

Join us for our Annual Members' Meeting

Tuesday 23 September 2025



Welcome

Dr Mike Richmond
Chair



Welcome and thank you

Welcome to our Annual Members Meeting, our opportunity to reflect on the last financial year 2024-25

First of all, thank you to all our patients, staff, governors, members, volunteers and partners.

You will hear from a number of our Executive colleagues describing both our achievements and our challenges during the last year in addition to our Lead Governor talking about the work our Governors have been involved in.

Our External Auditor, Forvis Mazars, will describe the work they carried out in relation to our accounts and annual report.



You will also hear from

Dr Richard Jenkins, Chief Executive

An overview of how we have performed over the last year

Dr Jo Beahan

Patient outcomes

Helen Dobson, Chief Nurse

How we provided safe care and strengthened our patient experience

Daniel Hartley, Director of People

How we look after our People

Sally Kilgariff, Chief Operating Officer

Our performance against key metrics

Chris Thickett, Director of Finance

Update around our financial performance

Abigail Medic, External Auditor

Bob Kirton, Managing Director

Progress around our Partnership work

Geoff Berry

Lead Governor

Formalities

Minutes of the last
Annual Members Meeting held on
19 September 2024 for approval

Review of 2024-25

Dr Richard Jenkins
Chief Executive



Review of 2024-25

- Thank you to all our people who have worked hard, together to ensure we continued to deliver safe care to all our patients
- We are proud of the achievements over the last year and we are determined to continue our improvement journey
- We continue to make progress in a number of ways and you will hear more about our progress to date



Patient outcomes

Dr Jo Beahan
Medical Director



Overview

- We recruited 3,237 patients to participate in research
- We reviewed the outcomes of 203 local clinical audits
- The Trust participated in 95% of national clinical audits and 100% national confidential enquiries it was eligible to participate in



Learning from deaths

- There is minimal delay in registering deaths
- Families are appreciative of the additional step of being contacted by the Medical Examiner's Office
- Medical Examiner rolled out to cover community deaths
- Despite challenges, the service maintained high scrutiny completion rates for TRFT deaths
- 69% of Structured Judgement Reviews were completed in 60 days – an improvement from 57% in 2023/24



Innovations

- Our medical workforce are embracing new technologies and innovations to support and improve patient care and outcomes

Virtual reality (VR) goggles



Orthopaedic robot



Quality and patient experience

Helen Dobson
Chief Nurse



Appointments and recruitment

- Joint Director of Midwifery with Barnsley Hospital NHS Foundation Trust
- First Chief AHP (Allied Health Professional) appointed
- Record newly registered nurse intake
- Consistently over-recruited in a number of areas to support winter pressures
- Significant improvements made in retention of the nursing workforce
- Fully recruited to speciality areas of maternity and childrens



PALS launched

- New Patient Advice and Liaison Service (PALS) launched in August 2024
- PALS office in the hospital's main entrance open 10am-4pm Monday to Friday



Patient experience improvements



This is me
Information to help you support me in hospital

For some people, changes such as moving to an unfamiliar place like hospital can be unsettling and distressing. 'This is me' provides information about the person at the time the document is completed. It can help health and social care staff to build a better understanding of who the person really is, what matters to them and how to care and support them in hospital. It will go with the person as they leave hospital too.

If the person needs further care and support at home, or moves to residential care, this information can contribute to a one-page profile, and to the person's life story information. It is simple to fill in, and complements the information that healthcare professionals will be gathering.

Space for a photograph
(Using a photograph is optional, but it can be really helpful for hospital staff)

Full name _____

What I like to be called _____

© NHS UK. All rights reserved. NHS.uk. 2018



Carer/Care Partner Promise

A Carer/Care Partner is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or addiction cannot cope without their support.

We promise that Carers / Care Partners will:

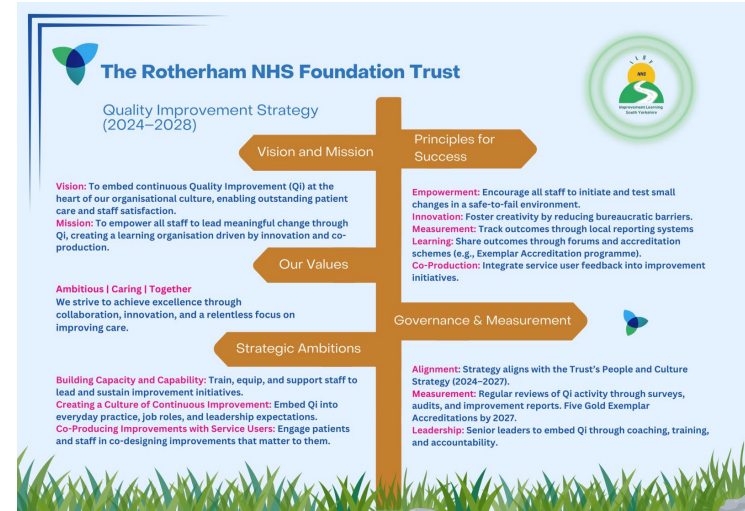
- know your rights
- be identified by staff that know about carers needs
- be welcomed to be with the patient at any time as experts in their care in and out of wards or departments. They are in
- have your caring status recorded on your medical record so that we can get emergency care for your loved one if you are unwell
- be involved in making care decisions with the patient's permission
- be offered a drink on the wards
- be told about parking discounts available
- be able to use a Carer's Passport to write about your needs as a carer
- be encouraged to access a Carer's Assessment
- be given information on community support
- be supported to plan ahead for a crisis such as your loved one becoming unwell
- be involved in planning ahead for the end of life.

© NHS UK. All rights reserved. NHS.uk. 2018



Quality improvement – Building a shared purpose and vision

- Development of Improvement Learning South Yorkshire with 5 other Trusts in the ICS
- Launch of Qi strategy based around the elements of NHS Impact
- Multi-professional Preceptorship programme – Qi activity, fresh eyes to the organisation
- Exemplar Accreditation Qi element – high scoring improvement work



Excellence in care – Exemplar accreditation

- Exemplar Ward Accreditation is a structured system designed to assess, recognise, and reward wards that demonstrate outstanding standards of patient care, safety, and operational efficiency. The programme not only celebrates high-performing teams but also serves as a catalyst for continuous improvement and ward transformation.



