



COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Thursday 13 November 2025 at 15:00
via MS Teams

Chair	Suzy Brain England OBE - Chair of the Board	
Public Governors	Debbie Benson Mark Bright Andrew Flynn Lynne Logan Sheila Walsh	
Co-opted Governors	Kay Brown David Northwood Vivek Panikkar Mandy Tyrell	
Partner Governors	Phil Holmes Alexis Johnson Louise Preston	
In attendance	Yasmin Ahmed - Deputy Director of Finance Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Mark Bailey - Non-executive Director Jo Gander - Non-executive Director Emyr Jones - Non-executive Director Angela O'Mara - Deputy Company Secretary (minutes) Richard Parker OBE - Chief Executive Stephen Radford - Non-executive Director Anneleisse Siddall - Corporate Governance Officer Kath Smart - Non-executive Director Dan Spiller - Ernst & Young (agenda item B1)	
Governor Apologies:	Helen Batty - Partner Governor Colin Wallace - Public Governor Jackie Hammerton - Public Governor Gavin Portier - Staff Governor	
Board Member Apologies	Lucy Nickson – Non-executive Director Sam Wilde - Chief Finance Officer	
Public Observers	Fiona Brookes Rob Brookes David Cuckson Tracey	

		<u>ACTION</u>
COG25/11/A1	Welcome, apologies for absence (Verbal)	
	<p>The Chair of the Board welcomed governors, those in attendance and members of the public to the meeting. The above apologies for absence were noted.</p> <p>Non-executive Director, Stephen Radford was welcomed to his first Council of Governors meeting, since his appointment on 1 October 2025.</p>	
COG25/11/A2	<u>Declaration of Governors' Interests (Enclosure A2)</u>	
	Governors declarations of interest were included in the meeting papers, no new declarations were received.	
	<p><i>The Council:</i></p> <ul style="list-style-type: none"> - <i>Noted governors' current declarations of interests.</i> 	
COG25/11/A3	<u>Actions from previous meetings</u>	
	There were no actions from the previous meeting.	
COG25/11/B1	<u>Auditors Annual Report 2024/25</u>	
	<p>The Chair of the Board welcomed Dan Spiller of Ernst & Young to the meeting, to provide an overview of the external auditors 2024/25 Annual Report. Dan clarified the responsibilities of the Trust's external auditors, which included offering an opinion on the financial statements, ensuring consistency of reporting between the accounts and the Trust's annual report, verification of the remuneration report and consolidation statements submitted to NHS England.</p> <p>There had been no requirement to report by exception during 2024/25. An unqualified opinion had been offered on the Trust's financial statements, indicating they were a true and fair reflection of 2024/25 income and expenditure and the Trust's financial position as at 31 March 2025. The audit of the financial statements was completed in line with the required deadline of 30 June 2025.</p> <p>In respect of the auditors responsibilities relating to value for money, three risk areas were identified; financial sustainability, risk management (based upon an internal audit report) and the Trust's CQC rating of 2023/24 and it was confirmed that no weaknesses were identified in the Trust's arrangements. The recommendation in respect of risk management recognised an administrative dependency, with further work required to embed risk management across the organisation. The financial sustainability recommendation confirmed the need to develop plans for unidentified savings, this was confirmed by the auditors to be understood by the Trust and had been acted upon.</p> <p>In respect of the four potential areas of risk related to the financial statements, the auditors had nothing to report in respect of misstatements or overstatement of income and expenditure. However, items within the accrual balance were identified as prepayments, and whilst these errors were not significant, when extrapolated, there was a need to report as uncorrected misstatements. In respect of the final risk, valuation of</p>	

	<p>land and buildings, a recommendation had been included within the audit results report, presented to the Audit & Risk Committee.</p> <p>Kath Smart, Chair of the Audit & Risk Committee, advised the Council of Governors that a follow up report to review the auditors recommendations was scheduled to be received in early 2026. In addition, the external auditors and finance colleagues had undertaken a best practice debrief of the process to establish any required change in practice.</p> <p>Non-executive Director, Mark Bailey, confirmed that the Finance & Performance Committee’s chair’s assurance log would reflect work in respect of financial risk and scrutiny later in the meeting.</p> <p>The Chair of the Board expressed her appreciation of the external auditors’ work. As this was the Chair’s last Council of Governors meeting, Dan confirmed it had been a pleasure working with Suzy and shared his best wishes.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Received and noted the external auditors’ 2024/25 Annual Report</i> 	
