

Council of Governors

The Rotherham NHS Foundation Trust

Schedule	Wednesday 3 September 2025, 5:00 PM — 6:30 PM BST
Venue	Board Room, Level D
Organiser	Claire Rimmer

Agenda

5:00 PM PROCEDURAL ITEMS

COG/37/25. Chairman's Welcome and announcements - Verbal
For Noting - Presented by Dr Mike Richmond

COG/38/25. Apologies for absence and quoracy check - Verbal

Section 17.4 of Constitution;
A meeting of the Council of Governors shall be
quorate if not less than half of the elected Governors
are present.
For Noting - Presented by Dr Mike Richmond

COG/39/25. Declarations of Interest - Verbal
For Noting - Presented by Dr Mike Richmond

COG/40/25. Minutes of the previous meeting held on 14th May
2025
For Approval - Presented by Dr Mike Richmond

COG/41/25. Matters arising from the previous minutes (not covered
elsewhere on the agenda) - Verbal
For Discussion - Presented by Dr Mike Richmond

COG/42/25. Action Log
For Decision - Presented by Dr Mike Richmond

5:10 PM OVERVIEW AND CONTEXT
For Noting

COG/43/25. Chair's Report - Verbal
For Noting - Presented by Dr Mike Richmond

COG/44/25. Report from the Non-Executive Director Chairs of the
Board Assurance Committees:

- i. Quality Committee - Julia Burrows
 - ii. People & Culture Committee - Dr Rumit Shah
 - iii. Finance and Performance Committee inc. Finance
Report - Martin Temple
 - iv. Audit and Risk Committee - Kamran Malik
 - v. Charitable Funds Committee - Heather Craven
- For Noting
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5:50 PM STRATEGY, PLANNING AND PERFORMANCE

COG/45/25. National, Integrated Care Board and Rotherham Place
Update
For Information - Presented by Bob Kirton

COG/46/25. Teaching Hospital Status
For Information - Presented by Bob Kirton and Dr Jo
Beahan

6:20 PM SUB GROUPS OF THE COUNCIL OF GOVERNORS

COG/47/25. Governor Membership Engagement Group Chairs
Report
presented by Geoffrey Berry, Lead Governor
For Noting

6:25 PM COMMITTEE GOVERNANCE

COG/48/25. Issues to be escalated to Board of Directors - Verbal
For Approval

COG/49/25. Calendar of Business for Council of Governors 2025
For Information - Presented by Dr Mike Richmond

COG/50/25. Any Other Business
For Discussion - Presented by Dr Mike Richmond

COG/51/25. Next meeting to be held on 19 November 2025
For Noting

CLOSE OF MEETING

**MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS
HELD ON WEDNESDAY 14 MAY 2025
IN THE BOARDROOM, LEVEL D, ROTHERHAM FOUNDATION TRUST
AND MS TEAMS**

Chair: Dr M Richmond, Chair

Public Governors: Mr G Berry, Public Governor Rest of England & Lead Governor
Mr M Skelding, Public Governor Rotherham Wide
Mrs M Gambles, Public Governor Rotherham Wide
Ms V Ball, Public Governor Rotherham Wide
Mr A A Zaidi, Public Governor Rotherham Wide
Mr S Goodwin, Public Governor Rotherham Wide
Mr M Ayub, Public Governor Rotherham Wide

Staff Governors: Ms R Bell, Staff Governor
Mr S Nordkil, Staff Governor
Mr M White, Staff Governor

Members of the Board of Directors, other Trust staff and invited guests in attendance either for the whole or part of the meeting:

Mr K Malik, Non-Executive Director (via Teams)
Ms J Burrows, Non-Executive Director
Prof. Shirely Congdon, Non-Executive Director
Ms H Watson, Non-Executive Director
Mr A Mondon, Associate Non-Executive Director
Dr R Shah, Non-Executive Director
Mr M Temple, Non-Executive Director
Mrs H Craven, Non-Executive Director
Mr B Kirton, Managing Director
Mr S Hackett, Director of Finance
Mr Peter Walsh, Interim Director of Corporate Affairs
Mr A Wolfe, Deputy Director of Corporate Affairs
Ms C Rimmer, Corporate Governance Manager (minutes)

Apologies: Dr R Jenkins, Chief Executive
Ms J Mallinder, Partner Governor Voluntary Action Rotherham
Mrs K Smith, Staff Governor
Ms S Hayhurst, Staff Governor
Mr M Ramzan, Public Governor Rotherham Wide
Mr F Kler, Public Governor Rest of England
Dr J Lidster, Partner Governor Sheffield Hallam University
Ms I Ogbolu, Public Governor Rotherham Wide

ITEM	PROCEDURAL ITEMS	ACTION
COG/20/25	CHAIRMAN'S WELCOME AND ANNOUNCEMENTS	

	Dr Richmond welcomed all those present, and those attending virtually. Dr Richmond introduced Mr Walsh, Interim Director of Corporate Affairs.	
COG/21/25	APOLOGIES FOR ABSENCE & QUORACY CHECK The apologies were noted and the meeting was confirmed to be quorate.	
COG/22/25	DECLARATION OF INTEREST Mr Walsh's interest, in terms of their joint role at both the Trust and Barnsley Hospital NHS Foundation Trust, were noted. Mr Malik's interest in terms of his Non-Executive Director role at Birmingham Hospital was noted.	
COG/23/25	MINUTES OF THE PREVIOUS MEETING The minutes of the previous meeting held on 12 th February 2025 were agreed as a correct record.	
COG/24/25	MATTERS ARISING FROM PREVIOUS MINUTES (NOT COVERED ELSEWHERE IN THE AGENDA) No matters were raised.	
COG/25/25	ACTION LOG Both actions were agreed to be closed.	
	OVERVIEW AND CONTEXT	
COG/26/25	CHAIR'S REPORT - Verbal Dr Richmond reflected on the national changes since the last meeting, with the abolition of NHS England and raised that what will replace it is not entirely clear, creating a state of limbo. This uncertainty is compounded by numerous announcements about significant staffing cuts to NHSE and ICBs, and Dr Richmond highlighted the impact these staff cuts are likely to have on morale and organisational direction. Despite these challenges, Dr Richmond detailed the emphasis on delivering financial balance, noting the tighter financial envelope and external forces such as political, global security, and trade issues are dominating the agenda. With this in mind, there is real focus on collaboration where local economies of scale are expected to be pursued with local economies working together to achieve efficiencies and deliver better outcomes.	