Exemplar Accreditation for care and excellence

Unannounced accreditation assessments are undertaken on each ward annually.



Exemplar Accreditation 2024

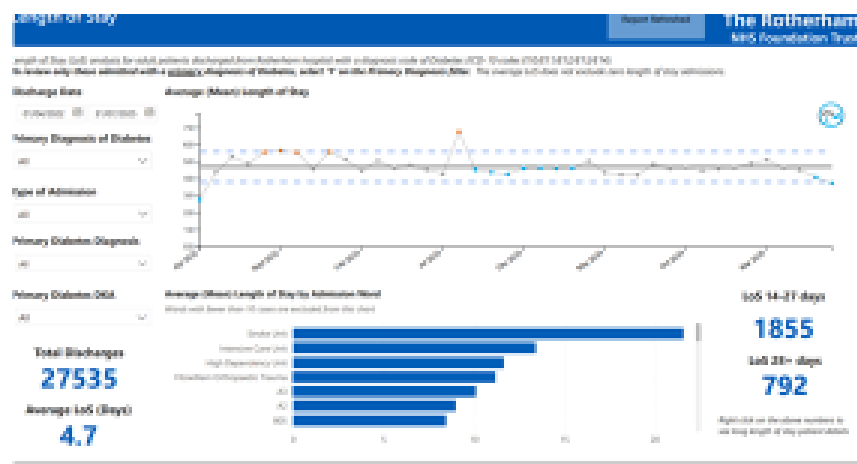


MONTH	AREA	2024
APRIL	A5	WHITE
APRIL	B10	BRONZE
APRIL	ROCKINGHAM	WHITE
APRIL	A7	WHITE
JUNE	B11	WHITE
JUNE	CCU	BRONZE
JUNE	A3	WHITE
JUNE	FITZWILLIAM	BRONZE
JUNE	A1	BRONZE
AUGUST	A2	WHITE
AUGUST	ASU	BRONZE
AUGUST	STROKE UNIT	WHITE
AUGUST	AMU	WHITE
OCTOBER	SITWELL	GREEN
OCTOBER	A4	WHITE
OCTOBER	B5	GREEN
OCTOBER	SSU	GREEN
DECEMBER	CHILDREN&ADU	GREEN
DECEMBER	NEONATAL UNIT	GREEN
DECEMBER	LABOURWARD	GREEN
DECEMBER	WHARNCLIFFE	WHITE



Quality Priorities 24/25

- Diabetes Management – All aims and objectives achieved. Priority to continue for a second year
- Acute Pain Management - All aims and objectives achieved. Nominated for a national award.
- Frailty – Partially achieved. Work has continued into 2025 to meet the outstanding objectives.



Patient experience – IP survey 2024

^ Overall experience	Patient Response ⓘ 7.9 / 10	Compared with other trusts ⓘ About the same
Overall view of inpatient services feeling that overall they had a very good experience	7.9 / 10	About the same

Patient experience – IP survey 2024

▼ Admission to hospital	Patient Response ⓘ 6.4 / 10	Compared with other trusts ⓘ About the same	▼ Care and treatment	Patient Response ⓘ 7.9 / 10	Compared with other trusts ⓘ Worse than expected
▼ The hospital and ward	Patient Response ⓘ 6.8 / 10	Compared with other trusts ⓘ Worse than expected	▼ Individual needs	Patient Response ⓘ Not available	
▼ Basic needs	Patient Response ⓘ 7.8 / 10	Compared with other trusts ⓘ About the same	▼ Virtual wards	Patient Response ⓘ 5.3 / 10	Compared with other trusts ⓘ Worse than expected
▼ Doctors	Patient Response ⓘ 8.3 / 10	Compared with other trusts ⓘ Worse than expected	▼ Leaving hospital	Patient Response ⓘ 6.7 / 10	Compared with other trusts ⓘ About the same
▼ Nurses	Patient Response ⓘ 8.0 / 10	Compared with other trusts ⓘ Worse than expected	▼ Kindness and compassion	Patient Response ⓘ 8.7 / 10	Compared with other trusts ⓘ About the same
			▼ Respect and dignity	Patient Response ⓘ 8.9 / 10	Compared with other trusts ⓘ About the same

Patient experience

Good experience of care, treatment and support is seen as an essential part of excellent healthcare



Welcoming complaints in a positive way

An effective complaint system goes out of its way to create a positive environment in which complaints are welcomed and resolved at the earliest opportunity.