COG25/11/B2	<u>Chair & Non-executive Director Appraisal Process 2024/25</u>	
	<p>The Associate Director of Strategy, Partnerships & Governance provided an overview of the annual chair and non-executive director appraisal process, led by the Senior Independent Director and Chair of the Board, respectively. The process made reference to the Leadership Competency Framework, supports non-executive directors’ effectiveness, succession planning and addresses any training and development opportunities.</p> <p>The Council of Governors had contributed to the process, as part of multi-source feedback.</p> <p>The Chair of the Board welcomed the opportunity for non-executive and executive director appraisals, recognising the importance of engaging in a meaningful appraisal aligned with the trust wide appraisal season.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the 2024/25 Chair and Non-executive Director Appraisal Process and outcomes</i> 	
COG25/11/C1	<u>Chief Executive Update</u>	
	<p>The Chief Executive’s presentation provided an overview of the Trust’s operational and financial performance year to date. It reflected on local, regional, and national changes and highlighted recent developments across nursing, midwifery, and allied health professional services. In addition, the presentation brought governors attention to the opening of the Phoenix Therapy Suite, Clinical Research Hub, and ongoing work to implement Orbit, an Electronic Patient Record, developed in partnership with Sheffield Teaching Hospitals.</p> <p>The Chief Executive highlighted the outpatient, inpatient, maternity, and urgent and emergency care activity levels; noting that urgent and emergency care activity had</p>	

	<p>increased by nearly 8% when compared to 2024/25, and was significantly higher than predicted levels, which had impacted performance.</p> <p>National performance league tables had been published in September, the Trust ranked 51st out of 134 trusts and was the highest ranked acute provider in South Yorkshire and the second highest in Nottinghamshire. Due to the trust's deficit financial plan, it was placed in segment three of the NHS Oversight Framework (NOF), which limited its ranking regardless of operational performance. The challenges in meeting 65-week wait targets, particularly in orthopaedics and ENT were noted, resulting in an escalation to tier one oversight, which included national scrutiny. The plan to eradicate 65-week waits by 21 December 2025 and 52-week waits by 31 March 2026 had been presented to NHS England, delivery of the latter being slightly ahead of plan.</p> <p>Nottingham and Nottinghamshire Integrated Care System would join Lincolnshire and Derby and Derbyshire to form a cluster arrangement, Amanda Sullivan had been appointed as the cluster Chief Executive designate. South Yorkshire Integrated Care System would continue in its current state, although it was reported that Gavin Boyle, Chief Executive had retired and Chris Edwards, former Place Director for Rotherham, had been appointed as the interim Chief Executive.</p> <p>National staffing reductions, expected by the end of the year, had been delayed due to the associated redundancy costs, although confirmation had been received this week that an agreement had been reached with the Chancellor of the Exchequer. No additional monies would be received, however, NHS England would be able to overspend against its budget, to the value of the redundancy costs, to be repaid over the following two years.</p> <p>Changes to the national planning and financial framework had been published at the end of last month, moving from an annual to a multi-year planning cycle. Where trusts received financial deficit support, they would be required to deliver a break-even position within three years, or in a small number of cases, five years. Where trusts had been underfunded and experienced financial challenges there was the potential for additional short-term financial support, the impact on the Trust was not yet known. Delivery of the multi-year plans was expected to require advancements in partnership working.</p> <p>Four-hour urgent and emergency care performance was below plan and currently stood at 69.8%, against a plan of 75.7%. The Trust was focused on improving non-admitted pathways and paediatric services to recover the performance gap. Significant improvements had been seen in 12-hour waits and ambulance handover times, with the work at Doncaster being recognised as good practice. Diagnostic performance had been challenging, particularly in audiology, however, an improving trajectory for children and long-waiting adults was now being seen. Cancer performance had reduced, due to an increase in referrals in tumour sites, particularly lung. It was expected that the position would be recovered within the next month.