	<p>Finally, Dr Richmond reiterated the Council of Governors' obligation to serve the population of Rotherham and underscored the Trust's commitment to maintaining the highest quality and safest care possible, ensuring that the organisation delivers on its mandate and expectations. This commitment remains unchanged despite the broader challenges and uncertainties facing the NHS.</p>	
COG/27/25	<p>REPORT FROM NON EXECUTIVE DIRECTOR CHAIRS OF BOARD COMMITTEES</p> <p>i. Quality Committee</p> <p>Ms Burrows presented the chairs log and highlighted the key details in the report for the attention of the Council of Governors and added further context from discussions at the committee, noting the new format of reporting and the openness to feedback.</p> <p>Looking at the IPR and care incidents metrics, Mr Nordkil drew attention to the falls value higher than target and queried the recruitment delay to a falls prevention lead. Mr Kirton raised that there should be no delays to any post related to quality care and would follow up. Mr Nordkil reflected on the tight controls to monitor recruitment and the effect across the trust and Mr Kirton detailed that it is discussed weekly at the Executive team meeting, ensuring surveillance and monitoring of the risks.</p> <p>ii. People and Culture Committee</p> <p>Dr Shah and Mrs Watson presented the report highlighting that sickness absence is a priority for the committee with the impact triangulated through other areas, reporting and committees. There had been focused attention on Health and Wellbeing (HWB) and attendance and the committee was highly assured by the HWB programme and offerings, but suggested more specific energy and focus on areas of most benefit to get the engagement needed. Prof. Congdon added that the presentation from Care Group 3 demonstrated shared accountability and care for each other and considered how this can be translated to other leadership groups. On the themes around sickness absence, Prof. Congdon noted that it is a symptom and there is the appetite to deepen understanding in the diagnosis and prevent space.</p> <p>Mr Skelding queried the timescale to review Care Group 1, noting the concerns. Dr Shah explained that time was given to embed actions and demonstrate change, before coming back to the committee to update. The building work will also have impact on the care group, to consider from a capacity perspective and Mr Temple added that the group were making good process with the A&E and SDEC work, however the moves of departments to facilitate this work, may impact the timescale to see improvements</p>	BK

	<p>the committee will be monitoring. Mr Skelding posed that it seemed that the care group needed support here and may not be being heard and Mr Kirton updated that the executive team meet with care group leaders on a regular basis and it had been a high pressure and intense portion of the year. There had been some changes in leadership and the Freedom to Speak Up (FTSU) was also working proactively in that area. There had already been a lot of changes and there was confidence that the June presentation to the committee would showcase an improved picture.</p> <p>Mr Temple shared that Care Group 1 had recently presented to Finance & Performance Committee and highlighted that despite all the challenges, issues and demonstrably high attendances, there had been some hard won achievements in performance to commend.</p> <p>Mr White queried the decrease in MAST compliance, whether the committee was seeking the rationale behind the decrease and whether any questions had been raised as to the content of the training. Dr Shah explained that there are national requirements and acknowledged the sometimes cumbersome system, however it is a key piece of evaluation for CQC and so must be monitored and escalated for improved compliance. Mrs Watson added that there is a national review by NHSE into MAST and a more outcomes based approach; the Director of People is involved in the consultations and has been discussed at senior leadership meetings.</p> <p>Mrs Craven raised that sickness and wellbeing is also a key issue for the charity and are working in partnership with the trust to submit a bid to NHS Charities Together on a HWB project. The people team have done a gap analysis and identified themes around mental health support and a gap in psychological support, for which the bid is centred around.</p> <p>iii. Finance and Performance Committee incl. Finance Report</p> <p>Mr Temple presented the report and highlighted key aspects for the attention of the Council. Mr Temple commented on the delivery of the financial plan and surplus, national placements in terms of performance, Cost Improvement Programmes (CIP) and acknowledged the key challenge from care groups this year had been sickness absence, impacting on costs, quality and morale.</p> <p>On the Finance report, Mr Hackett drew attention to the specific numbers in the delivery against the plan, the significant work gone into the capital plan and funding allocation, and updates in regard to the cash position.</p>	
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	<p>Mr Berry congratulated the teams on the achievement made throughout the year with clear grip and control, to result in the positive year-end position.</p> <p>Mr Berry noted the comments on the changes to reporting and sought clarification on the papers and improvements made. Mr Temple detailed that it had been on several dimensions, triangulating reporting with risks and also actioning specific deep dives. There had been questions on how best to translate this up to Board and Council of Governors and Mr Temple raised that the IPR provides constant surveillance to anchor reporting and attention to risks and key issues. Mrs Craven added that the risk management process has been evolving over a number of years and there had been a real focus on the action plans and dynamic risk assessment to ensure a more robust and mature process.</p> <p>Mr Berry posed that some aspects of the IPR can be misleading without the context of the reports or validity of the data. Mr Temple concurred and that the committee sought more information on items that had cause for concern. Mr Hackett detailed that the IPR was a kite mark assessment of data quality and external validation. As part of reviewing the reporting, the board looks at the rigour and resilience and assesses whether the right data is collected for the key issues for the attention of the committees and board.</p> <p>Mr Berry questioned whether plans were in place to deal with the aspects that were failing. Mr Temple and Mrs Craven discussed that it was an improving picture reflecting on the previous year and that although missing the trust targets, from a national perspective, the trust performance was reaching the top or second quartiles in many areas. It is the main theme for care group deep dives; what are the actions and what are the outcomes. Further context is given in the IPR descriptors.</p> <p>On balancing financial constraints and the impact of staff sickness absence, Mr White asked whether there were any staffing areas of fragility and opportunities to invest. Mr Temple outlined the triangulation needed and coordinated approach here, and the staff shortages in certain specialities. Prof. Congdon shared that it had been a challenge put to the Director of People, to utilise the data and patterns to inform the core actions to target specific areas.</p> <p>iv. Audit and Risk Committee</p> <p>Mr Malik introduced the chairs log from the meeting in April and drew attention to the key points, particularly the Internal Audit reporting and further details on each area, difficulties in Standard of Business Conduct (SoBC) Declaration compliance and interim internal audit opinion for year-end of significant assurance.</p>	
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	<p>On SoBC compliance, Mr White noted that this had been reported previously and queried the assurance that the issue was in hand. In terms of the monitoring, Mr Malik detailed the committee oversight and suggestions moving forward to engage more directly with staff members. There is a behavioural element that is recognised and the follow up required by line management, linking with appraisals. Mr Hackett updated on the limitations of ESR and capturing the data; a busy workforce can miss the subtleties of the system and there are some frustrations aired by colleagues, however, actions are being taken to instruct of the correct process to support declarations.</p> <p>Mr White raised that in NHS and public sector organisations, there is a danger with cross-service working that one group assumes the other is doing a task, which leads to poor outcomes. Mr White asked what steps the committee takes to avoid this, noting the crossover of risks and issues across committees as mentioned by other chairs. Mr Malik explained that the committees ensure each sector or area is not siloed, reminding that performance is not just about numbers, but about quality and triangulation is key and a key question for NEDs to gain assurance at committees. The terms of reference for each committee are part of the process to make sure all aspects are covered and good distribution of topics. In terms of execution, this is via real-time assurance, on a case by case basis. ARC must maintain its independence and identify themes and trends to escalate to committees or Board. Mr Temple concurred that NEDs are conscious of this and highlighted the cross committee visibility through NEDs as members on multiple and Mr Wolfe attending all. It is also the chairs responsibility to flag any escalations to Board as needed.</p> <p>v. Charitable Funds Committee (CFC)</p> <p>Mrs Craven reminded the Council that CFC was not an assurance committee but delegated to manage the charity and make day to day decisions.</p> <p>Mrs Craven presented the chairs report and highlighted key updates including the vast portfolio of activities and events, the new three year strategy, partnership working and development with the trust, and detailed the extension of the dementia appeal.</p> <p>Mr Berry commended the charity team and CFC for their excellent work.</p>	
COG/12/25	INTEGRATED PERFORMANCE REPORT	