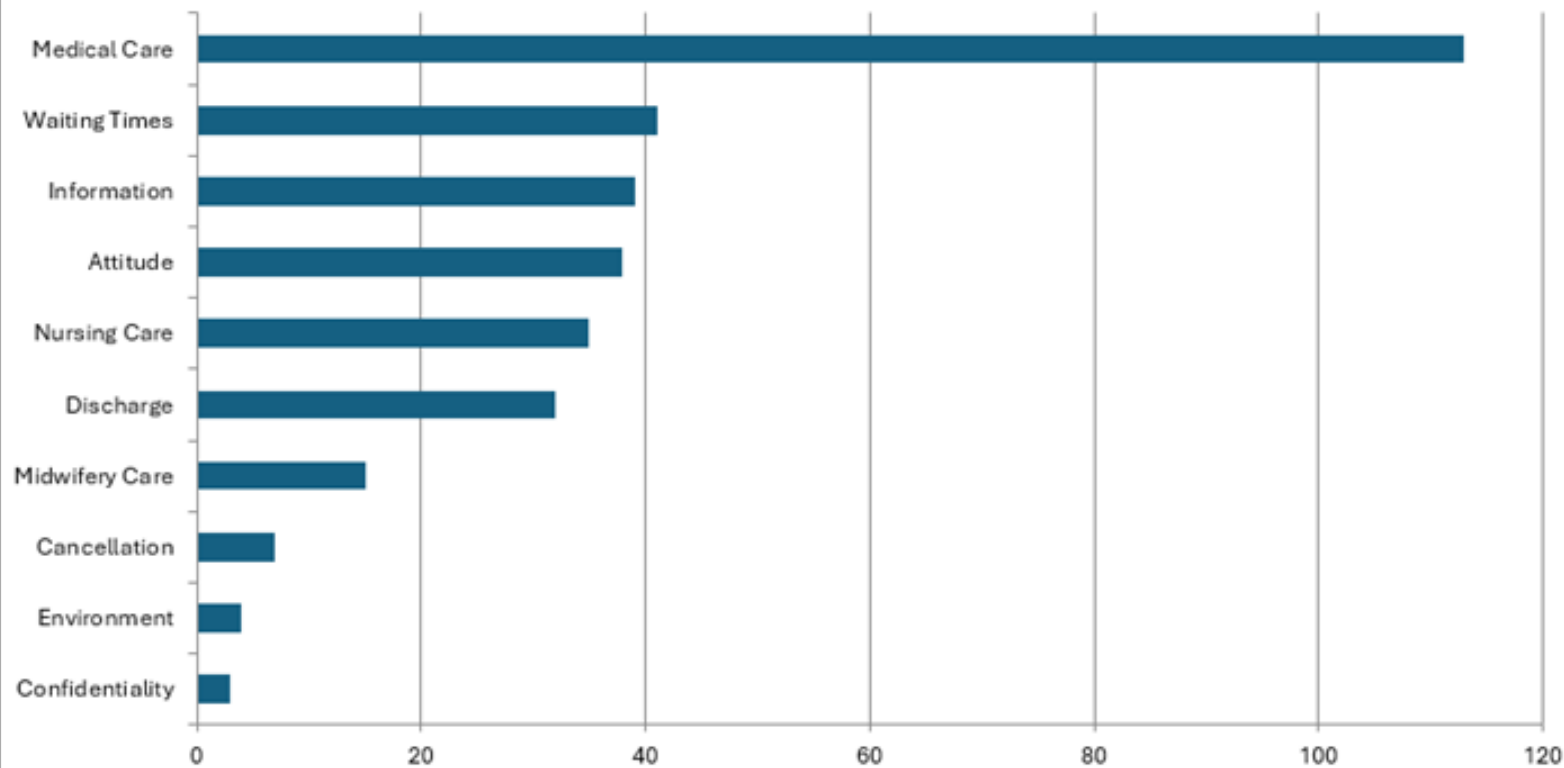
3,770 Compliments were received.

340 Formal Complaints were received.

1,620 Concerns were received

1,646 PALS contacts.

Top Ten Themes from Complaints 2024-25



Patient Experience

Quality Improvement Plan 2024/5



End of Life Care and Bereavement support

Karen Shay Nutt

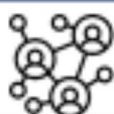
Hold QI mapping event for faith deaths and agree improvement actions
Confirm bereavement counselling offer for families
New bereavement folder for families
New memory boxes for families
Complete staff guide for End of Life Care
Develop improvement plan from NACCEL themes



Carer's and Care Partners Charter

Hannah Hall

Co-create Care Partners Charter
Launch across the Trust/
Rotherham place



Patient Advice and Liaison Service

Sam Robinson

Complete handover of new build
Develop new PALS branding
Develop Information board using QR codes
Recruit to full new team
Take over management on welcome desk
Develop Learning Needs Analysis for roll out of Monopoly Training Board for Front Line Resolution – focusing on front line admin staff this year



Facilities Improvement

Linda Martin

Complete refurbishment of new welcome desk
Launch new wheelchair area in the main entrance
Complete car park review
Introduce new hospital trolley service
Review and implement cleaning improvement plan
Complete catering tendering exercise



Communication support

Continue feedback Friday
Review comms support for all patient experience initiatives and identify gaps for additional support
Support CQC approved messages for survey completion

Calendar of events

Calendar of events

in partnership with Rotherham Hospital and Community Charity

2024/25



ORGAN AND TISSUE DONATION WEEK

WEDNESDAY 25 SEPTEMBER 2024

Host a "Wear it Pink" Tea-Party to coincide with our Trust memorial service in PGME for our donor and recipient families. A scones with fruit and jam will be provided for every patient. Tea-pot hamper prize for the best area!

REMEMBRANCE DAY

FRIDAY 8 NOVEMBER 2024

Host a Remembrance themed Tea-Party. A scones with fruit and jam will be provided for every patient. Tea-pot hamper prize for the best area!



SANTA VISIT TO THE TRUST

BY MONDAY 23 DECEMBER 2024

Santa will be making a stop at Rotherham Hospital again this year, to spread cheer, festive joy and to deliver presents!

EXTENDED VISITING HOURS DURING RAMADAN

SUNDOWN ON FRIDAY 28 FEBRUARY 2025 (EXPECTED DATE)

We're extending visiting hours at Rotherham Hospital to 10pm, to support visiting after Iftar.



NUTRITION AND HYDRATION WEEK

10 - 16 MARCH 2025

Take part in the Global Tea-Party to raise awareness of the importance of Nutrition and Hydration. A scones with fruit and jam will be provided for every patient. Tea-pot hamper prize for the best area!

EASTER BUNNY VISIT TO THE TRUST

WEDNESDAY 16 APRIL 2025

Rotherham Hospital's inpatients will be visited by the Easter Bunny - who will be delivering sweet treats or gifts to spread the festive cheer!



