that had to be met following implementation, and these would be monitored by the quality committee. Successful implementation would require changes in behaviour and working differently.</p> <p>Look ahead our challenges included filling the rehabilitation unit and high sickness rates. Sickness would be managed and when appropriate colleagues would be encouraged to take a role more suitable for their condition until they are able to return to their original role.</p> <p>The governors appreciated the transparency of Toby's recent email regarding the changes and David commented that the overall communication of the changes had been particularly good and better than other trusts and ICBs in the same position.</p> <p>Thanking Toby for his email Emma voiced her concern regarding patient safety with the current vacancies and sickness. The vacancies for her team were on the Trac system and Toby assured her that they would be open and available to be filled. Emma enquired if redeployment colleagues were able to take higher band positions and it was confirmed that they could additionally Toby confirmed that in respect of productivity, this would be addressed with individuals where necessary however the trust would not compromise patient care above productivity.</p> <p>The Council of Governors received the presentation for information.</p>	

<p>COG 08/03/26</p>	<p>RDASH Performance, Committee Reports (from Committee Chairs and Governor members) Governors attend as members of four of the Committees. This aligns to Promise five. Philip proposed that in future the current committee report was replaced with the reports to made by the committee to board. Included in Pack B.</p> <p>Phil also invited the governor committee members to comment on the committees.</p> <p>People and Organisational Development Committee : Rachel B informed the governors that Sarah Fulton Tindal would be taking over the chairing of the committee going forward. Rachel thanked Ian and Richard for their attendance and input.</p> <p>Public Health, Patient Involvement and Partnerships (PHPIP) Committee: Richard F advised the governors to review Toby’s promises update which was included in pack B.</p> <p>Quality Committee (QC): Hannah reiterated concerns about the accessibility and governance of patient information on the RDASH website, noting the lack of a formal review process and inconsistent naming of services. Toby acknowledged the issue raised by Hannah.</p> <p>Mental Health Act (MHA): David V highlighted the need for awareness of the changed being implemented over the next few years. The group discussed the phased implementation of the new Mental Health Act, recognising the need for ongoing education and committee updates as different elements are introduced over the coming years. Toby advised that there would be a presentation on the subject at the next MHA meeting.</p> <p>The Council of Governors accepted and noted the Committee papers.</p>	
<p>COG 09/03/26</p>	<p>Trust Update Regular Reports The Council of Governors received and noted the Chairs report, there were no additional comments.</p> <p>Chief Executive’s Report The governors were invited to raise questions on Toby’s report.</p> <p>The celebration of the opening of the Elizabeth quarter building in North Lincolnshire, the services now need to extend beyond 17:00 as intended. There were sixteen consultancy spaces in the building which also need to be used.</p> <p>Toby explained that the Community Leadership Executive, a new group run by the voluntary sector, had recruitment underway for representatives from each locality, aiming to enhance community engagement and influence within RDASH. Governors were invited to express interest in joining or promoting the executive.</p> <p>In respect of the mandatory training Jo asked how non-compliance would be addressed / enforced. This was one of three items that colleagues were required to complete. The other two were appraisals and reading of policies. Non-conformance would be addressed first by email, requesting compliance by 1 July 2026. Following this pay progression and employment within the</p>	

	<p>organisation would be considered. Toby emphasised that mandatory training was essential for team safety and effectiveness, particularly in areas such as fire safety and restrictive interventions, and that enforcement would require a cultural shift to ensure compliance.</p> <p>Hannah raised that ADHD post diagnosis in Rotherham had been on a back burner. Toby disagreed with Hannahs statement, however agreed that more support was required and funding was moving to this area in the spring. This matter had not been helped by ICB disinvestment in Rotherham.</p> <p>Shared lives care was raised by Chris and asked if RDaSH was involved. With the changes in the ICB this would be followed up with North Lincolnshire in the spring.</p> <p>Maureen raised concerns about the lack of support and information for parents of very young children showing signs of ADHD or autism, Toby took this sensitive issue away as it required balanced advice.</p> <p>The Council of Governors received and noted the report.</p>	
COG 10/03/26	<p>Governor Activities</p> <p>Phil highlighted the many activities undertaken by the governors. Following the recent survey there was considerable interest from the governors in committee membership. This would be followed up in the coming weeks.</p> <p>The Council of Governors received and noted the report.</p>	
COG 11/03/26	<p>Any Other Business</p> <p>Jo referred the governors to the paper regarding the reappointment of Kathy Gillatt to the position of Non-Executive Director for a further term of three years. The council of governors approved the reappointment of Kathy to the NED position for a further 3 years.</p> <p>In closing the meeting Jo thanked Champion for her presentation and Alexia for confirming her interest in becoming a governor for North Lincolnshire.</p>	
COG 12/03/26	<p>Public Questions</p> <p>No public questions had been received.</p>	
COG 13/03/26	<p>Date, Time, and Venue of Next Meeting</p> <p>Wednesday 10 June 2026 at 5pm Doncaster</p>	

COUNCIL OF GOVERNORS MEETING – ACTION LOG

REF	AGREED ACTION	OWNER	PROGRESS	OPEN / CLOSED
COG 09/03/26	Trust Update Regular Reports. Toby invited governors to join the new Community Leadership Executive group and provide an expression of interest to Phil.	PG / Governors	Chris Pope, representing North Lincs Parent Forum has been appointed to the Community Leadership Executive	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. Verbal update at the Mays meeting by the Chief Nurse.	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
COG 05/03/26	Young Advisors Group– What do we do and Why do we do it? Young advisors to provide thoughts and comments on bullying in schools and how the NHS could support this. Governor involvement with the pilot to expand youth groups into the Rotherham to assist with the access to services.	YA/LG	The youth group scheduled to discuss this item had been postponed until 9 June 2026, therefore the action would be addressed at this meeting.	Open



**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

Transitions for Care Leavers

Dr Susannah Parker

High Mental Health Disorder

- **High prevalence in care leavers**
- **Around 46% of care leavers have an identified mental health concern**
- **Some research suggests 50%–80% of care-experienced young people have mental health difficulties [**
- **65% of those identified as needing support receive no services**
- **In England, ~1 in 5 (20%) of young people have a probable mental disorder**
- **Care leavers have significantly higher prevalence and unmet need compared to peers.**

Suicide and Self-Harm Risk

- Care-experienced young people have **higher risk of suicidal ideation and behaviour** than peers
- In the UK, young adults with care experience have been shown to have **up to 9 times higher risk of death by suicide** compared to those without social care involvement
- Around **1 in 4 care leavers experience a mental health crisis** after leaving care

Context (population level)

- Suicide rates in young people (10–24) in England increased by **over 20% across the last decade**
- Transition is a **high-risk period for self-harm and suicide**, particularly for care leavers