	<p>Mr Kirton introduced the IPR report drawing attention to the Operational Delivery dashboard and further details within the report. It was a story of improvement and Mr Kirton forecasted this trajectory to continue over the next couple of months. On sickness absence, there had been some changes to the Return to Work forms and the Occupational Health contract which should bolster the positive trend.</p> <p>Mr Berry noted the work in train would be interested to see the developments and impact on staff absence.</p> <p>Dr Richmond shared that the IPR structure and format had been well received at Board.</p>	
	<p>TRFT FIVE YEAR STRATEGY – 6 MONTH REVIEW</p> <p>Mr Kirton presented the report highlighting the progress against the strategy.</p>	
COG/13/25	<p>NATIONAL, INTEGRATED CARE BOARD AND ROTHERHAM PLACE UPDATE</p> <p>Mr Kirton introduced the report and drew attention to the substantial national changes in motion, particularly around NHSE, ICBs and the Department of Health. A Place level, there was a new CEO at the council and Mr Kirton updated on his attendance at a Rotherham Together event which was a great session, and there was good work in the social value space around employment.</p> <p>Dr Richmond reflected that there are tremendous opportunities with the changes in motion nationally and there is need to have close links with the council and consider how we approach board to board meetings to achieve the maximum benefit for the population we serve. Mr Kirton concurred that as an acute and community trust, the trust is in a good position to support change. There is a good relationship with the council and ICB and there were a few things in development.</p>	
	SUB GROUPS OF THE COUNCIL OF GOVERNORS	
COG/14/25	<p>GOVERNOR MEMBERSHIP ENGAGEMENT GROUP CHAIRS REPORT</p> <p>Mr Berry presented the update from the group and feedback that there were a number of initiatives to further the ongoing objectives to increase recruitment of members and to engage with the membership. Mr Berry noted the work of Mrs Gambles to engage with local schools.</p>	
	COMMITTEE GOVERNANCE	
	CONSTITUTION – PARTNER GOVERNORS	

	<p>Mr Walsh presented the proposal to amend the partner governor section of the constitution to appoint a partner governor from Barnsley, to further strengthen the partnership working. It was also proposed to update the partner governor list to include Rotherham college, reflecting on the engagement work between the trust and the college on future workforce opportunities. Mr Walsh also noted that there would be further discussions with the local authority to appoint to their partner governor seat.</p> <p>Mr White agreed with the inclusion of the college, which could act as a useful conduit for future recruitment. Mr Berry commented that the proposal for a partner governor from Barnsley had also been discussed at the Governor Nominations Committee and was supported.</p> <p>The Council of Governors approved the amendments to the Constitution.</p>	
COG/16/25	<p>ISSUES TO BE ESCALATED TO BOARD OF DIRECTORS</p> <p>None were noted.</p>	
COG/17/25	<p>CALENDAR OF BUSINESS FOR COUNCIL OF GOVERNORS 2025</p> <p>The Council noted the planner.</p>	
COG/18/25	<p>ANY OTHER BUSINESS</p> <p>It was the final meeting for Mr White and Mr AA Zaidi who would reach the end of their terms in May. Mr White thanked the Council and NED for the effort and work done and had enjoyed his time as a governor. Mr Berry and Dr Richmond thanked Mr White for his time, effort and valuable contributions. They also thanked Mr AA Zaidi for his years of service and speaking up for the community.</p> <p>Mr Zaidi raised that feedback from speaking to members of the public has been that patients are referred by GPs or professional but did not hear back for many months. Patients should be kept informed at each stage of the process. Mr Kirton made a note of this and would review how this is dealt with on a routine basis.</p>	
COG/19/25	<p>NEXT MEETING TO BE HELD ON</p> <p>Wednesday 3rd September 2025</p>	
	CLOSE OF MEETING	