Patient story



Our people 2024/25

Daniel Hartley
Director of People

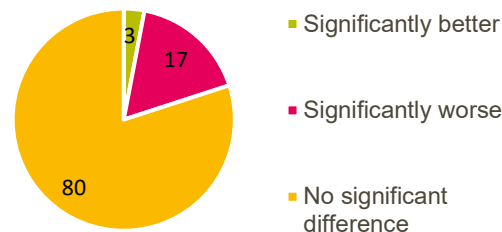


NHS Staff Survey 2024/25

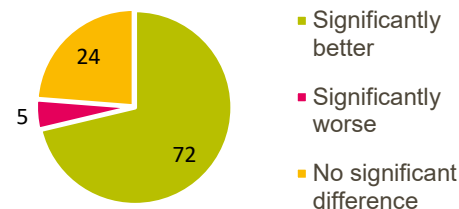
Results

- The NHS staff survey is both an improvement tool and an opportunity to benchmark the Trust against peers, and against previous year performance. It provides a rich level of data broken down to service level to enable actions to be taken to improve staff experience.
- The Trust placed 4th out of the 21 Acute/Acute and Community Trusts in the North East and Yorkshire. Top quartile.
- The Trust placed 21st out of the 122 Acute/Acute and Community Trusts in England. Top quartile.

Comparison to 2023



Comparison with average

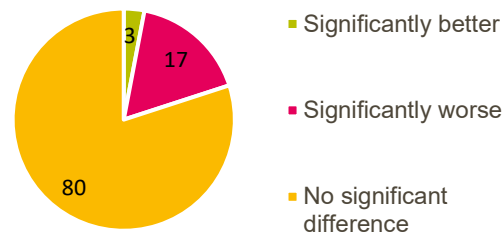


NHS Staff Survey 2024/25

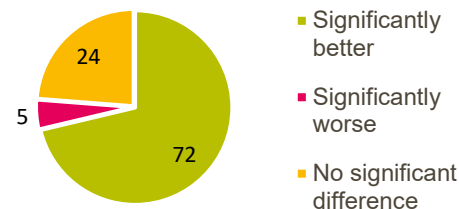
Context

- Trust scores have reduced slightly across each of the 7 People Promise themes, engagement and morale. Other than our overall engagement score which is marginally behind 2020 (Covid year) these results represent the 2nd best performance the Trust has ever had in each area. We are above average (first or second quartile) for each people promise area, engagement and morale.
- The mean reduction is 0.09 per People Promise area, engagement and morale. Of the 9 areas in total 4 of the reductions are not considered statistically significant, 5 are. In a challenging year, the NHS acute average has reduced in 5 of the 9 areas.

Comparison to 2023



Comparison with average



NHS Staff Survey 2024/25

Improvement

- As set out in our People and Culture Strategy 2024-27 the Trust's approach to making improvements in staff experience is through a combination of senior leaders and line managers co-creating and delivering 'We said, we did' action plans both Trust wide and for each service area. This is combination with great leadership and line management will enable the Trust to become the best place to work. Trust wide progress on 'We said we did' plan for 2024/25 is set out in the following slides.
- Using the staff survey insight to drive engagement and improvement is the task of every senior leader and manager for their teams. We have reinforced this by making this a key organisational priority for 2025/26.

People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



We are
compassionate
and inclusive



We are recognised
and rewarded



We each have a
voice that counts



We are safe and
healthy



We are always
learning



We work flexibly



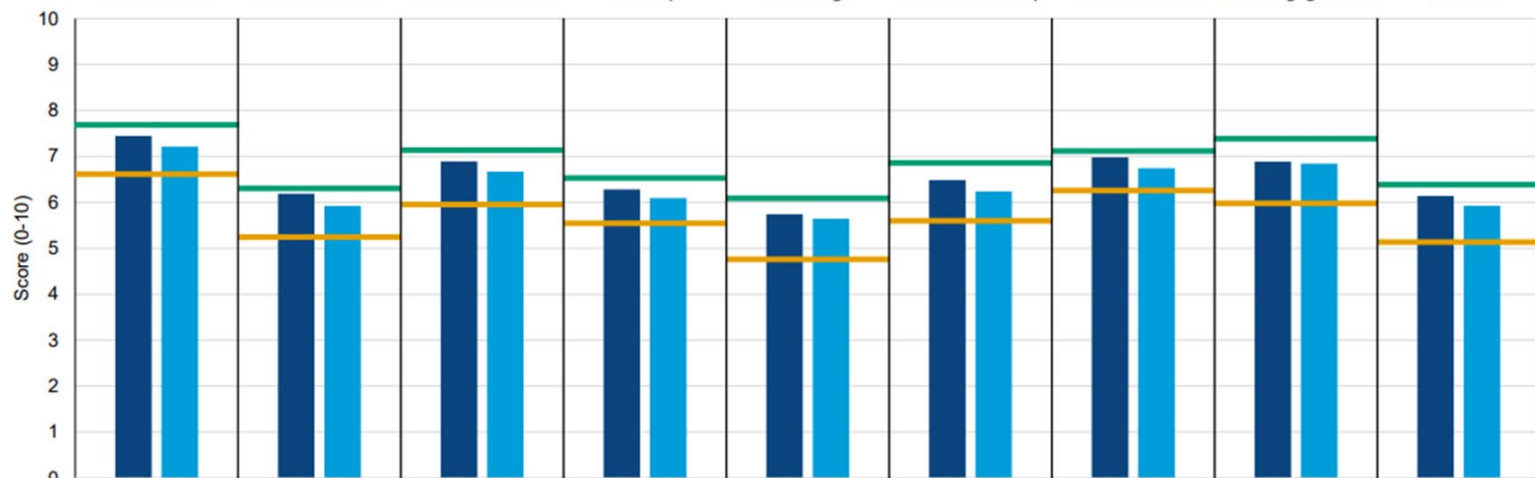
We are a team



Staff Engagement



Morale



	7.45	6.19	6.89	6.28	5.74	6.48	6.98	6.89	6.14
Best result	7.69	6.30	7.14	6.53	6.09	6.86	7.12	7.39	6.38
Average result	7.21	5.92	6.67	6.09	5.64	6.24	6.74	6.84	5.93
Worst result	6.61	5.24	5.95	5.54	4.76	5.60	6.26	5.98	5.13
Responses	3078	3089	3037	3016	2918	3063	3073	3088	3086

Trust wide 'We said, we did' 24/25



*We said,
We did*

What is a 'We said, we did' plan?