Why Transitions Matter for Care Leavers

Care leavers experience significantly higher rates of mental health need, unmet support, and suicide risk. Given that only a minority successfully transition to adult services, implementing NICE-compliant, trauma-informed transitions is critical to reducing harm, maintaining engagement, and improving long-term outcomes

- **Up to 80% prevalence** of mental health need
- Increased exposure to **trauma/ ACES**
- **Markedly higher suicide risk (up to 9x higher)**
- High levels of **unmet need (65% without support)**
- Only **25% successfully transition to adult services**

→ Without effective transition:

- Increased **self-harm / suicide risk**
- **Disengagement from services**
- Worsening **long-term outcomes**

What Good Transition MUST Include

NICE Guideline NG43 (2016): Transition from children's to adult services

NICE defines transition as:

- A “purposeful and planned process” supporting young people moving to adult services [england.nhs.uk]

Key NICE requirements:

- **Early planning** (before transfer)
- **Person-centred approach** (involving young person and carers)
- **Joint working between CAMHS and AMHS**
- **Named lead professional responsible for transition**
- **Continuity and follow-up after transfer**
- **Holistic approach** (health, social care, education, housing) [nice.org.uk]

NICE focus:

- Improve **experience, safety, and outcomes**
- Ensure **support before, during, and after transition** [nice.org.uk]
- Transition is a **clinical process, not an administrative handover.**

Model Transition Pathway for Care Leavers and enhanced Access

(Aligned with statutory duties under the Children Act 1989, Children Act 2004, and Children and Social Work Act 2017)



PURPOSE

The purpose is to ensure a safe and trauma-informed transition to adult mental health services.



ELIGIBILITY & SCOPE

- Including T5des
- Neurodevelopmental
- Mood disorders
- Psychosis
- Complex trauma / PTSD
- Self-harm / suicide risk



PRINCIPLES

No Wrong Door

- Early Planning
- Joint Working
- Continuity of Care
- Trauma-Informed Practice
- Corporate Parenting Responsibility



TIMELINE & PROCESS

- Age 16-17
- Care leaver flagged
 - Transition discussion

TIMELINE & PROCESS



Interventions / Offer

- Relational model- longer term intervention- opportunity to development of relationship and understanding
- Person centred
- Tailored 1-1 therapy and groups
- Trauma stabilization and trauma therapy
- Dialectical Behaviour Therapy/ Structured Clinical Management
- Community connection
- Practical skills –OT
- Employment and occupation

Improving Transitional Care

Reducing age criteria for Talking Therapies

WHY

- Talking Therapies (TT) supports mild to moderate Anxiety and Depression disorders (including Depression, Generalised Anxiety Disorder, Post Traumatic Stress Disorder, Social Anxiety, Phobia, Obsessive Compulsive Disorder, Body Dysmorphia, Health Anxiety)
- From **June 1st 2025** TT opened referrals to 16+
- Support wider transition work between CYP and Adult Services
- Other TT services nationally started working with 16+ e.g. Kensington and Chelsea

WHAT WE HAVE DONE SO FAR (ASSURANCE)

Following SBAR :

1. DBS checks updated
2. Training/CPD
3. Internal interface meetings
4. Criteria
5. FAQ's
6. Extra supervision in place



IMPACT SO FAR

	Referral no	Entered treatment	Access % of those under 18's	Reliable recovery %	Reliable improvement %
April 2026	59 (out of 2008)	32 (out of 1404)	54.23% (69.92%)	20% (50.36%)	80% (71.49)
April 2025-March 2026	508 (out of 24077)	305 (out of 16942)	60.04% (70.4%)	36% (48.71%)	56% (68.56%)
April 2024-March 2026	210 (out of 23627)	106 (out of 15672)	50.48% (66.33%)	33% (46.59%)	56% (68.10%)

Notes:

- 16+ opened up June 2025, was seeing 17.5 prior
- Reliable recovery KPI target up to March 2026 was 48%
- Reliable improvement KPI target up to March 2026 was 67%
- Figures in bold show under 18 years data.
- Figures in brackets show whole service data.

CHALLENGES AND RISKS

- Poorer outcomes?

*A large national study led by University College London analysed 1.5 million NHS Talking Therapies records between 2015-19, including more than 300,000 young people aged 16–24.

The key findings were:

Young adults **did improve** with therapy

But they had **worse outcomes than adults aged 25–65**

People aged 16–24 were:

about **25% less likely** to achieve reliable recovery

about **17% less likely** to achieve reliable improvement after treatment.

- Accreditation/training implications – article in BACP
- Aim not to replace CAMHS/ work being done in schools and colleges, therefore low referral numbers

NEXT STEPS

- Continue reviewing outcomes
- Continue working with Children's CG
- Repeat training
- Await national guidance
- *(Research 2027 into Loneliness/Depression for young people 18-24 years olds)*



Any Questions?

RDaSH NHS Foundation Trust

Nurturing the power in our communities.



Rotherham



North Lincolnshire



Doncaster

100+ Locations
Across the Region







Clinical Services We Provide

 <p>Children & Families</p>	 <p>Physical Health & Neurodiversity</p>	 <p>Adult Mental Health & Learning Disabilities</p>
 <p>Adult Mental Health & Learning Disabilities</p>	 <p>Adult & Older People's Care</p>	

Our RDaSH Workforce



Nurses & Therapists



Doctors & Therapists



Social Workers



3,606 WTE Staff



Vacancies Reduced



NHS Professionals

Working with Our Communities



Co-Production & Lived Experience



Reducing Inequality & Barriers







Together, We Can Make a Difference

RDaSH — who we are

Trust-wide footprint across three places

 Rotherham

 Doncaster

 North Lincolnshire




RDaSH

Nurturing the power
in our communities

 **100+**
locations

 **~750k**
population

 **3,606**
WTE staff



Children's Mental Health & Physical



Talking Therapies



Mental Health Acute & Crisis

Clinical services

Care groups & directorates

Clinical Services We Provide



Children & Families



Physical Health & Neurodiversity



Adult Mental Health & Learning Disabilities



Adult Mental Health & Learning Disabilities



Adult & Older People's Care



Learning Disability and Forensic Services



Physical Health + Neurodiversity




Mental Health Community Services

Examples: wheelchair care • continence • diabetes • perinatal support • community IV therapy • virtual ward

Workforce


Multi-disciplinary




Chaplaincy




Allied Health Professionals



Nursing



Medical




Psychological Professions



Social Work



Finance



Volunteers



Workforce / HR / training




Pharmacy

Our RDaSH Workforce




Nurses & Therapists Doctors & Therapists Social Workers


3,606 WTE Staff Vacancies Reduced NHS Professionals



Admin



Peer Support




Estates



IT & Informatics

3,606 average WTE staff

<100 vacancies (approx.)

 monthly learning half-days

Less known facts — image wall

Source: Annual Report & Accounts 2024/25; Annual Quality Account 2024/25

Symbols first; short labels



1999 formed



2007 Foundation
Trust status



2010 expanded



100+ sites



£271m income



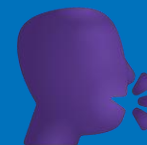
Flourish CIC



Charity £1.8m



ICB Eating Disorder lead
(2021)



Care Opinion
35k+ views

Community partnership — trust-wide

How we need to work together in partnership to help deliver the 28 Promises



Remove barriers

Co-produce priorities

Learn together & improve

Peer support
+ poverty-proofing
+ access (travel support)

Feedback routes
(Care Opinion)

Things we think we are truly good at!