</p> <p>Flow through the hospital remained an issue, due to activity and high bed occupancy, pressures were anticipated during the winter months, and recent publicity indicated a potential earlier start to the flu season with a mutation in the presenting virus causing increased levels of illness. As such, colleagues, friends, and family were encouraged to take up the offer of being vaccinated.</p>	
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	<p>At month seven, delivery of the Trust’s financial plan remained on target, significant recurrent savings had been identified and productivity improved, with a focus on sustainable reductions in pay costs and agency spend. The Trust’s capital plan was below its profile but was expected to deliver in year, pending a final decision on the electronic patient record (EPR) project, which was expected imminently.</p> <p>As a digitally immature organisation, the EPR project was a major enabler for future improvements, with plans for implementation by October 2027. The project was complex but would bring significant benefits to colleagues, patients, safety, and sustainability.</p> <p>The Chief Executive highlighted the recent opening of the Phoenix Therapy Suite at Montagu Hospital, made possible by the generous support of the Fred and Ann Green legacy, for which he shared his appreciation. The service was the only example of NHS funded stroke rehabilitation in the country and had the potential in the future to benefit neighbouring communities through partnership working.</p> <p>Doncaster Cancer Detection Trust (DCDT) had ceased to operate as a registered charity and the Chief Executive took the opportunity to recognise its generous support over many years, funding the purchase of equipment to support the detection and monitoring of cancer. The Trust would continue to support DCDT’s mission through a ring-fenced fund.</p> <p>The Chief Executive shared the Trust’s commitment to being an anti-racist organisation and its work with the Doncaster Anti-racism Partnership which had recently been shortlisted for a national Black, Asian, and Minority Ethnic Health and Care award.</p> <p>In response to a question from David Cuckson, regarding the interoperability of the EPR with general practice and other trust’s systems, the Chief Executive acknowledged that independent systems did not necessarily communicate with each other, however, the EPR would offer improved communication, as would the national procurement of the Federated Data Platform. Having a shared EPR across South Yorkshire had been a conscious decision by the Board, minimising system integration and supporting the rotation of resident doctors.</p> <p>Public Governor, Andy Flynn recognised the variable use of the NHS App across the Trust for appointment letters and reminders and enquired if the introduction of an EPR would affect this. The Chief Executive suggested this was part of a broader digital programme of work. The Trust’s digital enabling plan had recently been approved by the Board of Directors, which included the Trust’s digital ambitions, opportunities and innovations. The lack of an EPR had hindered progress and resulted in a continued reliance on paper records and manual processes. The introduction of electronic observations had already reduced risks and improved efficiency. It was anticipated that further opportunities to enhance safety, quality, productivity, and financial efficiency would be realised through delivery of the digital enabling plan.</p> <p>The Chair of the Board suggested a governor briefing on the digital enabling plan would be beneficial and arrangements would be made by the Trust Board Office.</p>	<p>TBO</p>
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<p>COG25/11/D</p>	<p><u>Reports on Activity, Performance and Assurance</u></p>	
<p>COG25/11/D1.0</p>	<p><u>Suzy Brain England OBE - Chairs Report</u></p>	