Council of Governors Action Log

Log No	Meeting date	Report/ agenda title	Min Ref	Action	Lead Officer	Time scale	Response	Open/close
	2025							
3	14/05/2025	Quality Committee Chairs Report	COG/27/25i	Staff Governor SN requested update regarding the recruitment of the Falls Prevention Lead.	BK Chief Nurse	Sep-25	Quality Committee Chair and Chief Nurse followed up directly with SN following the meeting regarding progress on the recruitment.	Rec. to close

Open
Rec to close
Closed

COUNCIL OF GOVERNORS MEETING: 03 Sept 2025

Agenda item: COG/44/25i

Report: Chairs Report from Quality Committee (QC)

Author and Presented by: Julia Burrows, Chair of Quality Committee

Action required: To note

- 1.0** The Quality Committee (QC) continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors and the Council of Governors to demonstrate the degree of assurance received on all key matters.
- 2.0** Since the last presentation to the Council of Governors, the Quality Committee met on:
 - Wednesday 19th May 2025
 - Wednesday 25th June 2025
 - Wednesday 23rd July 2025
- 3.0** The Council of Governors is asked to note the Chair's Logs.

Subject:	Quality Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	QC
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality Committee	Date: 19 th May 2025	Chair: Ms Julia Burrows
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Care Group 3 (Children and Young People's Services, Obstetrics & Gynaecology and Integrated Sexual Health) Presentation	<p>RTT and Gynaecology was raised as an area of concern and it was reported that there was confidence in the solutions, including opportunities in outpatients and utilisation in theatres to enhance delivery. The work of the GIRFT team was also noted.</p> <p>The Committee were also updated on the increase in HIV workload and the risks associated, following a substantial increase in interactions with the service, many of which are life-long.</p> <p>The Committee also noted the positive news including the CQC in-patient survey results for Children's services, the HSJ award shortlist for Pharmacy and their work on digitisation, and the implementation of Call For Concern across Children's and Maternity services.</p>	Board of Directors
2	Chief Nurse and Medical Director Monthly Highlight Report	In the Medical space, the Committee were updated that the team have been shortlisted for a Royal College of Physicians workforce award, and noted the Pharmacy shortlisting for a HSJ award. Various awards in the Nursing and AHP space were also noted and celebrated.	Board of Directors
3	Patient Safety Committee Report	The Committee highlighted the overall increase in moderate harms, which triangulated with the increase in demands. As noted previously, the improvements in flow and ease in pressures will take time to feed	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
		<p>into the data to demonstrate the impact on patient outcomes, but this will be continuously monitored by the committee via the IPR, alongside this report.</p> <p>The Committee also acknowledged the work to embed Martha's Rule and Call for Concern, noting that although calls made were not of the appropriate criteria, all were redirected accordingly.</p>	
4	Patient Experience Annual Report	The Committee received the Patient Experience annual report and discussed how the trust is encouraging all ethnicities to advocate for themselves, and the ownership of good customer service across the whole organisation and every stage of interaction.	Board of Directors
5	End of Life Care (EOLC) Annual Report	The Committee received the EOLC annual report and highlighted the positive journey and improvement, whilst acknowledging there is still more work to do, with next year focusing on education and engagement.	Board of Directors
6	Board Assurance Framework	The BAF was reviewed and updated in line with the Trust priorities and operational plan for 2025/26. The committee agreed for the score of BAF Risk P1 to remain at 12.	Board of Directors
7	Quality Account 2024/25	The Committee approved the Quality Account and authorised the Chief Nurse to make the final amendments once the remaining data is available.	Audit & Risk Committee
8	Quality Committee Annual Report	The Committee received the annual report and the annual effectiveness survey. The Committee has fulfilled its duties under the Terms of Reference and from the survey feedback, it is considered a good meeting platform that is well-chaired and effectively run. There	Audit & Risk Committee

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
		has been demonstrable progress since the previous effectiveness review, reflective of the conscious efforts and changes made.	

Subject:	Quality Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	QC
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality Committee	Date: 25 th June 2025	Chair: Ms Julia Burrows
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Action Log / Chief Nurse and Medical Director Monthly Highlight Report	<p>The committee were updated on the continued improvements in patient flow and patient journey metrics including waiting times and length of stay. Triangulation in the quality space will continue to be monitored with positive impact noted in other areas, such as staff sickness rates.</p> <p>The committee were notified of a Regulation 28 notice that had been served which related to a patient fall. A detailed action plan was in development and a Falls Prevention lead had been recently appointed.</p>	Board of Directors
2	Care Group 4 (Community, Therapies, Dietetics and Radiology, Medical Physics and Medical Illustration) Presentation	<p>The Committee noted the Care Group and Virtual Ward's strong reputation across South Yorkshire, noting that peers and partners recognised the Trust's agility and innovation. The new leadership team structure had laid strong foundations, with collaborative efforts in radiology and urgent and emergency care (UEC) already making a significant impact. The mobile X-ray service was highlighted as a successful example of productivity, quality, and attendance intervention aligning with Finance & Performance priorities.</p> <p>The committee raised concerns around pressure damage, particularly moisture related, and were updated on the thematic review of incidents underway, supported by recent audits and a QI project aimed at identifying root causes and enhancing preventative</p>	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
		measures. There were also close links with the Continence Team and Tissue Viability Team.	
3	Integrated Performance Report (IPR)	<p>The Committee received the report and, continuing the focus on pressure damage, noted the recurring sub-theme through reports of pressure ulcers. It was reported that this remains a key area of focus and part of the Trust's commitment to delivering the fundamentals of care.</p> <p>On C.Difficile rates, it was reported that the Trust has the lowest rate in South Yorkshire with improvements attributed to strengthening antimicrobial stewardship through the Quality Priority, targeted campaigns, staff training and bed configurations.</p> <p>The Committee noted the changes in reporting structure, including the separation of positivity scores within patient experience metrics to provide greater clarity, and changes to Care Hours Per Patient Day (CHPPD) data to show fill rates, which was considered a more meaningful and accurate metric for assurance.</p>	Board of Directors
4	Pharmacy Focus	The committee received a presentation from the Chief Pharmacy which detailed current performance against key performance indicators, benchmarking against good practice in other areas, and work to increase engagement with patients through their patient journey. It was reported that there is strong engagement from the executive team and that the pharmacy service was increasingly involved in strategic discussions. Links with the wider Chief Pharmacists' Network were also being strengthened to support innovation and influence.	Board of Directors
			Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
5	Quality Strategy 2025-2027	The committee approved the Quality Strategy to recommend to Board, following a couple of minor amendments and additional information on launch and implementation.	
6	Clinical Effectiveness Committee Report	<p>The Committee wished to reiterate the need for better engagement and accountability across the Care Groups in this space.</p> <p>The Committee noted the report and requested a re-structure of the reporting format to ensure clarity on key concerns and as well as achievements.</p>	Board of Directors
7	Organ and Tissue Donation Committee (OTDC) Report	<p>The Committee received a positive update on organ and tissue donation, noting increased activity—particularly in corneal donations—and referrals made by the palliative care team. Progress was supported by team commitment and leadership, community engagement events, and the formal opening of the Memorial Wall.</p> <p>The OTDC chairs log is available in the Review Room for further information.</p>	Board of Directors
8	Board Assurance Framework	The committee agreed for the BAF Risk P1 to remain at a score of 12, whilst keeping under close review triangulating with performance metrics as well as quality data.	Board of Directors
9	Mortality and Learning From Deaths Quarterly Report	SHMI remains 'as expected' and the Committee highlighted the importance of remaining curious and vigilant in this space, particularly in light of data changes and acknowledged the need for continued scrutiny and responsiveness to emerging trends.	Board of Directors