4 week waits

(excluding neurodiversity)



Skilled staff

Our staff are trained and supported to do their best because we invest in their learning!



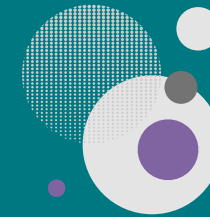
Working with people in a more meaningful way.
We design services with people who use them



Phoenix – enabling people to come home for their care



£3m on our promises and strategy including investment in partnerships



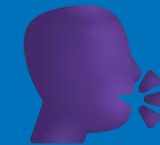
Our focus upon seldom heard voices and diversity in our workforce and our service provision.



Our commitment to paying the real living wage and contracting with those who do the same



Our research, including our patient research ambassadors and our commercial partnerships – which advance care for our populations and others



our increased feedback means we can listen and improve

Things we know we need to improve



Consistent care
planning



Our digital approaches



Timely
Documentation



Working together
with primary care



Anti-Racism



Our consistency of
approach

Rotherham Doncaster and South Humber NHS Foundation Trust

Council of Governors

10 June 2026

Item 7 - Ambient Loop (estate heating green plan) Jo McDonough Director of Strategy

Presentation

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Committee Reports	Agenda Item	Paper F
Sponsoring Executive	Philip Gowland Director of Corporate Assurance		
Report Author	Philip Gowland Director of Corporate Assurance		
Meeting	Council of Governors	Date	10 June 2026
Suggested discussion points (two or three issues for the meeting to focus on)			
The report is presented as a standing agenda item at each meeting to ensure the Council of Governors awareness to any escalation from the committee to board.			
Escalations were raised by 3 committees: Quality Committee raised Lithium Prescribing and Monitoring also Safer Staffing Annual Report and Establishment Review Mental Health Act Committee raised Mental Health Act and Reducing Restrictive Interventions Training Compliance Data Analysis Public Health, Patient Involvement and Partnerships Committee raised the slow progress on certain inequalities related promises, notably promise 8, 9, and 10: a focus on this through risk registers and delivery reviews is needed.			
A key risk was raised by the Trust People Council in respect of trust culture			
Previous consideration (where has this paper previously been discussed – and what was the outcome?)			
Committee papers were presented to each public Board meeting			
Recommendation (delete options as appropriate and elaborate as required)			
The Council of Governors are asked to:			
NOTE the committee papers			
Alignment to strategic objectives (indicate those that the 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
Alignment to the plans: (indicate those that this paper supports)			
Estate plan			X
Digital plan			X
People and teams plan			X
Finance plan			X
Quality and safety plan			X
Equity and inclusion plan			X
Education and learning plan			X
Research and innovation plan			X
Trust Risk Register (indicate the risk references this matter relates to against the appropriate risk appetite)			
People risks			
Planning and Supply	Moderate Tolerance	We will take calculated risks in developing new workforce pipelines and sourcing models, provided staffing remains safe and sustainable.	X

Capacity	Low Tolerance	We accept only minimal risk in having the right number and mix of staff; unsafe or inadequate coverage must be escalated immediately.	X
Well-being and Retention	Low Tolerance	We have low tolerance for working conditions or practices that may compromise staff wellbeing, morale, or retention.	X
Capability and Performance	Low Tolerance	We accept only minimal risk that staff lack the skills, training, or supervision required to meet clinical or operational standards.	
Financial risks			
Financial Planning, CIP & Sustainability	Low Tolerance	We accept minimal risk in financial planning and cost improvement initiatives; budgets must remain balanced, and sustainability protected.	
Counter Fraud	Averse	We have no tolerance for fraud, bribery, or corruption; all suspicions must be reported and addressed.	
Financial Control and Oversight	Averse	We do not tolerate breaches of financial control or non-compliance with reporting and oversight requirements.	
Patient care risks			
Clinical Safety	Averse	We do not tolerate risks that could result in avoidable harm or serious compromise to patient safety.	X
Quality Improvement	High Tolerance	We support innovation and experimentation in quality improvement, accepting some controlled risk in pursuit of better outcomes.	
Learning and Oversight	Low Tolerance	We accept minimal risk in the operation of governance, audit, and learning systems that assure care quality.	
Patient Experience	Moderate Tolerance	We are willing to take limited risk to improve experience where dignity, communication, and outcomes are protected.	
Performance risks			
Emergency Preparedness	Moderate Tolerance	We tolerate limited, well-managed risk to improve resilience and emergency response capability through ongoing learning and stress-testing.	
Capacity & Demand	Low Tolerance	We accept minimal risk of demand exceeding capacity; service delays or access issues must be actively managed.	
Estates, Equipment & Supply Chain	Moderate Tolerance	We accept limited risk while modernising our estate or reconfiguring supply chains, provided patient safety is not compromised.	
Information Governance	Averse	We do not tolerate breaches of information confidentiality, integrity, or availability.	
Digital Infrastructure & Cyber Security	Low Tolerance	We accept minimal risk to core digital infrastructure and cyber defences; outages or vulnerabilities must be minimised and quickly addressed.	
External and partnership risks			
Change and Improvement Delivery	Moderate Tolerance	We are prepared to accept limited risk in delivering improvement programmes or transformation, provided governance remains effective.	X
Legal & Governance	Averse	We do not tolerate breaches of legal duties, regulatory obligations, or governance standards.	X
Partnership Working	High Tolerance	We are open to new partnerships and collaborations, accepting uncertainty where aligned to strategic goals and public benefit.	
Regulatory	Averse	We do not tolerate non-compliance with regulatory standards and reporting obligations.	
Delivering our promises	Low Tolerance	We accept minimal risk in failing to meet agreed commitments to our partners and communities; delivery must be reliable and transparent.	
Strategic Delivery Risks (indicate those that this paper supports)			
If our 'changed ways of working' with the diverse population (inc excluded communities) are not delivered by 2027 because of the leadership's inability to identify, communicate and engage then it will lead to a loss of confidence locally and likely non-delivery of SO1			X
If we do not execute plans to consistently create, use and respond to data inside our services and with others because our leaders lack the time, skills or diligence to see through specific changes or are			

distracted by 'wider system' priorities then this will lead to a lack of precision in how the Trust reshapes services							
If we cannot agree with local GPs and the wider primary care leadership how to coordinate care at HCT/PCN/neighbourhood level because there is not the skill to change, or confidence to experiment in both parties; or funding models are restrictive then we cannot deliver our new community offer with the effectiveness that our strategy requires and shared care will not be achieved and patients will suffer harm.							
If seven-day working and other bed-based service alterations are not implemented fully because of resistance, inflexibility or affordability - with colleagues able to move elsewhere (where such difficulties are not occurring) then we will continue to place patients out of area and see severe stress and burnout; and increased turnover, among our own employees.							
If we do not achieve the step-up in institutional and system capability to deliver multiple time-bound simultaneous changes with impact by 2027 because we do not develop and practice the skillsets required to make change occur then the Trust's strategy will not achieve what it has promised and we will face reorganisation, frustration and turnover among employees							
System / Place relevance (advise whether it is national, regional or local)							
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	X	If 'Y' date completed	
Appendix (please list)							

