Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS

Minutes of the meeting of the Council of Governors held in public
on Thursday 14 May 2026 at 15:00
via MS Teams

Chair	Mark Bailey - Chair	
Public Governors	Debbie Benson Mark Bright Jackie Hammerton Andrew Flynn Lynne Logan Sheila Walsh	
Co-opted Governors	Kay Brown Vivek Panikkar David Northwood Mandy Tyrell	
Partner Governors	Helen Batty Lynne Schuller	
In attendance	Rebecca Allen - Associate Director of Strategy, Partnerships & Governance Helen Best - Non-executive Director Zara Jones - Acting Chief Executive Lucy Nickson - Non-executive Director Angela O'Mara - Deputy Company Secretary Stephen Radford - Non-executive Director Emma Shaheen - Director of Communication and Engagement Kath Smart - Non-executive Director	
Governor Apologies:	Phil Holmes - Partner Governor Alexis Johnson - Partner Governor Louise Preston - Partner Governor	
Board Member Apologies	Richard Parker OBE - Chief Executive Joanne Gander - Non-executive Director	
Public Observers		
		ACTION
COG26/05/A1	**Welcome, apologies for absence (Verbal)**	
	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.	

COG26/05/A2	**Declaration of Governors' Interests (Enclosure A2)**	
	Governors' declarations of interest were included in the meeting papers; no new declarations were received.	
	The Council: - ***Noted governors' current declarations of interests.***	
COG26/05/A3	**Actions from previous meetings**	
	No actions were outstanding from the	
COG26/05/B1	**Acting Chief Executive Update – Performance to Year end plus Medium-Term Planning Update**	
	The Acting Chief Executive provided an overview of 2025/26's performance and shared details of the Trust's Medium-Term Plan for 2026/29. The plan's focus was to improve access standards, four-hour emergency performance, referral to treatment times and cancer standards, whilst delivering more than £90m in savings. The Council of Governors was advised of the appointment of Dr Nick Mallaband as Chief Medical Officer (CMO) and details of an approved capital scheme to provide additional car parking on the Doncaster Royal Infirmary site was confirmed. The Care Quality Commission (CQC) had carried out an unannounced inspection of the Children and Young People's Services in April 2026 and provided early positive feedback. The CQC had also visited Doncaster Royal Infirmary's Emergency Department (ED) and had issued the Trust with a warning notice as part of the follow-up inspection, noting concerns related to waiting areas, triage, streaming and infection prevention and control. The Trust had taken immediate action to mitigate risks at the time of the inspection, and a formal action plan was due for submission to CQC by 22 May 2026. ED access had improved between March and April 2026, however, elective waiting times, particularly in Orthopaedics and Ear Nose Throat (ENT), remained challenged and required further Executive and Board focus. The Acting Chief Executive reported that 2025/26's financial plan had been delivered, supported by significant cost improvement savings, including £31m of recurrent savings	
	The Council of Governors: - ***Noted the Acting Chief Executive Update – 2025/26 Performance & Medium-Term Plan Update***	
COG26/05/B2	**Chair's Report**	
	The Chair confirmed that significant local and national challenges were being faced, including increased scrutiny, a changing financial regime and wider system pressures. He emphasised that these challenges were not unique to the Trust but reflected a broader NHS position. The Trust was focused on setting a clear strategic direction, whilst increasingly working in partnership with other organisations to deliver services more effectively. He confirmed that collaboration with neighbouring trusts, integrated care partners, local government	

	and the voluntary sector would be essential to address service pressures, workforce challenges and sustainability issues. He confirmed that relationships with external partners, including neighbouring providers and local organisations had been strengthened. This work aimed to support workforce development, improve population health and ensure sustainable service delivery. It also encouraged local people to consider healthcare careers and explore future research opportunities. He addressed the cultural programme linked to the Reset approach and introduced the concept of a Line in the Sand. The Acting Chief Executive provided further context, confirming that this approach was intended to address past challenges by setting clear behavioural expectations and strengthening accountability across the Trust. She confirmed that this required both individual reflection and collective responsibility, to ensure poor behaviours were challenged and standards were applied consistently. The Line in the Sand video was shared with the Council of Governors. It expanded on the Trust's values of compassion, kindness and inclusion, which remained central but needed to be supported by clear expectations and action. The video outlined that the programme aimed to strengthen behavioural standards, support early intervention where issues arose, and enable leaders to address concerns consistently and fairly. It was confirmed that a structured culture and leadership programme would be developed to embed these expectations across the organisation. The Acting Chief Executive confirmed that the programme would be delivered through the culture and leadership pillar of the Reset Programme, supported by ongoing engagement and feedback. She acknowledged that early feedback from colleagues had been positive, with accountability and an opportunity to challenge actions welcomed. Further work would take place to provide clarity and ensure the programme had a sustained impact.	
	The Council of Governors: - ***Noted the Chairs Report***	
COG26/05/B3	**<u>Lead Governor Update</u>**	
	The Lead Governor invited governors to provide updates, demonstrating the range of activities they had recently been involved in. Public Governor, Andrew Flynn, provided an update on his participation in the CMO stakeholder group as part of the appointment process. He supported the appointment and noted that the candidate had performed well in both presentation and discussion. Public Governor, Sheila Walsh, provided an update on discussions relating to governor elections. She confirmed that governors had considered how recruitment could be improved and had identified several supporting actions. These included providing clearer information to prospective applicants about governor expectations, time commitments and meeting requirements. She also confirmed that a video for potential applicants had been proposed and communications with both public and staff governors would be strengthened, utilising internal communication channels. The Lead Governor provided a broader update on the position of governors in light of national developments. She confirmed that recent announcements regarding the NHS Bill	