Subject:	Quality Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	QC
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Quality Committee	Date: 23 rd July 2025	Chair: Ms Julia Burrows
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Board Assurance Framework	The committee advised that the rating for P1 should remain at 12 and the risk is being reviewed in line with developments related to the upcoming industrial action, the rising SHMI rate and the Trust financial situation.	Board of Directors
2	Care Group 2 Presentation	The committee agreed to produce presentation guidance and a standard template for Care Groups that should link with the Trust Quality Strategy.	Board of Directors
3	Chief Nurse & Medical Director Monthly Highlights	The committee agreed to advise the Bard of the new staffing model, which will ensure consistent staffing across all areas, with the exception of UECC, and is expected to support a reduction in sickness absence and improve overall staff availability. Welcome events are planned to support this transition and embed the new approach.	Board of Directors
4	Integrated Performance Report (IPR)	The committee agreed that it should advise the Board on the increased SHMI rate, which is under review and may be due to a change in calculation, and it is being closely monitored and	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
		investigated. The ongoing deep dive into pressure ulcers from which a report will be brought back to the committee.	
5	Research and Development Report	The committee agreed to assure the Board and highlight the good work being undertaken by research, including being the highest recruiter in Yorkshire & the Humber for the second consecutive year, and having 3247 patients recruited, which is a 145% increase from 2023/24.	Board of Directors
6	Infection control Chairs log	The committee wished to alert the Board to the escalation from the Infection Control Committee of the lack of Estates & Facilities representation at ward safety meetings.	Board of Directors
7	Safeguarding Chairs log	The committee agreed to advise the Board that although the Trust has not yet received the NHSE Appreciative adult processes enquiry from last year, it is expected shortly; however it also agreed to assure the Board that most of the actions put in place at the time of the visit have now been completed.	Board of Directors

COUNCIL OF GOVERNORS MEETING: 03 September 2025

Agenda item: COG/44/25ii

Report: Chairs Report from People and Culture Committee (P&CC)

Author and Presented by: Dr Runit Shah, Chair of People and Culture Committee

Action required: To note

- 1.0** The People and Culture Committee (P&CC) continues to meet bi-monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors and the Council of Governors to demonstrate the degree of assurance received on all key matters.
- 2.0** Since the last presentation to the Council of Governors, the People and Culture Committee met on:
 - Friday 20th June 2025
- 3.0** The Council of Governors is asked to note the Chair's Logs.

Subject:	PEOPLE COMMITTEE CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	Board of Directors:
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: People and Culture Committee	Date: 20 th June 2025	Chair: Dr Rumit Shah
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Director of People Report: Key Issues	<p>The Committee were informed that Skills Street has opened for school visits ahead of the official opening this summer. TRFT have collaborated with Rotherham Metropolitan Borough Council and Rotherham and Doncaster and South Humber NHS FT to create the Health and Care skills sector experience. It was noted the importance of proactively engaging with young people in the local area to boost the workforce pipeline, particularly in the context of national changes to international recruitment, and as an anchor institution.</p> <p>On sickness absence, the Committee were pleased to note that there are encouraging signs in relation to long term sickness absence rates; these have improved for 5 months running and are now at the lowest rates for 2 years.</p> <p>The Committee were updated that, with the support of the Trust's Charitable Funds Committee, the People Team submitted a bid for £170K for the establishment of a Staff psychological support service; the outcome of the bid will be in August.</p>	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
		Lastly, the Committee suggested the Board remains alert to potential industrial action, as the employee relations climate is considered to be increasingly challenged given national activity and a range of Trade Union expectations not being met.	
2	Corporate Services (Health Informatics) People Presentation	<p>The Committee recognised the team's ambitions for the future in transformational technologies and artificial intelligence. Digital was described as a key strength for TRFT and Rotherham more broadly, with examples such as NHS app usage, and the digital interfaces used by community and social care which links to the national agenda and focus on integrated neighbourhood working.</p> <p>The team discussed the staff survey results and initiatives to ensure individuals feel supported and valued in a service intensive environment.</p>	Board of Directors
3	Care Group 1 (Medicine and UECC) People Presentation	<p>The Committee received updates from the Care Group on sickness absence rates, talent management, appraisal rates, training and development, and team resilience. It was noted that the Care Group's short term sickness rates were incredibly low; the longer term absence rates remain a key issue.</p> <p>The Committee reflected on the Care Group's previous attendance in February and remarked on the shift in morale and positive presentation, showcasing a refreshed and re-energised team.</p>	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
4	Board Assurance Framework	The Committee agreed for the BAF Risk score to remain at 8.	Board of Directors
5	Safe Staffing and Establishment	<p>The Committee welcomed the transparency of the report, citing visibility of both increases and reductions in staffing which supports a fair and balanced approach.</p> <p>The Committee approved the report, to recommend to Board for approval.</p>	Board of Directors
6	Matters Delegated from Board or other Committees	<p>The Committee received a referral from FPC on emerging risks, particularly in reference to the Supreme Court ruling on biological sex. It was acknowledged that the risk is relatively low in terms of immediate operational impact, however, it is a highly sensitive issue and there are examples in the media of cases escalating rapidly.</p> <p>The Committee agreed to keep abreast of the updates and emerging risks to the organisation through the Director of People report.</p>	Finance and Performance Committee (FPC) / Board of Directors