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Finance Digital and Estates Committee	Agenda Item	Paper I
Committee Chair	Pauline Vickers, Non-Executive Director		
Lead Executive	Simon Sheppard, Director of Finance and Estates		
Date of meeting:	22 April 2026		
Attendees:	Pauline Vickers (Chair), Rachael Blake, Richard Chillery, Carlene Holden, Simon Sheppard, Sarah Fulton Tindall, Ian Spowart		
Matters of concern or key risks to escalate to the Board:	None		
Key points of discussion relevant to the Board:	<p>Briefing on the final terms of the Waterdale lease 25 year lease was signed on 31 March 2026; with funding confirmed as previously reported to Board including £5.2 CDEL with refurbishment via the Trust's capital funds, NHS England and City of Doncaster funding. Also, as discussed with Board, the head lease has break clauses at 1 year (and 3 years under a defined circumstance). The risk profile remained very low, reflecting the level of investment in Doncaster city centre, the expected timescales for any potential political change and the low probability of legal challenge and emphasised the importance of being risk aware.</p> <p>Month 11 Financial Performance Report Draft pre-audit year-end position would be £646k surplus – thereby delivering the income and expenditure plan, capital plan (small agreed overspend), cost improvement plan and the better payment policy compliance (paying our suppliers within 30 days).</p> <p>2026 to 2027 Financial Plan Submission of a breakeven plan for 2026 to 2027, with all directorate budgets approved and loaded to the financial ledger in April. The plan includes cost pressures and a challenging cost improvement programme alongside agreed income assumptions. Key risks related to safe delivery of the pharmacy scheme, uncertainty of income linked to service activity (high dependency unit), pay and non-pay inflation particularly regarding utilities.</p> <p>Medium Term Financial Plan including underlying position Continued improvement in the underlying financial deficit over several years was noted (from £16m to £6.3m for the end of 2025 to 2026 financial year), with break even position at the end of 2026 and 2027. The Committee discussed the impact of national assumptions and internal efficiencies required to sustain this position alongside the potential opportunity from deconstructing block contracts to ensure appropriate funding for activity delivered</p> <p>Trust Procurement Function Development Progress continues towards a shared procurement function with early engagement and planning completed and further approval required through Sheffield Health Partnership University NHS Foundation Trust's Board meeting at the end of May 2026. Risks related to delays in governance, staff uncertainty during transition and maintaining service continuity. The current timeline showed the transfer taking place in July 2026.</p> <p>Estate Enabling Plan Supporting the integrated overview of the estates programme, a detailed project plan was being developed working back from Board approval of the full business case in summer 2026, with external capacity being sought to support its preparation alongside a Trust core</p>		

team. The programme would be delivered through a series of workstreams, including agreement of the site boundary and therefore the land to be retained, progression of sale and leaseback transactions with legal support, further development of the frailty centre proposals, and a specific focus on Rotherham to unlock elements of both the Tickhill Road and wider Doncaster estates.

Health and safety statutory compliance

This paper had provided assurance on compliance with statutory health and safety requirements, noting improvements in assurance processes and completion of key assessments. All fire risk assessments had been completed by the end of March 2026 with ongoing actions monitored by the Head of Estates.

Cyber security

This paper, received at Board in March 2026, confirmed strong performance in responding to national security alerts, completion of system upgrades and progress in strengthening monitoring and supplier assurance; with additional investment planned to strengthen these controls further.

Trust Standing Financial Instructions and Scheme of Delegation Annual Review

This paper had confirmed that the annual review had been completed with only minor amendments required to the transfer of roles following the retirement of the Director of Health Informatics.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Audit Committee	Agenda Item	Paper E
Committee Chair	Kathryn Gillatt, Non-Executive Director		
Report Author	Phil Gowland, Director of Corporate Governance		
Date of meeting:	8 April 2026		
Attendees:	Kathryn Gillatt (Chair), Pauline Vickers, Dr Richard Falk		
Matters of concern or key risks to escalate to the Board:	None		
Key points of discussion relevant to the Board:	<p>Counter Fraud Bribery and Corruption Progress Report: demonstrated increased referrals and investigations, evidence of a strengthening anti-fraud culture reflecting improved staff awareness, with discussion focusing on proportionality, learning and embedding organisational controls. Approved the Draft Annual Counter Fraud Plan 2026/27.</p> <p>Internal Audit Progress Report: confirmed significant assurance for Strategic Delivery Risk Management and a moderate assurance outcome for safer staffing, noting strong inpatient arrangements and developing community frameworks. Approved the Draft Internal Audit Plan 2026/27 and amendments to audit scheduling, including deferral of one audit into 2026/27 without undermining overall assurance.</p> <p>Interim Head of Internal Audit Opinion 2025:2026: confirmed a position of significant assurance for 2025/26, supported by strong implementation of high/medium risk actions.</p> <p>Clinical Audit Progress Report: confirmed broad delivery of the programme with measurable quality improvements; concern was raised regarding the prolonged delay in completing the rapid tranquillisation audit.</p> <p>External Audit Plan for the 2025/2026 annual Report and Accounts: provided assurance on scope, key risks and readiness for year-end</p> <p>Risk Management Framework: highlighted increasing maturity, with requests to strengthen thematic insight and reporting clarity of mitigation impact.</p> <p>Education Governance Report: highlighted positive external feedback and the need for clearer outcome-focused assurance. Apprenticeship levy utilisation exceeding 100 per cent for the first time.</p>		