	<p>The Chair of the Board provided an overview of her activities since the last Council of Governors meeting.</p> <p>The Trust’s Annual Members Meeting took place at the end of September, held in person at Doncaster Royal Infirmary. Governors, colleagues, members, and partners received the Trust’s 2024/25 Annual Report and Accounts and approved a refresh of the Trust’s Constitution. There was a reflection on 2024/25’s achievements and a look forward to 2025/26. As this was the Chair of the Board’s last Annual Members Meeting, the Chief Executive reflected on Suzy’s time at the Trust, thanking her for her leadership, contribution, and support over the last nine years and to close a montage of photographs and video clips was shown.</p> <p>Last week the Trust’s annual Star Awards took place, an important date in the Trust’s diary, when individual colleagues and teams were recognised for their commitment, innovation, compassion, and sustainability efforts.</p> <p>As part of Team Doncaster’s Partnership Summit, the Chair of the Board delivered her keynote speech. Doncaster business leaders across all sectors came together to review performance against Doncaster's strategic plan and collaborate on future challenges and opportunities. There was a theme of health and the economy, and employers considered how best to keep their workforce fit, train and deliver services, develop and pursue opportunities for the benefit of the city.</p> <p>The Chair of the Board reflected on the sheer volume of activity during her time at the Trust, the significant capital plans delivered and the transformation of services, including the opening of the Emergency Village at Bassetlaw Hospital, Montagu Elective Orthopaedic Centre and Community Diagnostic Centre. Whilst there had been enormous disappointment that the Trust had not secured a place on the New Hospital Programme, the ongoing development of the site was a great achievement and one the Chair was very proud of.</p> <p>To close, the work of the governors, their contribution and support in bringing the public voice to the attention of the Trust was recognised. As volunteers, the role of governors extended beyond attending Council meetings and they demonstrated their desire to understand the work of the Trust, through attendance at the Board of Directors and governor briefing and development sessions and to ensure ways of working remained effective. The Chair of the Board shared her appreciation with governors for their time and support.</p>	

<p>COG25/11/D1.1</p>	<p><u>Governor Activities</u></p>	
	<p>Public Governor, Andy Flynn, brought recent governor activities to colleagues attention. He highlighted the success of the face-to-face Annual Members Meeting, which governors were keen to see repeated in future years and the valuable showcase of services by Trust colleagues prior to the meeting.</p> <p>Following the appointment of Mark Bailey as interim Chair, governors confirmed they looked forward to continuing to work with him, in his new capacity.</p> <p>As a result of a pause in governor elections this year a decision had been taken to co-opt those governors who had reached the end of their elected terms of office, in accordance with the Trust’s Constitution. This was an inclusive process, to retain governor engagement and support and whilst co-opted governors did not have the ability to vote, this was noted to be limited in practice, and all governors’ voices would be heard in order to reach a consensus. Governors welcomed this opportunity to continue to work with, and benefit from, their experience.</p> <p>The Council of Governors welcomed two new partner governors, Helen Batty of Sheffield Hallam University and Louise Preston of the University of Sheffield.</p> <p>The Council of Governors continued to review its ways of working and had recently held a face-to-face workshop to progress this work at Doncaster Royal Infirmary.</p>	
<p>COG25/11/D1.2</p>	<p><u>Audit and Risk Committee</u></p>	
	<p>Kath Smart, Non-executive Director and Chair of the Audit & Risk Committee shared with the Council of Governors the chair’s assurance log from July and October’s meetings.</p> <p>A strong start to the year was noted, with significant assurance internal audit reports received in respect of the Fit & Proper Persons Test Framework, Equality Diversity and Inclusion follow-up and a high confidence, low risk rating assigned to the Data Security and Protection Toolkit. The data quality audit on the cancer Faster Diagnosis Standard returned a limited assurance and as with any reports that received less than significant assurance, the responsible executive director was invited to the committee to provide assurance on the plans to address the audit recommendations.</p> <p>The closure rate of audit recommendation was reported to be the highest since the pandemic, with the closure rate of high and medium risk actions standing at 100% and 89% across all risk levels.</p> <p>In respect of the Emergency Preparedness, Resilience and Response annual submission and update, an improving position was noted, with a multi-year trajectory to achieve full compliance over the next two years.</p>	
<p>COG25/11/D1.3</p>	<p><u>Quality Committee</u></p>	