COUNCIL OF GOVERNORS MEETING: 03 September 2025

Agenda item: COG/44/25iii

Report: Chairs Report from Finance and Performance Committee (FPC)

Author and Presented by: Martin Temple, Chair of Finance & Performance Committee

Action required: To note

- 1.0** The Finance and Performance Committee (FPC) continues to meet monthly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors and the Council of Governors to demonstrate the degree of assurance received on all key matters.
- 2.0** Since the last presentation to the Council of Governors, the Finance and Performance Committee met on:
 - Wednesday 25th May 2025
 - Wednesday 25th June 2025
 - Wednesday 23rd July 2025
- 3.0** The Council of Governors is asked to note the Chair's Logs.

Subject:	Finance & Performance Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	FPC
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Finance & Performance Committee	Date: 25 th May 2025	Chair: Mr Martin Temple
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Multiyear Financial Improvement Plan	The committee agreed to advise the Board in respect of the multiyear planning and the changing emphasis on finance and funding if a trust fails to hit targets linked to CIP. There is potential funding withdrawal which could lead to a £30m deficit becoming a £38m deficit. This would also be linked to potential impact on upcoming projects such as the new EPR.	Board of Directors

Subject:	Finance & Performance Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	FPC
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Finance & Performance Committee	Date: 25 th June 2025	Chair: Mrs Heather Craven
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Board Assurance Framework (BAF)	The Committee agreed to advise the Board that the recommended rating for BAF risk D9 is currently at 16 and following discussion about the financial position at the end of month 2 and progress to date on CIP further discussion and approval by the Board of the score was considered to be appropriate.	Board of Directors
2	Operational Priorities - Cancer Update	The Committee agreed to assure the Board of the progress made relating to the Cancer quality priority, although it agreed to advise the Board that the 62 days target would not be met, and that the progress was being monitored and triangulated via this committee and also the Quality Committee.	Board of Directors
3	Integrated Performance Report (IPR)	The committee was assured on the progress made and agreed to advise the Board on the role and impact the virtual ward was having. A review of the scope and structure of virtual ward is underway and a report will come back to the committee in quarter 3.	Board of Directors
4	Operational Report	With regards to the new urgent and emergency care plan 2025/26 the committee queried the recommendation for separation of urgent and emergency care and was an urgent treatment centre required on the new capital scheme. The	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
		committee agreed to advise the Board that while it was not a UTC the new build will provide extra capacity, is adaptable and fits the model required at the Trust.	
5	Care Group Performance Escalation Summary	The Committee assure the Board regarding the positive work being undertaken by the Care Groups.	Board of Directors
6	Winter Evaluation	It was agreed that the committee should advise the Board that in relation to the Winter Plan the People & Culture Committee should be monitoring the staff planning for the plan as an identified improvement from the last winter plan review was better full team planning in addition to the focus on nursing, and as such this has been cross referenced to that committee. It was also noted that the Plan needs to be approved and signed off by the summer so will require the People & Culture Committee to meet virtually.	Board of Directors
7	Integrated Financial Performance Report	The risk score of 16 for financial delivery (Risk 7341) was discussed, the proposal was to further debate at Board but the Director of Finance advised that his position would be to keep the score at 16 given the early point in the financial year and early indications that ERF income was ahead of plan which was not reflected in the M2 position. This triangulates with item 1.	Board of Directors
8	Six Monthly Procurement Report	The committee welcomed the six month report and agreed that the Board should be assured on the introduction of the new procurement dashboard that is joint with Barnsley allowing both teams access.	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
9	Care Group 3 Presentation	It was noted that the Gynaecology service has fallen from 2nd to 3rd quartile, referrals have risen by 6%, the committee agreed to advise the Board that improvements have been made but are not keeping pace with service demand. This has been a challenge for a long time and an in depth review including GIRFT is to be undertaken and brought back in September.	Board of Directors
10	Endoscopy Business Case	The Endoscopy business case was approved.	Board of Directors
11	CIP Performance Update	The committee agreed to advise the Board that progress on CIP was considered and whilst progress has been made it is £1.5 million behind plan. Reports do not yet show multiyear plans or progress against back to balance plans and this reporting change was again requested.	Board of Directors

Subject:	Finance & Performance Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	FPC
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Finance & Performance Committee	Date: 23 rd July 2025	Chair: Mr Martin Temple
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Integrated Financial Performance Report	The Committee agreed to alert the Board to the current uncertainty around the true financial position and the risk to deficit support funding. The committee is not yet in a position to be assured about the current forecast or its likely outcome. However, the work underway is expected to provide a more accurate and transparent view of the financial challenge, which will be available in September.	Board of Directors
2	Bed Reconfiguration	Subject to final comments, this was supported and will be escalated given its operational and financial significance.	Board of Directors
3	Care Group 4 (Community, Therapies, Dietetics and Radiology, Medical Physics and Medical Illustration)	Hospital at Home: The Committee recognised this as a major development with strong team engagement and potential to reshape Trust wide service delivery.	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
4	Corporate Services - Cyber Security & Health Informatics Update	The Committee agreed that it was assured with the global award recognition for its EPR Usability improvement journey for medics, and agreed to advise the Board as to concerns regarding future purchase of a new EPR system. Taking in to account the anticipated financial burden and damaging impact to Trust productivity and patient safety.	Board of Directors
5	Operational Priorities - Emergency Care	The Committee agreed to advise the Board of the improved Trust performance in respect to the 4 hour target.	Board of Directors
6	Operational Report	The Committee agreed to advise the Board of the Trust's intended journey towards reaching Segment 1 of the new Oversight Framework.	Board of Directors