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Mental Health Act Committee	Agenda Item	Paper F
Committee Chair	Maria Clark, Non-Executive Director		
Report Author	Dr Diarmid Sinclair, Chief Medical Officer		
Date of meeting:	22 April 2026		
Attendees:	Rachel Blake, Dr Jude Graham, Dr Diarmid Sinclair, David Vickers.		
Matters of concern or key risks to escalate to the Board:	<p>Mental Health Act and Reducing Restrictive Interventions Training Compliance Data Analysis</p> <p>The paper reported that compliance with Mental Health Act Level One training remained consistently high across the Trust and had been sustained at over 90%. Compliance with Mental Health Act Level Two training continued to improve and reached over 95% by March 2026, reflecting the better use of protected learning time. In contrast, compliance with Mental Health Act Level 3 training remained below expected levels despite improvement to just under 80%. Attendance issues and staff booking training far in advance while remaining out of date were identified as continuing challenges. Compliance with reducing restrictive interventions training declined further to just over 76%, despite ample training capacity being available. The discussion confirmed that the issue related primarily to operational pressures and engagement rather than access to training. Clear expectations were reinforced that all mandatory training requirements applied consistently across services, with strengthened oversight and escalation mechanisms in place.</p>		
Key points of discussion relevant to the Board:	<p>Blanket Restrictions Biannual Report</p> <p>The paper described the trust position on the use and oversight of blanket restrictions and reported that 39 relevant incidents were recorded during the reporting period, predominantly within a small number of acute inpatient wards. The most frequent cause was the discovery of illicit substances, resulting in proportionate and time limited ward safety actions. No new medium or short-term blanket restrictions had been introduced since the previous report.</p> <p>Reducing Restrictive Interventions</p> <p>The paper presented restraint, seclusion, and violence and aggression data for January and February 2026. The number of restraint incidents increased between the 2 months, influenced by patient movement and the inclusion of additional wards in reporting. A small number of patients accounted for a significant proportion of restraint activity, and in each case escalation actions were undertaken, including specialist review and placement changes, after which incidents reduced. No prone restraint was used during the period. The number of seclusion episodes remained stable, although a rise was noted in the following month. Incidents of violence and aggression increased, with most resulting in no or minor harm. Concerns were raised regarding variability in documentation quality and post incident physical health monitoring.</p> <p>Mental Health Act Compliance Report</p> <p>The paper confirmed that the Trust processed 409 detentions during the quarter. Two unlawful detentions occurred due to documentation errors, both of which were identified promptly and addressed. Amendments were required on a minority of detention papers, mainly for minor administrative issues. Medical scrutiny compliance remained very high. Performance in assessing capacity to consent to medication at admission varied by locality, with stronger performance in Doncaster</p>		

than in other areas. At the statutory 3 month point, all required consent to treatment forms were in place, although completion of internal capacity documentation remained inconsistent.

Compliance with informing patients of their rights under Section 132 was lower in Rotherham compared with other localities, and further work was underway to improve both practice and reporting accuracy. Section 17 leave processes had been revised during the period and discharge requirements were met in all cases.

Mental Health Act Performance Report

The paper provided an overview of Mental Health Act activity and performance. Detention rates were highest in Doncaster, reflecting service demand and patient flow. Section 136 activity was monitored closely, with occasional temporary closures of assessment suites due to operational reasons. One under 18 admission to an adult mental health bed occurred, alongside a small number of admissions to acute general hospitals. There were no absences without leave from low secure services, no medication related Mental Health Act incidents, and strong compliance with seclusion medical review standards. Several Mental Health Act policies remained overdue for review, and recruitment to a specialist management role was underway to address this. The recent legislative changes to the Mental Health Act were noted as having long term implications requiring ongoing strategic oversight.

Care Quality Commission Mental Health Act Inspections Highlight Report

One inspection took place at Sandpiper Ward, where 12 concerns were identified, most of which were addressed within agreed timescales. Remaining actions related primarily to estates works and an ongoing serious incident investigation. Across inspections during the year, recurring themes included environmental standards, maintenance delays, quality of risk assessments and care planning, access to food and drink, advocacy, therapeutic activities, and communication with families and carers.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	People and Organisational Development Committee	Agenda Item	Paper G
Committee Chair	Sarah Fulton Tindall, Non-Executive Director		
Lead Executive	Carlene Holden, Director of People and Organisational Development		
Date of meeting:	22 April 2026		
Attendees:	Richard Chillery, Carlene Holden, Steve Forsyth, Dr Jude Graham, Ian Spowart, Dave Vallance, Pauline Vickers.		
Matters of concern or key risks to escalate to the Board:	Nothing to escalate		
Key points of discussion relevant to the Board:	<p>Integrated Performance and Quality Report and Top Ten Measures</p> <p>The report showed continued pressure across key workforce measures. Retention and sickness absence remained above target (as expected), with vacancies significantly exceeding the agreed threshold and expected to persist into H1 due to organisational change. The Committee discussed the importance of triangulating a range of data to have a clear picture of workforce capacity on a given day, such as: vacancies; sickness; bank and agency information. It was noted too that annual leave, bank holidays and school holiday periods also compounded workforce availability and that a piece of work to bring all these elements together would equip the 555 to manage these things. Appraisal compliance dipped slightly and recruitment performance fell below the revised national standard following changes to reporting requirements rather than local process failure.</p> <p>Internal Audit Progress Report</p> <p>The report confirmed that audit follow up arrangements remained effective overall, with most actions appropriately tracked. Three actions sat within the committee remit, two of which were overdue. The most notable risk related to delays in updating the incident management policy and completing elements of the trust induction review, with dates scheduled to complete the work.</p> <p>Staff Survey Results Update</p> <p>Initial results indicated a continued year on year decline against peer benchmarks, despite remaining above wider national averages. Variation was evident by directorate and length of service, with newer staff reporting more positive experience than longer serving colleagues. Continued success in flexible working was noted.</p> <p>Gender Pay Gap Report</p> <p>The report confirmed statutory compliance and demonstrated a sustained reduction in the overall gender pay gap. However, the medical gender pay gap widened due to small workforce changes, highlighting fragility at senior levels. Ethnicity pay data showed a narrowing gap in favour of staff from ethnic minority backgrounds and disability data showed no current adverse pay impact. The key risk related to under representation of women in the highest paid consultant roles and the impact of the nationally determined clinical excellence awards and potential reputational impact, whilst recognising this isn't within the Trust's control.</p>		

Staff Incidents and Reporting of Injuries Diseases and Dangerous Occurrences Regulations Report

Reported incidents of violence and aggression reduced compared to the previous quarter but remained concentrated within inpatient services, driven by a small number of patients. Racist incidents reduced but continued to present a risk to staff safety and experience. Racism incidents saw a reduction by 27 in quarter 3 with 11 incidents reported in quarter 4. It was noted that Rotherham was the highest reporter of incidents and that focused work on racism-related incidents in Rotherham was planned. Several reportable injuries highlighted weaknesses in environmental controls previously marked as resolved. Claimed staffing shortages increased, reinforcing the link between workforce pressure and safety risk.