	suggested that Councils of Governors may no longer exist in their current statutory form. She noted that there was currently a lack of clarity about future arrangements and this uncertainty had been discussed with governors. A future workshop was being planned to allow governors to reflect on which aspects of the role worked well and what could be improved, with a view to informing future arrangements.	
COG26/05/B4	**<u>Governor Questions</u>**	
	Partner Governor, Lynne Schuller, asked about the timeline for addressing the CQC warning notice and the outcome if actions were not completed. The Acting Chief Executive clarified that the deadline related to submission of the action plan rather than full delivery. She confirmed that ongoing monitoring and further inspection by the CQC would determine whether improvements had been sufficiently embedded. Co-opted Governor, David Northwood, asked whether there was a link between the CQC concerns and reduced staff confidence in Speaking Up. The Acting Chief Executive confirmed that concerns raised by colleagues during an invited CQC inspection had contributed to the CQC's decision to reinspect. She clarified that some issues had been identified before the inspection and were already being addressed, and that cultural factors within the department were relevant to the findings. She confirmed that the issues identified in the 2023 inspection had been addressed, but new concerns had since emerged, reinforcing the need for continued improvement. The Lead Governor, Jackie Hammerton, asked whether the Reset Programme governance structure included governor representation. The Acting Chief Executive confirmed that the Reset Board was an executive forum and would not include governors. However, governors would receive updates and be engaged through existing governance routes. The Chair reinforced that this did not represent a change to governance arrangements and confirmed that any major decisions arising from the programme would involve governors through established mechanisms. Co-opted Governor, David Northwood, asked if stakeholder feedback was sufficiently reflected in the Reset Programme. The Acting Chief Executive confirmed that feedback was embedded primarily within the culture and leadership pillar. She confirmed that the programme had been shaped using Staff Survey results, reviews and wider feedback from patients and colleagues, although feedback was not presented as a standalone pillar. The Chair confirmed that feedback and learning were being actively incorporated at Board level, including through patient stories and Staff Survey discussions. Public Governor, Mark Bright, asked whether the Reset Board was the primary vehicle for driving the £90m savings programme. The Acting Chief Executive confirmed that the Reset Board was the primary governance forum driving the savings and also provided external assurance to NHS England. Public Governor, Mark Bright, asked where the Reset Board sat within the Trust's structure. The Acting Chief Executive confirmed that the Reset Board reported into the Board of Directors, but would feature within the Board Committees, depending on the relevant pillar and schemes, to enable oversight and in-depth discussions.	

	The Lead Governor asked whether the new car parking provision would replace the park and ride service. The Acting Chief Executive confirmed that it would not, although arrangements would continue to be reviewed and decisions made, as required. Public Governor, Debbie Benson, asked if the Line in the Sand video was tested prior to rollout. The Acting Chief Executive confirmed that the video was shared within a briefing session and widely within the Trust. Public Governor, Mark Bright, asked what feedback had been received from the Line in the Sand video. The Acting Chief Executive confirmed that the approach was intended to strengthen behavioural expectations, accountability, and organisational culture. She confirmed that early feedback on the initiative had been mixed but generally positive, with some colleagues seeking clarity on how it would translate into action. Further targeted engagement with teams would follow to support implementation and embed the approach.	
COG26/05/B5	**Governor Briefing – planned DBTH governor event to provide feedback on NHS Providers webinar**	
	Public Governor, Mark Bright, presented a briefing following his attendance at an NHS Providers event, which had focused on the future role of governors. He confirmed that the event included representation from a large number of foundation trusts and reflected significant national concern about proposed changes to governance arrangements. He explained that a key issue raised was the lack of clear explanation from the government about why the governor role was being removed and what would replace it. This lack of clarity had led to uncertainty and concern about the future of local accountability and governance. He confirmed that there was a limited detail about the proposed new governance model, with only a high-level reference in the national plan to a more dynamic arrangement. Governors at the event had expressed concern about this absence of definition and the difficulty in planning locally without understanding the intended national framework. He added that there had been debate about whether future arrangements should be standardised across Trusts or developed locally. Changes to the governor role required legislative amendment, and that an indicative timeframe discussed previously suggested potential implementation from April 2027, although this remained uncertain. He emphasised that the current position created a gap between the proposed changes and the absence of clear guidance on future expectations. He stated that governors had been encouraged to consider how they could continue to influence service delivery, strengthen engagement and maintain visibility within their communities. Public Governor, Andrew Flynn, clarified that while the national proposals referred to the importance of patient and stakeholder insight, they did not address key governance responsibilities currently held by governors. He confirmed that this included areas such as Non-executive Director appointments and remuneration, and approval of constitutional changes.	