COUNCIL OF GOVERNORS MEETING: 03 September 2025

Agenda item: COG/44/25iii**Report:** Finance Report**Presented by:** Chris Thickett, Chief Finance Officer**Author(s):** Steve Hackett, Director of Finance**Action required:** For noting





This detailed report provides the Council of Governors with an update on:

- Section 1 – Financial Summary for May 2025 (Month 2 2025/26):
 - A summary of the key performance metrics linked to income and expenditure, capital expenditure and cash management.
- Section 2 – Income & Expenditure Account for May 2025 (Month 2 2025/26):
 - Financial results for May 2025.
 - The Trust is on plan in-month to the control total deficit of £224K and year to date it is £242K adverse to the planned deficit of £448K.
 - NHS England measures the Trust's I&E performance against its control total having adjusted for depreciation on donated assets, impairments and accounting for Private Finance Initiatives under IFRS 16 – (total of £126K).
- Section 3 – Capital Expenditure for May 2025 (Month 2 2025/26)
 - Year to date capital expenditure is £347K against a plan of £3,769K an under-spend of £3,422K.
 - Final budget allocations for 2025/26 are being considered at the Capital Monitoring Group, chaired by the Director of Finance. The split of budgets is dependent on confirmation of funding from NHSE for Estates Safety and Return to Constitutional Standards' schemes. These schemes were included in the 2025/26 capital financial plan and will have an impact on the prioritisation of internal capital funds. Financial budgets and monthly profiles will be revised and updated in line with budget holder expectations.
- Section 4 – Cash Flow 2025/26
 - A cash flow graph showing actual cash movements between April 2024 and May 2025. A month-end cash value as at 31st May 2025 of £11,854K, which is £4,534K better than plan due to the timing of income receipts and an underspend on capital expenditure.

1. Key Financial Headlines

1.1 The key financial metrics for the Trust are shown in the table below. These are:

- Performance against the monthly income and expenditure plan;
- Capital expenditure;
- Cash management.

Key Headlines	Month				Year to Date		
	Plan £000s	Actual £000s	Variance £000s		Plan £000s	Actual £000s	Variance £000s
 I&E Performance (Actual)	(288)	(287)	●	1	(576)	(815)	●
 I&E Performance (Control Total)	(224)	(224)	●	(0)	(448)	(690)	●
 Capital Expenditure	1,675	83	●	1,592	3,769	347	●
 Cash Balance	(2,303)	(3,331)	●	(1,028)	7,320	11,854	●

1.2 In May 2025, the Trust was on plan against the control total performance. Year to date there is an over-spend of £242K against its I&E control total deficit. NHS England measures the Trust's I&E performance against its control total having adjusted for depreciation on donated assets, impairments and accounting for Private Finance Initiatives under IFRS 16 - Leases. These figures do not include any adjustment for under or over-performance on elective recovery activity, which by default is assumed to be covered within the current level of reserves.

1.3 Capital expenditure is behind plan year to date having spent £347K of the £3,769K plan. The capital programme is continuing to be monitored by the Capital Monitoring Group chaired by the Director of Finance. The split of capital budgets is still to be determined as this is dependent on confirmation from NHSE as to whether funding is secured for the targeted, Estates Safety and Return to Constitutional Standards, schemes which were included in the Trust's 2025/26 financial plan.

1.4 The cash position at the end of May 2025 is £11,854K this is better than plan by £4,534K due to the timing of income receipts and under-spend on capital expenditure.

2. Income & Expenditure Account for May 2025 (Month 2 2025/26)







2.1 The table below shows the financial results subjectively (by type of expenditure). The Trust has delivered a control total on plan in month for May 2025 and a deficit to plan year to date of £242K.

Summary Income and Expenditure Position	Annual Plan £000s	Month			Year to Date			2025/2026 Monthly Trend / Variance
		Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	
Clinical Income	364,224	30,386	30,501	115	60,892	60,978	86	■ ■
Other Operating Income	22,854	2,135	2,482	348	4,006	4,625	619	■ ■
Pay	(240,473)	(20,825)	(22,473)	(1,648)	(40,868)	(44,541)	(3,672)	■ ■ ■
Non Pay	(95,097)	(9,512)	(10,038)	(526)	(18,512)	(20,098)	(1,587)	■ ■ ■
Non Operating Costs	(4,606)	(365)	(296)	69	(731)	(588)	142	■ ■ ■
Reserves	(47,894)	(2,107)	(464)	1,643	(5,362)	(1,191)	4,172	■ ■ ■
Retained Surplus/ (Deficit)	(992)	(288)	(287)	1	(576)	(815)	(239)	■ ■
Adjustments	992	64	63	(1)	128	126	(3)	■ ■ ■
Control Total Surplus/ (Deficit)	0	(224)	(224)	(0)	(448)	(690)	(242)	■ ■ ■

- 2.2 Clinical Income is above plan in month, however, these figures do not include any adjustment for under or over-performance on elective recovery activity, which by default is assumed to be covered within the current level of reserves. At Month 2, the detailed elective recovery targets have not been confirmed with South Yorkshire ICB.
- 2.3 Other Operating Income is ahead of plan year to date with increased income from staff recharges (£209K), which will be an offset to the pay over-spend, and increased research, education and training income (£311K).
- 2.4 Pay costs are over-spending by £3,672K. Bank and agency expenditure is not currently being maintained within the gross establishment budget, and contributing to this is £1,101K under-delivery against the planned cost improvements.
- 2.5 Non Pay costs are over-spending by £1,587K year to date. The overspend is largely related to Drugs and Clinical Supplies £942k, and under-delivery against cost improvement plans of £431K.
- 2.6 The positive performance in Non-Operating Costs is due to interest receivable on cash balances being better than planned.
- 2.7 £4,172K has already been released from Reserves in month, this is to cover the under-delivery of CIP, overspends referred to above, and additional capacity over and above funded bed capacity.