	<p>Jo Gander, Non-executive Director and Chair of the Quality Committee shared with the Council of Governors the chair’s assurance log from August and October’s meetings.</p>	

	<p>The ongoing work in maternity and neonatal services was noted, with significant reporting required. The log provided details of the reports, which the committee had taken significant assurance on, and an increase in the number of medical colleagues expressing an interest in undertaking Structured Judgement Reviews had been seen.</p> <p>An increase in the number of C. difficile cases was reported and the potential risk of breaching the threshold noted. The Committee was assured by the actions taken to manage the position.</p> <p>The Trust was on track to deliver year seven Clinical Negligence Scheme for Trusts standards, training compliance continued to be an area of focus, with ongoing monitoring to track completion to meet safety action eight.</p> <p>The Chair of the Quality Committee brought governors attention to the pilot of the Maternity Outcome Support Service (MOSS), a new signalling system designed to monitor and improve patient safety and outcomes within maternity services, which was proving to be a valuable addition.</p> <p>In respect of the implementation of Martha’s Rule, a status update was provided to the committee. A question relating to Martha’s Rule had been received from a member of the public and was captured in the minutes at E1.</p>	
<p>COG25/11/D1.4</p>	<p><u>Finance and Performance Committee</u></p>	
	<p>Mark Bailey, Non-executive Director and Chair of the Finance & Performance Committee shared with the Council of Governors a summary of the chair’s assurance logs from August, September, and October’s meetings.</p> <p>The committee examined how operational performance, including outcomes and processes, contributed to financial results, reviewing trajectories, plans, and actions to ensure targets were met. Processes were in place to ensure that cost improvements were not achieved at the expense of quality and safety. There was a need for improvements to be sustainable, providing recurrent savings and the committee examined the mix of in-year financial adjustments and cash-releasing savings.</p> <p>The committee delved into specific areas of improvements, such as theatres and outpatients, reviewing the detail of improvement plans, identified risks had mitigating action plans and were actively managed.</p> <p>The importance of the DBTH-i improvement approach was recognised in securing efficiencies, improved performance and outcomes across the organisation, assurance on which had been provided as part of regional and national conversations.</p>	
<p>COG25/11/D1.5</p>	<p><u>People Committee</u></p>	
	<p>In the absence of the Chair of the People Committee, Non-executive Director and former Chair of the People Committee, Mark Bailey provided an update on the chair’s assurance log from October’s meeting.</p>	

	<p>The Freedom to Speak Up Guardian had presented a comprehensive bi-annual report and there remained a commitment to undertake a peer review of Speaking Up arrangements, which had been paused pending insights from the DBTH Way in Action review.</p> <p>The focus on colleagues health and wellbeing, training and development continued, recognising the challenging times in which the NHS operated.</p> <p>In August 2025, NHS England launched a national 10 Point Plan to improve the working lives of resident doctors, the Trust had submitted a baseline audit against the recommendations in September 2025. Where compliance was not yet achieved, plans were in place, with some elements of national guidance awaited.</p>	
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted and took assurance from the Chair’s Assurance Logs</i> 	
COG25/11/D2	<u>Governor Questions</u>	
	<p>The Chair shared the following question, received prior to the meeting, from co-opted governor, David Northwood.</p> <p><u>Are NEDs aware of the missed rate of follow up appointments for investigations and assured that measures are in place to keep this as close to zero as possible?</u></p> <p>The Chair of the Finance & Performance Committee thanked David for his question and requested this be considered outside of the meeting and a written response provided. In addition, the Chair suggested the matter be raised with the relevant executive director at the next committee meeting.</p>	MB
COG25/11/D3	<u>Minutes of the Council of Governors held on 29 July 2025</u>	
	<ul style="list-style-type: none"> - <i>The Council of Governors approved the minutes of the Council of Governors meeting of 29 July 2025 as a true record</i> 	
COG25/11/D4	<u>Governor Questions Database</u>	
	The Governor Questions Database was included in the Council of Governors meeting papers.	