Our new People and Culture strategy sets out that care groups and corporate teams will develop 'We said, we did' plans with teams based on NHS staff survey results and other feedback. These will be complemented by a Trust wide plan covering the areas that need a whole organisation focus or specific leadership to deliver improvements.



Trust wide 'We said, we did' 24/25



How will it make a difference?

For each area Director leads have developed a problem statement (or statements) and are taking work forward to make improvements. The following slides set out what this work is in each area and we will update you on progress at mid year (October) and end of year

Focus area	Director lead
Appraisal	Daniel Hartley - Director of People
Car Parking	Linda Martin - Director of Estates and Facilities
Reasonable Adjustments	Steve Hackett - Director of Finance
Sexual Safety	Helen Dobson - Chief Nurse
Violence & Aggression	Michael Wright - Managing Director

2024/25 'we said, we did' 6 month update October 2024

Message from our Director of Finance



Steve Hackett

Dear colleagues

For our latest update on our Trust-wide 'we said, we did' plan, we will be focussing on reasonable adjustments. Reasonable adjustments may involve changes to the way we work or the addition of equipment or technology to ensure that people with long term illnesses, disabilities, suffering from mental health issues, or other acute life circumstances

Trust-wide 'we said, we did' plan

- Appraisals – led by Daniel Hartley, Director of People
- Sexual safety – led by Helen Dobson, Chief Nurse
- Violence and aggression – led by Michael Wright, Managing Director
- Reasonable adjustments – led by Steve Hackett, Director of Finance
- Car parking – led by Linda Martin, Interim Director of Estates and Facilities

In the 2023 staff survey, 80% of colleagues said that reasonable adjustments

Message from our Managing Director



Michael Wright

Dear colleagues

For our latest update on our Trust-wide 'we said, we did' plan, we will be focussing on violence and aggression.

Joint message from our Director of People and Chief Nurse



Daniel Hartley and
Helen Dobson



Dear colleagues

We are continuing to highlight the work we have been focussing on in our Trust-wide 'we said, we did' plan. This week we're focussed on sexual safety.

Message from our Director of People



Daniel Hartley

Dear colleagues,

Thank you to everyone who has completed their staff survey so far. Your feedback is really valuable in helping us to shape the future of the Trust.

Over the past few weeks, we've been publishing the top three pieces of feedback and action from Care Groups' 'we said, we did' plans in Proud News. These plans were developed as a direct result of your feedback in last year's staff survey. If you have missed these, you can catch up with [Care Group 1](#), [Care Group 2](#) and [Care Group 4](#) in Proud News or on the TRFT staff app (in the staff survey section). Care Group 3's 'we said, we did' update will be published this Friday.

For the next few weeks, we will be highlighting the work we have been focussing on in our Trust-wide 'we said, we did' plan, starting with appraisals.

Trust-wide 'we said, we did' plan

- Appraisals – led by Daniel Hartley, Director of People
- Sexual safety – led by Helen Dobson, Chief Nurse
- Reasonable adjustments – led by Steve Hackett, Director of Finance
- Violence and aggression – led by Michael Wright, Managing Director

'we said, we did' plan

led by Daniel Hartley, Director of People
led by Helen Dobson, Chief Nurse
led by Michael Wright, Managing Director
led by Steve Hackett, Director of Finance
led by Linda Martin, Interim Director of Estates and Facilities

survey, 24% of you said you were worried about work from patients or the public.

Message from our Interim Director of Estates and Facilities



Linda Martin

Dear colleagues,

As you will have seen, over the past few weeks we have been providing you with updates on the Trust-wide 'we said, we did' plan. In our final message of the series, we're focussing on car parking.

Trust-wide 'we said, we did' plan

- Appraisals – led by Daniel Hartley, Director of People
- Sexual safety – led by Helen Dobson, Chief Nurse
- Reasonable adjustments – led by Steve Hackett, Director of Finance
- Violence and aggression – led by Michael Wright, Managing Director
- Car parking – led by Linda Martin, Interim Director of Estates and Facilities

Your feedback told us that there are not enough car parking spaces on the hospital site and this can cost you time and cause stress looking for a space. In addition, some people are making the site unsafe by parking outside of marked bays and blocking emergency vehicle access.

'we said, we did' plan

led by Daniel Hartley, Director of People
led by Helen Dobson, Chief Nurse
led by Michael Wright, Managing Director
led by Steve Hackett, Director of Finance
led by Linda Martin, Interim Director of Estates and Facilities

'freedom to Speak Up' month, and look towards next year will campaign to end violence against women and girls. 'tolerance' approach to unacceptable behaviour of a sexual



2024/25 'We said, We did' end of year update April 2025



Appraisal - Daniel	Car Parking – Linda / Scott
Actions Taken: <ul style="list-style-type: none"> Full review of the appraisal process and documentation took place and updated, user-friendly documents launched in April 2024 Learning and Development - Appraisal Additional training package available for managers Expanded 'Let's Talk' support for managers and staff covering various topics like Performance, Feedback, Wellbeing, etc. Staff Survey shows appraisal completion above peer average (90%), the next focus needed is on every manager carrying out quality appraisals which leave their team member clear on their objectives and feeling valued 	Car Parking Improvements: <ul style="list-style-type: none"> ANPR-operated barriers for staff car parks and removal of 'swipe system' Increase in numbers of staff registered for staff car parking Pre-registration for blue badge holders for free access 80 new car parking spaces created in 2024/25, with an additional 140 spaces to be delivered in 2025/26 Resurfacing and relining of car parks taking place Update on changes to car parking - A message from our Director of Estates and Facilities