Freedom to Speak Up Six Month Update

The report demonstrated that Freedom to Speak Up arrangements were embedded with volumes comparable to peer organisations. Patient safety and workforce wellbeing remained the dominant themes, while bullying and harassment concerns reduced. A small increase in anonymous cases suggests the effectiveness of this new initiative.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Public Health, Patient Involvement and Partnerships Committee	Agenda Item	Paper H
Committee Chair	Rachael Blake, Non-Executive Director		
Lead Executive	Jo McDonough, Director of Strategic Development		
Date of meeting:	20 May 2026		
Attendees:	Dave Vallance, Joy Bullivant, Richard Chillery, Jo Cox, Dr Richard Falk, Steve Forsyth, Carlene Holden, Toby Lewis, Dr Runit Shah, Dr Diarmid Sinclair.		
Matters of concern or key risks to escalate to the Board:	The Committee noted that there is slow progress on certain inequalities related promises, notably promise 8, 9, and 10: a focus on this through risk registers and delivery reviews is needed.		
Key points of discussion relevant to the Board:	<p>Promise 2 Unpaid Carers Progress had been made in developing a consistent approach to identifying and supporting carers, supported by new systems for early identification, referral and recording. Partnership working with local authorities had strengthened, with plans for shared reporting from 2026 to monitor take up and outcomes. Development of peer support roles and increased support for staff carers were noted. Work was progressing to achieve accreditation by December 2026.</p> <p>Patient Carers Race Equality Framework Improvement had been seen following a second assessment, although most areas remained in development. 21 areas required further work to reach a stronger standard by October 2026, and 4 areas remained not started and had been escalated. Strengthening data use, partnerships, community engagement and staff awareness was identified as key to progress.</p> <p>Promises and Health Inequalities Data Report Data showed limited improvement between 2024 and 2025, with inequalities in access and outcomes continuing. Some progress was evident in specific areas, but targets had not been met and some groups remained underrepresented. A different reporting approach will be applied to distinguish: action/progress, action/no progress, inaction/ no progress.</p> <p>Aspire Partnership update The partnership remains strong, but there is a need for further focus on ensuring engagement between drug and alcohol services and the wider Trust, and on meeting a financial plan consistent with maintaining the contract beyond term. Simon Sheppard is taking on the SRO role.</p> <p>Draft Rotherham Plan 2026 2036 A decade of opportunity The committee agreed to endorse this broad local authority plan for the borough, recognising that the Trust’s work in Rotherham will continue to be defined by its own published strategy.</p> <p>Internal Audit Report Health Inequalities Significant assurance had been provided, confirming that governance, risk management and controls were generally sound. Overall arrangements were robust with minor improvements required. The committee noted that this judgment referred to governance not to delivery.</p>		

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Committee	Trust People Council	Agenda Item	Paper J
Committee Chair	Kath Lavery Chair		
Lead Executive	Carlene Holden Director of People and Organisational Development		
Date of meeting:	06 May 2026		
Attendees:	Navjot Ahluwalia, Amanda Ambler, Atique Arif, Glyn Butcher, Jennie Gaul, Prachi Goulding, Cheryl Gowland, Iona Johnson, James Hatfield, Toby Lewis, Tinashe Mahaso, Simon Mullins, Kim Shilomboleni, Susan Statter, Jessica Williams, Laura Wilshire.		
Matters of concern or key risks to escalate to the Board:	<p>Trust Culture Discussion</p> <p>A paper was received and accepted which followed the TPC away day in January: broadly the positive and negative facets of culture resonated with members. Some emphasised the importance of the latest staff survey results and pressed for a 'board response', with other colleagues favouring further work on diagnosis, difference and a sustained less reactive response: which recognised the diversity of the organisation and the key role of middle management in the solution. The focus of the Board on culture, and the involvement of networks, trade unions and others was welcomed. <i>This is a key risk rather than an escalation.</i></p>		
Key points of discussion relevant to the Board:	<p>In addition to the culture work, and some comments on the staff survey 2025, the focus was again on the Remote Agile Hybrid Working Policy which is due to launch before mid-summer.</p> <p>The paper outlined the intention to remake our approach. A series of archetypes for flexible, agile and remote working would be finalised: line managers would predominantly need to be on site. The organisation would be investing to ensure that home working met with Health and Safety legislation. The approach would allow managerial discretion but within clear annualised parameters. Importantly the final proposal will be aimed at ensuring those entering the workplace now view the Trust as leading-edge for their jobs and careers.</p> <p>There was a strong welcome within TPC for this, vociferously from medical staff attendees. Colleagues welcomed efforts to ensure that shift-based workers and others had equitable access to policies including flexible working. It was recognised that a move to not codify long term contractual changes is a different approach to what some are used to and will need during the six-month transition period careful support and introduction.</p>		

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	10 June 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 Reports to the Board on 26 March and 28 May 2026 are 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 Reports to the Board of Directors from 26 March and 28 May 2026.</p> <p>2 Promises and Priorities Scorecard from the Board of Directors in May 2026.</p>			

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

The report to the Council of Governors this month captures the meetings and events that I have attended during the period from March 2026.

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 dedication to the role with really positive attendance and engagement in multiple ways.

My previous reports have noted some changes to the Board of Directors and I acknowledge that in March we said farewell to Richard Banks, Director of Health Informatics when he retired. The majority of Richard's portfolio has transferred to Richard Chillery, Chief operating Officer, with a proportion linked to information governance to Philip Gowland, Director of Corporate Assurance.

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:

- Interviews and engagement with The Value Circle – the organisation that has been undertaking a developmental well-led review with the Trust.
- Consultant interviews
- Annual Appraisal of the Non-Executive Directors and the Chief Executive
- Recipe 4 Change as part of Learning Half Day. Meeting their representatives and learning about the community interest company based in Doncaster and what they can offer our patients, colleagues and our community
- Mental Health Network conference and the North and East Yorkshire Regional Roadshow
- Meeting with External Audit
- Quality Peer review at Magnolia Ward

And finally, just a look ahead to September time when I intend to repeat the really useful 'Coffee and Cake' sessions with Governors, so please do look out for the invitations.

Kath Lavery, Chair
2 June 2026

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

This report summarises selected important activities and results within RDaSH over the period since the last COG. Since we last met, we have begun to implement our organisational change process, having concluded consultation: we have also opened the new wards at Great Oaks and taken on the lease for Waterdale in Doncaster. I do not duplicate here *the CEO report* provided to the Board of Directors meeting in public. The March and May reports are issued with the COG papers.

Governors will recognise that the NHS structure and regulatory landscape is in flux, with processes inside ICBs, the abolition of NHS England, and new roles for 'Region'. At the same time the CQC is undergoing change, arising from the Dash Review last year, and impacted by personnel changes in their leadership. A revised National Oversight Framework is shortly due to be issued, which will provide a different suite of indicators to segment provider Trusts. Had the old indicators been retained we would rate as segment 2, because we have removed the finance override which had depressed our score to 3. It is too early to offer a view on where we will place with new indicators, not only because they are not yet defined but because the segmentation is relative to others not to a performance bar. We have had confirmation that NHS North-East & Yorkshire has agreed our provider capability assessment as amber-green, which aligns with our submission.