COG25/11/E1	<u>Questions from members of the public previously submitted prior to meeting.</u>	
	<p>The Chair of the Board shared the following question received from a member of the public.</p> <p><u>NHS England confirmed on 4 September 2025, via a press release supported by the Secretary of State, that Martha’s Rule is now operating across all 210 acute hospitals in England. Locally, a family reports that on 7 September they requested escalation under Martha’s Rule at this Trust but were told it was not yet implemented. The Quality and Effectiveness Committee’s report to this Council (see Slide 49 of the meeting papers) includes a “Trust Implementation Status update on Martha’s Rule.” In light of this, how are the Board and senior leaders being held accountable by the Council of Governors for</u></p>	

	<p><u>achieving full and reliable implementation across all applicable services within this calendar year, including: visible information for patients and families on how to activate the process; staff training and 24/7 responsiveness; and evidence of timely audits and outcome measures that demonstrate the rule is working as intended?</u></p> <p>Recognising the operational detail in the above question, the Chair of the Board asked if the Chair of the Quality Committee received assurance on the above matters, with the intention of providing a written response after the meeting.</p> <p>The Chair of the Quality Committee confirmed that Martha’s Rule was being rolled out in phases across the NHS, the status report received by the committee provided an overview of the Trust’s implementation plans. There would be an escalation route should patients, families or carers remain concerned with the response from the nurse, or doctor in charge, which would enable an independent view to be sought.</p> <p>The Chair asked Public Governor, Andy Flynn if he was assured by the oversight and assurance taken by the Quality Committee, Andy suggested it would be helpful for a governor briefing to take place on Martha’s Rule and the Trust’s implementation plans in recognition of the impact on patients and their families.</p> <p>An action to arrange a governor briefing to share the implementation plans and reporting arrangements was agreed. The Quality Committee would receive the outcome of the patient wellness questionnaire pilot at Bassetlaw Hospital in February 2026, and it was proposed the governor briefing take place after this.</p> <p>Public Governor, Debbie Benson requested an interim communication be shared with governors to clarify the Trust’s position. The Chair of the Quality Committee agreed to circulate this.</p> <p>The Chair of the Board shared the following question received from a member of the public.</p> <p><u>The Quality and Effectiveness Committee’s report to the Council (see page 48 of the meeting papers) notes that a Prevention of Future Deaths (PFD) report was reviewed. Given that according to judiciary.uk, the Trust has received five PFD reports during 2025, how are the Trust’s Board and senior leaders being held accountable for ensuring that the learning from each report is acted on promptly and effectively? Specifically, how does the Council of Governors satisfy itself that clear timescales are set for the required improvements, that progress is independently monitored through the Quality and Effectiveness Committee, and that sustained learning and cultural change are evidenced across the organisation?”</u></p> <p>The Chair of the Board suggested a written response be provided, to include input from the Chair of the Quality Committee, Executive Team, and a comment in respect of governors oversight.</p>	<p>JG / EXEC</p> <p>TBO</p> <p>JG</p> <p>JG / EXEC</p>
	<p><i>The Council of Governors:</i></p> <ul style="list-style-type: none"> - <i>Noted the public questions and agreed next steps</i> 	

COG25/11/F1	<u>Any Other Business</u>		
	No items of other business were received.		
COG25/11/F2	<u>Items for Escalation to the Board of Directors</u>		
	No items were identified for escalation to the Board of Directors.		
COG25/11/F3	<u>Chairs Final Council of Governors</u>		
	<p>On behalf of the Council of Governors, Public Governor, Andy Flynn shared governors appreciation of Suzy’s contribution and support during her nine years as Chair of the Board. Governors noted the Chair’s dedication, the strengthening of relationships between the Board and the Council, her advocacy for governors locally, regionally and nationally, and her work with system leaders to bring governors together in support of the wider public interests.</p> <p>The Council sent its very best wishes and thanked Suzy for her valued leadership which ensured governors were heard, equipped and supported to fulfil their statutory duties.</p> <p>Deputy Chair, Kath Smart shared her thanks with Suzy, recognising her energy, passion, commitment, and leadership. The Chair’s belief in the need for an effective conduit between the communities served, the Board of Directors and Council of Governors and for championing the role of governors. There was a great deal to be proud of.</p> <p>The Trust Board Office would look to identify a date when governors could come together to share their best wishes in person.</p>		TBO
COG25/11/F4	<u>Interim Chair Mark Bailey</u>		
	<p>Mark Bailey thanked the governors for the opportunity to serve as interim Chair, which meant a great deal to him. Mark emphasised his commitment to bring together talent to deliver excellent, responsive, safe care, recognising the common goal of delivering the best possible service to the communities served.</p> <p>Future discussions were expected to explore increased partnership working and shared services, always with the aim of doing the right thing for patients. Although financial matters had been discussed, the focus would remain on service delivery and caring for both staff and patients.</p> <p>The Chair of the Board offered her best wishes to Mark, noting he had the support of the wider team.</p>		
	<u>Date and time of next meeting (Verbal)</u>		
	Date:	24 February 2026	
	Time:	15:00	
	Venue:	Microsoft Teams	
COG25/11/G	Meeting Close:	16:52	