Violence & Aggression – Michael / Bob	Reasonable Adjustments - Steve	Sexual Safety - Helen
Actions Taken: <ul style="list-style-type: none"> Leadership on this through the Exec chaired Violence and Aggression Group Issuance of new body-worn cameras and regional publicity for this Bodycams for Rotherham Hospital staff in bid to stop abuse - BBC News Improved Violence Reduction and Prevention policy in place and stronger partnership with South Yorkshire police Encouragement of incident reporting Staff survey shows 5% improvement in last incident reported Prosecutions taken forward where appropriate and clearer warning markers on patient records Staff Survey shows 3% improvement or staff experiencing harassment, bullying or abuse at work from patients or service users, relatives and the public, but stayed the same for physical violence so this work continues 	Actions Taken: <ul style="list-style-type: none"> Increased support for managers via the Equality Diversity and Inclusion team so that more people can benefit from Access to Work Disability and Reasonable adjustments. New toolkit developed to launch for managers in Q1 2025/26 New Occupational Health contract (live from 1st September 2025) includes more proactive support for reasonable adjustments Upcoming new referral form and process for requesting support and guidance on reasonable adjustments SY Mayoral Authority's Work Well programme supporting people to remain in work launches Q1 2025/26 	Actions Taken: <ul style="list-style-type: none"> Reinforcement of zero-tolerance approach and poster campaign Robust action taken on allegations of sexual misconduct Dedicated Sexual Safety area on the hub with new reporting mechanisms and support for affected colleagues Trust signed up to national Sexual Safety Charter. Staff survey still shows 8% of our colleagues said they had been the target of unwanted behaviour of a sexual nature in the workplace from patients/service users, relatives or other members of the public. 2% responded "yes" to the same question but from staff/colleagues so this work continues

The needs of our people



Achieve potential

- I can achieve my potential
- I inspire and support others
- I deliver excellent services and quality patient care



Esteem

- I do a great job
- I am recognised and valued
- I make improvement happen



Belonging

- I belong to an inclusive team
- I can develop and learn
- I am treated fairly as a unique individual



Safety and security

- I know my shifts at least 6 weeks in advance
- I have any reasonable adjustments in place and my wellbeing is supported
 - I have the tools to do my job
- I know there is zero tolerance of bullying, violence, discrimination and harassment



Core needs

- I have access to; parking / transport options, lockers, toilets, decent food, water and wifi
- I know there are enough people on the shift, the temperature is ok, there are decent rest areas and I can take my break

One of our new colleagues Dr Catherine Anderson has updated Maslow's hierarchy of needs for the 21st Century for TRFT. The idea behind the model is that as humans we have different types of need that we wish to have fulfilled - the headings in the model. The higher needs and outcomes begin to emerge when people feel the previous needs have been satisfied. For us all to achieve our potential we need to make sure that the needs of each level are met.

We have developed this further based on feedback from our people when creating this strategy and from the staff survey free text comments. We will use it to continue to improve our approaches to meeting the needs of our people across the Trust.



Extract from Trust People and Culture strategy p17

Adapted from Dr Catherine Anderson, 2024

Our performance

Sally Kilgariff
Chief Operating Officer



Our performance

Delivering exceptional care

Our colleagues have once again gone above and beyond, providing outstanding care to our local population.

Rising to the challenge

Despite rising demand across all services, we have:

- Achieved significant improvements in key performance indicators
- Maintained safe, high-quality emergency care
- Continued to focus on what matters most – the needs of our patients



Our performance

A year of progress and impact

Thanks to the commitment, resilience, and innovation of our teams, we are delivering better access, shorter waits, and improved outcomes for the people of Rotherham.

Emergency access

UECC Performance




Number of Attendances in UECC	
2023/24	2024/25
97,040	104,892



Up by 7,852 attendances this financial year, that's an 8% increase overall this year



Demand for emergency care has continued to grow, with an 8% rise in attendances compared to 2023/24. This increase was most notable in the winter months, with a 4% rise in ambulance arrivals and a 10% increase in walk-in patients. Significant improvement has been progressed despite these challenges:

-  **Improved performance:** 4-hour performance rose from 62.9% in March 2024 to 65.5% by March 2025
-  **National recognition:** The Trust moved from the 2nd to the 1st quartile nationally for Type 1 A&E attendances, ranking 23rd out of 121 acute and integrated providers
-  **Ambulance handover success:** Focused work on ambulance handovers led to a sustained 2.6% reduction in delays over 60 minutes compared to last year



Number of 4-hour breaches in UECC	
2023/24	2024/25
39,426	37,432



The number of 4-hour breaches has reduced by 1,994 following embedding of the 4-hour access standard



Number of Ambulance Handovers - Over 60 minutes (%)	
2023/24	2024/25
7.1%	4.5%







Despite the increase in attendances our Ambulance Handovers >60 minutes reduced by 2.6%

Operational summary

18-week Referral to Treatment (RTT) waiting times

We have delivered significant progress in improving access to elective care over the past year:

-  **Elimination of 65-week waits:** A major milestone that demonstrates our commitment to timely care for patients
-  **Reduction in overall waiting list:** From a peak of approximately 33,000 patients in August 2024 to around 31,000 by March 2025 – a 4.2% reduction despite sustained high demand
-  **Improved RTT performance:** Delivered a 4.9% improvement, placing the Trust 48th out of 154 providers nationally and in the top quartile for RTT performance
-  **Significant reduction in long waits:** Patients waiting over 52 weeks reduced from a peak of 902 in January 2025 to 790 by March; continuing on a downward trajectory

Our focus on operational grip, elective recovery initiatives, and partnership working has resulted in better access, shorter waits, and improved outcomes for patients

Operational summary

Cancer and diagnostic performance

Our teams have delivered an exceptional year of progress in cancer and diagnostic services, ensuring patients are seen and treated faster than ever before.

✓ Cancer waiting times – exceeding national expectations

We have continued on a positive trajectory, consistently outperforming national standards:

- **62-day treatment standard:** 77.9% of patients treated within target, well above the national goal of 70%
- **Faster Diagnosis Standard:** Achieved 80.9% by March 2025, surpassing the target of 77%

This means more patients are receiving quicker diagnoses and treatment, giving them the best possible chance of positive outcomes.