1. Our patients

June 1st marked **the reopening of the Great Oaks facility**, with patients who had been being cared for elsewhere being returned to site. The wards give us a fairly consistent standard of mental health ward accommodation Trustwide, following on from 2022 investment in Doncaster and 2024 investment in Rotherham. We delayed opening the new open access 'crisis' service on the site until October, as this is a major undertaking for us, intended to alter completely the emergency pathways that adults utilise in the area, moving people away from A&E. If successful of course this 24/7 service may offer a prototype to consider within South Yorkshire.

From July, we **take on responsibility for prescribing for neurodiversity in children in North Lincolnshire**. This is an inheritance from the local hospital paediatric department, and something we have long asked to do. That said, the protracted period of over a year of commissioning indecision leaves a legacy of harm and risk, which it will take some time to address. Wait times more widely in neurodiversity remain the exception to our short wait culture, albeit from October we will meet the national target of having no child waiting beyond two years (no such target exists for adult care).

Whilst we should be rightly proud of our four-week measure, and work hard to sustain it, we know that **other 'secondary' waits extend beyond that time**. This summer we are concluding scoping and planning work to begin to address this against an aim that all waits will be inside the 18-week standard (even though mental health waits remain uncounted nationally against this measure). It will take to spring 2027 to address in full some backlogs, which largely sit in psychology pathways.

The Board has carefully considered a now annual review of **our most serious harms and patient safety incidents**. The themes in 2025 were similar to those from 2024, and include a need to make more timely the documenting of care (a significant finding from the Prevention of Future deaths notice issued by the coroner), and to improve communication, as well as to ensure physical health monitoring in mental health wards is to the standard needed.

The critical step to improving safety within the Trust, and certainly to satisfying regulatory expectations, is to ensure a consistent approach to care planning Trustwide. A lot of time has been spent training people in the DIALOG+ approach, and adoption is improving. It is consistently at or close to 100% in our wards, but the work to achieve this throughout community services will be important during Q2, as it has been over recent months. To be explicit patients typically do have documentation in a form, but **the change here is for that form to be Trustwide and consistent**. DIALOG+ works across care settings and is held and owned by the patient.

2. Our people

We know that we need to do more to improve communication (listening and sharing) within RDaSH. Since April we have begun monthly open **team brief staff sessions** (Ask, Talk, Influence), which has been well received and positively attended with over 200 people at each of the first two. The format and impact will be evaluated, and it should be stressed that this is one of multiple adjustments to how we communicate that we are trialling this year: with changes during June to our App we anticipate that will increasingly be used to give and receive feedback, and to celebrate staff who have gone the extra mile.

Peer support workers, in line with Promise 1, are a growing part of the Trust. Whilst, especially in children's services, we employ some PSWs ourselves, in the main we are sourcing peers via People Focused Group (PFG) and RAW (the new name for S62). We do now have peer access across many of our pathways, including in physical health services, and have good coverage into each of our wards as we look to ensure we offer high quality therapeutic care services across seven days.

The Board expects to implement **a significant cultural reset for the Trust**, starting from September. This reflects a continued decline in our staff survey position, with staff reacting to change, feeling poorly listened to, and expressing anxieties about the future. We know that we want to be a High Care/High Accountability organisation, because we believe that best balances delivering results for our patients, carers and communities, with providing a safe place to work staff doing difficult work. We would expect to talk the detail of this through with the Council of Governors when we next meet.

We have recently completed the bi-annual **review with NHS England of our educational provision**. As in 2024 the draft report received is immensely positive across all professions, including resident doctors. This is mirrored in our NETs survey outcomes, and in other placement feedback. The Board's annual 'education and learning' focused meeting takes place in July and through that we can reflect on the journey to a learning culture, as well as the more transactional educational outcomes we need to deliver (in line with Promise 24).

Having made progress but not delivered promise 26, we are deepening **our actively anti racist work**. Governors may recall that the Board agreed in November to shift to requiring us all to demonstrate anti-racism and taking that forward has been initially through a pilot intervention on Mulberry Ward in Scunthorpe. We will now, based on worrying incident data and other information, implement a programme of similar work on our Rotherham site.

Tackling sickness absence is a major priority for 2026. With around 200 staff absent at any given time, this is a major driver of workplace stress/workload. We are clear that more diligent implementation of the 2025 wellbeing and sickness policy will help, allied to some procedural changes in how occupational health works, and potentially how we undertake HR processes (substantially speeding them up). One of the biggest interventions will be to try and return unwell long term sickness staff to different spaces within or beyond the Trust, so that we do not institute a pattern of very long-term absence, which can often be difficult to return from.

3. Our partners and populations

In March and in May the Board has agreed in principal key work associated with our estate: accepting an outline case for the changes we plan to make to the estate and adopting a recommendation that we will seek to **introduce an Ambient Loop system** onto the Tickhill Road site. This is both a cooling and heating system, is extendable, and has potential to be sold to local residents too. It is the key step by 2028 to tackle our dependence on gas, which currently drives up our carbon emissions but also introduces price instability and inflation into our operating expenditure. During the week of June 8th, 'estate roadshows' are taking place across our sites to understand what our staff, students and volunteers want from the future estate as we look to conclude negotiations in Rotherham, and to progress a major re-scaling of the Tickhill site.

June will be the second month in which **our Communities' Leadership Executive (CoLE)** is meeting. This follows a recruitment and selection process in March and April. Sixteen VCSE organisations are working with us, with five drawn from each place. To an extent it is important that the CoLE charts its own path, but it will be an important place through which to hold us to account on key issues or concerns. Meetings rotate three times a year, and the members of CoLE have decided to structure their work to a similar rhythm intended to allow them to 'finish' things inside four meetings before moving into other things. If this body works as we might hope, and in line with Promise 5, we would hope to have real allies with us to develop the successor strategy for the Trust after 2028.

Council members will perhaps have noted that South Yorkshire ICB is to be one of two nationally where the charring arrangements will be linked to **the Mayoral Combined Authority**. This may provide a welcome focus on the longer-term preventive work we know the service and its partners need to do. At the same, Regions now have chairs, with Bill McCarthy appointed to NEY – Bill is spending time with us on July 7th.

Toby Lewis, Chief Executive – June 3rd 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 22 April 2026. The report based on April's meeting was presented to the Board of Directors in May 2026. The committee next meets on 17 June 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 8 April 2026 and on 3 June 2026. The report based on the April's meeting went to the Board of Directors in May; the output report from the June's meeting will go to the Board in July 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 3 June 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 has not met since the last report to the Council of Governors.