	The Chair acknowledged the points raised and confirmed that there was a clear gap between current arrangements and proposed changes. He emphasised that this period should be used constructively to consider what the Trust wanted to retain in any future model. He supported the idea of using local sessions to reflect on the purpose and value of the governor role, rather than focusing solely on structural changes. Public Governor, Debbie Benson, confirmed that the current position provided an opportunity for governors to review existing arrangements and consider improvements. She highlighted that governors could explore alternative models, including examples from outside the NHS, and develop proposals based on what worked effectively. The Chair confirmed that local work would be taken forward to consider the function and impact of the governor role. Input would be sought from governors, Non-executive Directors and other stakeholders to ensure a comprehensive view. He also confirmed that discussions would take place with other Trusts to share learning and develop a coordinated response where appropriate. He confirmed that, despite uncertainty, the current statutory role of governors remained in place and governance processes would continue as normal until any changes were formally enacted.	
COG26/05/B6	**<u>Notice of Governor Elections</u>**	
	The Associate Director of Strategy, Partnerships and Governance presented the notice of Governor Elections and confirmed that the Trust would proceed with governor elections during the year. She confirmed that a number of positions were due to go to election to ensure compliance with statutory requirements, this remained necessary despite uncertainty about the future of the governor role, as the current legal framework required the Trust to maintain a full and functioning Council of Governors. Partner Governor, Helen Batty, asked how the Trust would encourage applications from a diverse range of candidates to better reflect the local population. The Associate Director of Strategy, Partnerships and Governance confirmed that the communications team would support outreach activity and engagement with local networks which would be a key method of encouraging applications. She encouraged governors and staff to use their networks, including community links, to reach potential candidates and increase participation. The Lead Governor, Jackie Hammerton, raised concerns about relying heavily on personal networks. She explained that this approach risked attracting candidates with similar backgrounds and experiences, which could limit diversity. She emphasised the need for broader and more inclusive methods of engagement to ensure that the Council of Governors better reflected the population. She also highlighted practical challenges, including time commitments for the role, and stated that it was important to provide realistic information to applicants about the level of engagement expected. The Associate Director of Strategy, Partnerships and Governance confirmed that multiple approaches would be used, including communication campaigns and community engagement. She confirmed that governors also had a role to play in promoting the elections across a wide range of contacts and communities.	

	The Council of Governors: - ***Noted the Notice of Governor Elections***	
COG26/05/C	**Reports on Activity, Performance and Assurance**	
COG26/05/C1.1	**Quality Committee**	
	Non-executive Director, Helen Best, presented the Quality Committee Chair's Assurance Log and confirmed that recent discussions had been influenced by a Board Development Session focused on improving how assurance was assessed. She explained that this had led to a strengthened approach within the Committee, with a renewed focus on assessing the impact of actions, triangulating evidence, and strengthening scrutiny across discussions. The Quality Committee had considered multiple areas and that, overall, significant assurance had been provided across most items. She highlighted that partial assurance had been identified in relation to two national clinical audit alerts, specifically the Early Inflammatory Arthritis Audit and the Emergency Laparotomy Audit. She confirmed that these areas required further work and would be revisited at the next Committee meeting to assess progress. Co-opted Governor, David Northwood, asked if the Trust became an outlier on the audits as a result of data not being received by the national auditors, or if the Trust was having results below expectation. Non-executive Director, Helen Best, confirmed that the Trust had submitted data and had been made aware of the outlier status, as such deep dives on those areas were being undertaken.	
COG26/05/C1.2	**Audit & Risk Committee**	
	Non-executive Director, Kath Smart, presented the Audit and Risk Committee Chair's Assurance Log and confirmed that the Committee had considered both external and internal audit plans. She confirmed that the external auditors had presented their audit plan for the year-end accounts and confirmed that this would be their final year before the Trust transitioned to a new audit provider. The Committee had reviewed and approved the 2026/27 internal audit plan, which had been developed using multiple sources, including the Board Assurance Framework, executive priorities and risks identified across the Trust. The internal audit programme would focus on key areas such as learning from deaths, mortality data quality, waiting list management, workforce planning, sickness absence, and data security, including cyber security. The Committee Chair emphasised that this provided targeted assurance aligned to organisational risks. The Committee had received management reports relating to risk management and the Board Assurance Framework. Significant assurance had been provided in these areas, and the Committee was satisfied that appropriate processes and controls were in place. Progress continued to be seen in areas such as fraud prevention, the register of interests, and compliance with governance requirements, all of which contributed to overall assurance. Non-executive Director, Kath Smart, confirmed that greater focus was being placed on triangulation of evidence, identifying assurance gaps, and improving the clarity of	