✓ Diagnostics – consistently excellent

- The Trust delivered the DMO1 standard every month, ensuring patients received timely access to diagnostic tests
- Our performance has positioned us as one of the top-performing organisations nationally, reflecting the dedication of our diagnostic teams

Our sustained improvements in cancer and diagnostic services are reducing anxiety for patients, speeding up their care, and improving outcomes, a testament to the hard work and collaboration across clinical, operational, and support teams.

Operational summary

Community performance

Our community teams have had a remarkable year, responding to growing demand while continuing to deliver high-quality care closer to home.

✓ Increased activity across services

We have supported more adults and children than ever before, ensuring timely, accessible care within the community.

✓ Transfer of Care Hub – fully embedded and expanded

The Hub has matured into a key part of patient flow, integrating discharge planning across partners. This has helped patients return home safely and sooner, improving experience and reducing unnecessary delays.

✓ Virtual Ward – expanded role

Played a critical role in supporting early discharge and admission avoidance and enabled patients to receive the right care at home with hospital-level oversight, improving outcomes and patient satisfaction.

✓ Urgent Community Response – exceeding expectations

Maintained the 2-hour response standard at 74%, well above the national average. This rapid response is helping to prevent hospital admissions and provide reassurance to patients and families.

These achievements demonstrate the power of integrated care, improving patient flow, reducing pressure on hospital services, and delivering care where patients want it most: at home and in their community.

Finance

Chris Thickett
Chief Finance Officer



Trust Financial Summary

- The Trust received **£408.0 million in income**, a **11.5% increase** from the previous year, driven by inflation uplifts, elective recovery activity, and deficit support funding
- We ended the year with a **£0.3m surplus**, an improvement from the planned deficit of £0.6m, demonstrating improved financial control and cost management.
- The **Efficiency and Productivity Programme (EPP)** delivered **£10.8 million in savings**, supporting the Trust to meet its financial plan.
- Despite financial pressures, we invested **£16.9 million in capital projects**, ensuring our facilities, equipment, and digital infrastructure remain fit for purpose.
- Our external auditors, **Forvis Mazars**, conducted a full audit of our accounts and issued an **unqualified audit opinion**, confirming the accounts present a true and fair view with no concerns regarding value for money.

Financial Pressures and Risk Landscape

- **Cost Pressures:** Inflationary increases in staffing, utilities, and clinical supplies continue to impact expenditure.
- **Operational Challenges:** Rising demand, delayed discharges, and industrial action have added strain to service delivery and financial performance.
- **System-wide Deficit:** The South Yorkshire system reported a £49 million deficit, highlighting shared pressures across the region.
- **Strategic Risks:** Risks include digital transformation disruption, estate capacity constraints, and long-term financial sustainability.

Investment and Strategic Priorities

- In 2024/25, the Trust invested **£16.9m in capital projects**
- Key investments included:
 - Expanding the **Urgent and Emergency Care Centre (UECC) facilities** to increase our patient capacity for urgent care, minor injuries and medical same day emergency care (SDEC).
 - Replacement and advances in **medical equipment** including medical imaging ultrasound devices, cardiology monitoring equipment, and theatre stacks.
 - Significant progress in **digital investment**, including end user devices, data networks, cyber security, and server replacements.
 - **Sustainability and Estates upgrades**, including ventilation, electrical infrastructure and fire safety.
- These investments reflect our strategic commitment to improving patient care, supporting staff, and modernising our estate.

Path to Financial Sustainability

- In response to the planned deficit, the Trust launched a **Financial Recovery Plan** for 2024/25, with a clear ambition to return to a financial balance over the next 2–3 years.
- The plan includes:
 - A refreshed **Cost Improvement Programme** (CIP) targeting efficiency savings across clinical and corporate services.
 - **Strengthened governance and oversight**, with regular scrutiny by the Finance and Performance Committee and enhanced reporting to the Board of Directors as part of the Trust's Financial Recovery Plan.
 - **Strategic workforce planning** to reduce reliance on agency staff and improve recruitment and retention.
 - **Investment in digital tools** and service redesign to improve productivity and reduce waste.

The Trust External Auditors, Forvis Mazars carried out a detailed audit of our annual accounts, issuing an unqualified audit opinion concluding that the accounts gave a true and fair view with no cause for concern – you will hear more from Forvis Mazars next

Forvis Mazars – External audit 2024/25

The Rotherham NHS Foundation Trust

Presentation to Annual Members
Meeting

September 2025



Our responsibilities

Our responsibilities are defined by the Local Audit and Accountability Act 2014, and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO').

What our external audit covers

- **Financial statements**
 - We give an opinion on the Trust's financial statements
- **Value for Money arrangements**
 - We consider whether the Trust has proper arrangements in place to deliver value for money in its use of resources
- 51 • **Wider reporting responsibilities**
 - We have specific powers and responsibilities as set out in the NHS Act 2006

Who we report to

Meeting	Communication
Audit and Risk Committee	We attend all Audit and Risk Committee meetings
	We present our annual Audit Plan, and report progress against that plan during the audit
	We present our audit findings to the Audit and Risk Committee at the completion of the audit
Trust Board	The Audit and Risk Committee uses our work to provide assurance to the Board
	Occasionally, we may report directly to the Board, but have not needed to do that this year
Council of Governors	Annually we issue a summary to the Governors

The scope of our work

Opinion on the financial statements

We carry out our audit in accordance with the requirements of the NAO's Code of Audit Practice and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error.

The output from our audit work is the Audit Report containing our audit opinion, this is published alongside the Trust's financial statements in its Annual Report.

5
2

Value for money arrangements

We are required to consider whether the Trust has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We consider arrangements and report against the following criteria:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Trust ensures it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it delivers services

We report any significant weaknesses in arrangements and provide a commentary from our VFM work in our Auditor's Annual Report.