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Governor Activities	Agenda Item	Paper H
Sponsoring Executive	Philip Gowland, Director of Corporate Assurance		
Report Author	Philip Gowland, Director of Corporate Assurance		
Meeting	Council of Governors	Date	10 June 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 March 2026 and June 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		
	APPROVE the statement for inclusion in the Quality Account 2025/26		
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 5 vacancies of the 10 partner governor positions and work is ongoing to fill these places:

- North Lincolnshire Council
- Rotherham Metropolitan District Council
- Youth Advisory Group
- University representative
- GP Community

Vacancies have opened up for 1 patient and carer governor ,1 staff governor and we said farewell to Dean Eggitt's term as our GP governor who 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	Andy Flynn	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 F (Item 8) for more details about the Committees.

We have received expressions of interest in becoming a member of the Committees, Thank you. 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. We will aim to have this in place before the September Council of Governors meeting.

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 March meeting was attended by David and Pippa. May's meeting was attended by Ian Spowart. As part of the papers prepared for that meeting was an Easy Read document that summarises each paper succinctly and clearly – this is included for you today. Governors are invited to attend the next meeting on 30 July 2026.

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

2c Spiritual and Religious Care in the Trust March

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

David attended the Spiritual care session held on 25 March 2026. The Spiritual care workshop aims to meet the following objectives: Equip professionals involved in patient care with insight into and understanding of Spiritual and Religious needs. Raise consciousness of Spiritual and Religious Care as an essential ingredient in the provision of holistic care.

David would be interested to understand how Spiritual care was assessed / audited and if there was a Non Executive Director with a specific interest for Spiritual and Religious Care.

2d Trust People Council May

(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.

Four of the staff Governors attended the most recent meeting in May 2026 (Jessica, Laura, Jennie and Prachi).

2e 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, Joy, Emma, Mike, David, Kamlesh, Jennie and Richard.

2f Pre-Cog Meeting May

(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 Hannah, Pippa, Mark, Sam, Chris, David, Maureen Ian, Mabrookah, Allan, Joy, Emma P, and Mike.

2g Session with our new Community Development Director (Iona Johnson)and Cheryl Gowland GP Liaison Community Development June 2026

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

This was an informal chat with Iona and Cheryl to learn about the work they are involved with . Governors attending were: Jo, Pippa, Kamlesh, Mark, Maureen, Jess, Andy, Kym, Richard, Champion, and Leana.

2h Meeting with Finance Digital and Estates Committee Chair May

(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)

Andy met with Pauline Vickers the chair of the Finance Digital and Estates Committee in May. Andy is to become the new member of the committee as Richard has stepped down. In the coming months we will look to review committee membership to give other governors the opportunity to become involved.

2h Governor involvement activities – Quality Account Statement

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

The Trust will publish its Quality Account at the end of the month. Within it, the Trust will include statements from a range of stakeholders, that represent their views. These are included verbatim. We ask that the Governors read the draft report and then consider the draft statement below. A copy of the draft Quality Account is included in Pack C of today's papers".

Rotherham Doncaster and South Humber NHS Foundation Trust, council of governors statement for the year April 2025 to March 2026

The council of governors is pleased to have the opportunity to comment on the quality report for the year April 2025 to March 2026.

A range of governor engagement activities during the year April 2025 to March 2026 have allowed for activities to be attended and more opportunities for the council of governors to be involved with initiatives to promote and be aware of quality services within the trust.

Listed below are brief details of some of the ways that governors have been included and been involved.

Governors have continued their interest in priority areas - volunteering, health promotion and engagement - which have close ties to elements of the trust's clinical and organisational strategy and related Promises.

The council of governors received update reports at its meetings that included specific updates on the work of the Quality committee. This section is presented to the council of governors by the chair of the Quality Committee. During the meeting governors provide feedback and ask questions in respect of the information provided, seeking where necessary additional explanation and or confirmation to hold the non-executive directors to account and also demonstrating a keen interest in areas of work that will benefit the patients, service users, carers and staff of the trust. The Council of Governors has also received specific quality related presentations such as that regarding High Quality Therapeutic Taskforce (HQTC), the use of Care Opinion as the primary source of patient feedback; Poverty Proofing of services; and transitional care arrangements between children's and adult services.

During the year governors have attended (virtually) as members of the bimonthly Quality committee and had first-hand opportunity to see the committee undertake its business and to hear and observe the challenge, support and discussion within the committee and to see the progress made throughout the year. (strategic objective 1, promise 5).

Safety and quality priorities include the requirement for each area to have a peer review. Governors have participated in peer reviews throughout the year. Governors, alongside colleagues from the board of directors has attended reviews and had the opportunity to meet staff and patients and to see and hear first hand about the quality of service they have received, and the challenges faced by staff and their success in delivering care to those in need (strategic objective 1, promise 4).

A number of governors have attended (virtually and face to face) and observed the meetings of the board of directors held in public. This has also provided a valuable opportunity to see the wider business of the board but also to see the input to the board from the Quality committee. Governors have engaged by asking questions relating to quality matters. This relates to quality priority "to improve the experience of care and the opportunities for involvement across all care groups and corporate departments" (strategic objective 1, promise 5).

The council of governors supports the content of the report as an open and honest reflection of the trust's position, in line with that presented to the Quality committee and board of directors. It commends the work and progress made, particularly in the last 12 months towards the achievement of four week waits in services and to the reduction of out of area placements. The council of governors continues to be committed to working closely with the board of directors, staff, service users, carers and public over the coming year to support the delivery of the quality

priorities contained within the trust's clinical and organisational strategy and the achievement of the objectives and promises it contains.

The council of governors welcomes and looks forward to continuing and enhancing its work, with support from the trust, to more effectively hold the non-executive directors to account for the performance of the board of directors. This includes active discussions between governors who work with, and through, non-executive directors and learn from the good practice of other NHS trusts.

Council of Governors
June 2026

The Council of Governors is asked to APPROVE the statement, for inclusion in the Quality Account 2025/26

2i 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:

March:

16/3/26 – Catch up meeting with Kath
17/3/26 – Burnout workshop
18/3/26 – PHPIP

April:

9/4/26 – Leading with Cultural Intelligence meeting
20/4/26 – Catch up meeting with Kath
24/4/26 – Discussion with service user re concern (Valerie)
28/4/26 – Jo and Sue B catch up
29/4/26 – Meeting with Phil G to discuss service user concern

May:

8/5/26 – meeting with Dr Jude Graham re feedback from former governor
12/5/26 – Introductory discussion with Rachel Blake and Jo McDonough re PHPIP
18/5/26 – Pre-cog meeting
19/5/26 – Lunch meeting with Kath
20/5/26 – PHPIP
28/5/26 – Leading with Cultural Intelligence Meeting

June:

1/6/26 – Additional Governor meeting – guest speakers – Iona and Cheryl

3. Forthcoming Events

The next public Board of Directors meeting being held on the 30 July 2026 which governors are invited to attend.

And before then - 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
10 June 2026

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

Governor	Term End Date	Type	Where	Term
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