	reporting within Committee agendas and Chair's reports. She stated that changes to how assurance was presented were already being implemented and would continue to be refined. Year-end processes were underway, including preparation of the annual report, draft accounts and the Head of Internal Audit opinion. The Committee was working towards approval of the accounts by the end of June to meet statutory deadlines.	
COG26/05/C1.3	**<u>People Committee</u>**	
	Non-executive Director, Lucy Nickson, presented the People Committee Chair's Assurance Log and confirmed that the Committee had undertaken detailed discussions on several workforce and culture-related matters. She confirmed that a key area of focus had been the Staff Survey results, she commented that overall engagement levels had slightly reduced compared to the previous year, although this had been anticipated and was consistent with national trends, however the volume of responses remained strong, which provided useful insight for the Trust. Non-executive Director, Lucy Nickson, confirmed that many of the survey scores remained broadly consistent with the previous year, showing no significant change. She highlighted that some areas had declined, particularly in relation to Speaking Up, which aligned with other feedback received across the Trust. She explained that work was ongoing to strengthen the Freedom to Speak Up function and to ensure that it aligned with the wider culture programme. She also confirmed that there were areas of improvement within the survey results, which demonstrated that targeted interventions had delivered positive outcomes in some areas. The next phase of work involved detailed engagement with individual teams, where localised action plans would be developed based on survey findings, this approach was consistent with previous years and would enable tailored improvements at a team level. Non-executive Director, Lucy Nickson, outlined discussions relating to workforce reviews and biannual reporting. She confirmed that assurance had been provided regarding workforce planning, including the use of national tools to support safer staffing levels and workforce modelling. She emphasised that these processes were aligned with patient safety requirements and provided confidence that staffing arrangements were being managed appropriately. Compliance levels with Statutory and Essential Training (SET) remained broadly in line with expectations, although some challenges persisted relating to releasing colleagues from their duties to complete training. She confirmed that work was ongoing to address these pressures and improve compliance. Non-executive Director, Lucy Nickson, referenced additional areas of routine oversight, including job planning and workforce improvement initiatives, such as the Ten-Point Plan for Resident Doctors which the Committee continued to scrutinise, it was noted that progress remained on track.	

COG26/05/C1.4	**Finance and Performance Committee**		
	Non-executive Director, Stephen Radford, presented the Finance and Performance Committee Chair's Assurance Log and confirmed that 2025/26's financial plan had been delivered. The Committee had taken significant assurance from this position, highlighting that delivery had been achieved through the work of the Executive team and the wider organisation. He referred to the cost improvement programme (CIP) and confirmed that savings had exceeded plan, with a strong proportion of those savings being recurrent, which supported the underlying financial position and sustainability. He confirmed that improvements had been achieved across urgent and emergency care, elective care and cancer performance. He acknowledged that progress had been made but performance remained variable, a continued effort was required to sustain improvements. A key business case relating to accommodation and car parking had been approved, and the investment would increase capacity and support both colleague and patient access across Trust sites, representing an important element of the capital programme.		
	The Council of Governors: - ***Noted and took assurance from the Chair's Assurance Logs***		
COG26/05/C2	**Governor Questions**		
	Governor Questions were included within individual agenda items.		
COG26/05/C3	**Minutes of the Council of Governors held on 24 February 2026**		
	- ***The Council of Governors approved the minutes of the Council of Governors meeting of 24 February 2026 as a true record.***		
COG26/05/C4	**Governor Questions Database**		
	The Governor Questions Database was included in the Council of Governors meeting papers.		
COG26/05/D1	**Any Other Business**		
	No items of other business were received.		
COG26/05/D2	**Items for Escalation to the Board of Directors**		
	No items were identified for escalation to the Board of Directors.		
	Date and time of next meeting (Verbal)		
	Date: Time: Venue:	**13 July 2026** **15:00** **DRI Boardroom**	
COG26/05/E	Meeting Close:	16:46	