Wider reporting

The NHS Act 2006 provides auditors with specific powers where matters come to our attention that, in our judgement, require specific reporting action to be taken. We have the power to:

- issue a report in the public interest; and
- make a referral to the regulator.

We are also required to report if the Annual Governance Statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust.

The outcome of our work in 2024/25

Opinion on the financial statements

Work complete



- The external audit progressed well and we completed our audit in advance of the 30th June NHS deadline for submission of audited accounts.
- We issued our audit report on 26 June 2025 giving an unqualified opinion on the Trust financial statements for the year ended 31 March 2025.
- The Trust produced good quality draft accounts and supported the audit process well, fully assisting us to complete the audit in advance of the NHS submission deadline.
- We identified and reported two non-material misstatements in the draft accounts. One of the misstatements was identified from our sample testing of expenditure transactions. The other was identified following review of assets in the asset register with a nil net book value. Management accepted the misstatements but chose not to amend the draft accounts as the misstatements were immaterial cumulatively.

5
3

Unqualified audit opinion

- We raised no recommendations to improve the control framework for financial accounting and reporting. We followed up on three recommendations raised in the prior year. Two have been fully implemented in year and the remaining one has been progressed in year.
- We have a positive and professional relationship with the Trust leadership team, the finance team, and the Audit and Risk Committee. The Trust engage proactively with external audit and are focused on continuously improving the closedown process.

The outcome of our work in 2024/25

Work on the Trust's Value for Money arrangements

Work complete ✓

- We issued our Auditor's Annual Report on 26 June 2025 incorporating our commentary on the Trust's VFM arrangements.
- The work progressed well and we had the support and assistance of Trust management in completing the work.

One new significant weakness reported in 2024/25

- We reported one new weakness and raised a recommendation relating to the Trust's arrangements to achieve financial sustainability.
- While the Trust achieved a small surplus in 2024/25 this was after receiving non-recurrent funding and non-recurrent balance sheet movements. Efficiencies achieved in year were below target with half of those achieved being non recurrent.
- We will follow up this work in 2025/26 and will consider the further progress the Trust has made in its arrangements as the funding and cost position evolves through 2025/26.

Wider reporting

⁵
⁴ Work complete ✓

- We have not exercised our additional reporting powers during 2024/25.

No reporting required

- We reported no issues over the form and content of the Trust's Annual Governance Statement.

Contact

Forvis Mazars

Daniel Watson

Partner

One St Peter's Square

Manchester

M2 3DE

daniel.watson@mazars.co.uk

Forvis Mazars LLP is the UK firm of Forvis Mazars Global, a leading global professional services network. Forvis Mazars LLP is a limited liability partnership registered in England and Wales with registered number OC308299 and with its registered office at 30 Old Bailey, London, EC4M 7AU. Registered to carry on audit work in the UK by the Institute of Chartered Accountants in England and Wales. Details about our audit registration can be viewed at www.auditregister.org.uk under reference number C001139861. VAT number: GB 839 8356 73

© Forvis Mazars 2025. All rights reserved.

Governors and Membership

Geoff Berry
Lead Governor



Council of Governors

- Our role is to:
 - Represent the views of our membership and the wider public
 - Hold the Non-Executive Directors accountable for the performance of the Board of Directors
 - Appoint the Chair and other Non-Executive Directors and agree appropriate remuneration

New appointments

- We welcomed Professor Shirley Congdon as Non-Executive Director in November 2024
- We welcomed Andrew Mondon as Associate Non-Executive Director in November 2024

With thanks to...

- Zlakha Ahmed, Associate Non-Executive Director, stepped down August 2024

New Governors

- We welcomed the following new Governors onto the Council of Governors

Public – Frank Kler, Valarie Ball, Shane Goodwin, Robert Taylor and Mohammed Ramzan

Staff – Kerry Smith, Sammy Nordkil and Sarah Hayhurst

Our membership

- We continued to progress our Membership Engagement Strategy 2022-25
 - **Objective 1:** To build and maintain our membership numbers by actively recruiting and retaining our members
 - **Objective 2:** To effectively engage and communicate with members
- We had a total of **13,366** members at 31 March 2025

System and partnership working

Bob Kirton
Managing Director



What it means for Rotherham FT

- We believe we can achieve more through working together with our partners
- **Strategic objective – “We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care”**



Place working (Rotherham)

Rotherham PLACE

- Health and Care Plan inc urgent care, planned care, children and young people priorities. Delivery of the ten year plan.
- Health and Wellbeing Board – new strategy for 2025/26
- Rotherham Together Partnership inc social value action plan, skills st, apprenticeships



Place working (Rotherham)

Neighbourhood Working

- One team supporting you where you live
- Rotherham place have secured a place on the national neighbourhood implementation team programme - works starts now.



System working (South Yorkshire)

We continue to be a core member of the Acute Federation of South Yorkshire, achievements include:

- Over 1,500 people have received surgery at the Montagu Elective Orthopaedic Centre
- Trained 55 endoscopists at the South Yorkshire Endoscopy Training Academy.
- Launched a paediatric high-volume dental hub which will enable around 700 more SY children to receive oral surgery a year.



System working (South Yorkshire)

- Paediatric virtual ward pilots at The Rotherham NHS FT & Sheffield Children's NHS FT
- A single unified South Yorkshire & Bassetlaw Pathology Service was formed in April 2024.
- Saved £1,167,000 through collaborative procurement



Partnership working with Barnsley Hospital NHS Foundation Trust

- Strengthened programme of joint partnership working based around improving quality, shared value and development of our teams. Separate entities working together on common goals.
- **Services:** Developing a combined inpatient facility for Rotherham and Barnsley haematology patients, located at Rotherham Hospital. Opens summer 2026.
- **Value:** shared posts inc finance, communications, governance, shared approaches to common issues and opportunities “doing things once and well”.
- **Development:** joint development programmes for our triumvirates, service managers, quarterly senior leaders sessions and bi-annual board sessions.



Looking forward to 2025-26