3. **Capital Programme**

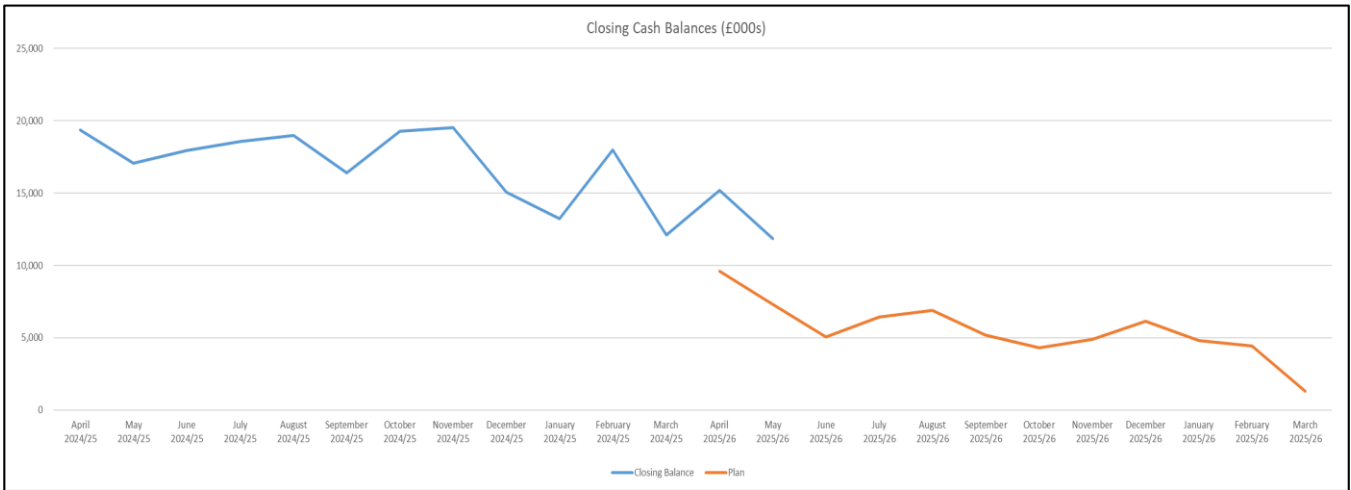
- 3.1 During May 2025 the Trust incurred capital expenditure of £83K against a plan of £1,675K. Year to date capital spend is £347K against a plan of £3,769K, an underspend of £3,422K. Most of the spend year to date is due to the outstanding commitments from 2024/25.

Capital Expenditure	Month			Year to Date		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
 Estates Strategy	750	23	727	1,750	94	1,656
 Estates Maintenance	750	2	748	1,500	42	1,458
 Information Technology	75	39	36	150	152	(2)
 Medical & Other Equipment	100	19	81	200	58	142
 Other	0	0	0	169	0	169
 TOTAL	1,675	83	1,592	3,769	347	3,422

- 3.2 Final plans for 2025/26 are being considered at the Capital Monitoring Group, chaired by the Director of Finance. Financial plans and monthly profiles will be revised and updated in line with budget holder expectations once confirmation is received from NHSE regarding which Estates Safety and Return to Constitutional Standards schemes will be funded as these will have an impact on the prioritisation of internal capital funds.

5. Cash Management

5.1 Compared to plan, there is an in-month adverse variance on cash of £1,028K. The closing cash balance at 31st May 2025 is £11,854K compared to a plan of £7,320K, the favourable variance to plan of £4,534K is due to the timing of income receipts and the underspend on capital expenditure.



Steve Hackett
Director of Finance
10 June 2025

COUNCIL OF GOVERNORS MEETING: 03 September 2025

Agenda item: COG/44/25iv

Report: Chairs Report from Audit and Risk Committee (ARC)

Author and Presented by: Kamran Malik, Chair of Audit and Risk Committee

Action required: To note

- 1.0** The Audit and Risk Committee (ARC) continues to meet quarterly, with Chair's Assurance Logs from recent meetings provided to the Board of Directors and the Council of Governors to demonstrate the degree of assurance received on all key matters.
- 2.0** Since the last presentation to the Council of Governors, the Audit and Risk Committee met on:
 - Friday 11th July 2025
- 3.0** The Council of Governors is asked to note the Chair's Log.

Subject:	AUDIT & RISK COMMITTEE CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	Board of Directors:
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Audit & Risk Committee	Date: 11 th July 2025	Chair: Kamran Malik
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Risk Management Report	The Committee agreed to advise the Board that the Risk Register would benefit from increased top down risk management with greater input from the Board and external risks. This would allow closer scrutiny of the risks as well as being more complete a picture.	Board of Directors
2	Internal Audit Progress Report	The Committee agreed to advise the Board that Governance within the Trust requires more efficiency and provide increased value for money when consideration is taken of the staff resource to attend such groups and committees across all Care Groups and the Corporate Services.	Board of Directors
3	Internal Audit Progress Report	The Committee wanted to assure the Board of the audit opinion of Significant assurance from 360 Assure relating to the recent Care Group governance, with a focus on PSIRF governance and Counter Fraud audits.	Board of Directors
4	Counter Fraud Annual Report	The Committee agreed to advise Board that Counter Fraud should working with Communications to reinforce that staff should not be working whilst signed off as sick.	Board of Directors

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
5	Annual Planner	The Committee agreed to advise the Board that there will be a review of annual planner to ensure correct synchronisation with Board	Board of Directors

COUNCIL OF GOVERNORS MEETING: 03 September 2025

Agenda item: COG/44/25v

Report: Chairs Report from Charitable Funds Committee (CFC)

Author and Presented by: Heather Craven, Chair of Charitable Funds Committee

Action required: To note

- 1.0** The Charitable Funds Committee (CFC) meets on a quarterly basis, with Chair's Assurance Logs from recent meetings provided to the Corporate Trustee and Council of Governors to demonstrate the degree of assurance received on all key matters.
- 2.0** Since the last presentation to the Council of Governors, the Charitable Funds Committee met on:
 - Wednesday 14th May 2025
- 3.0** The Council of Governors is asked to note the Chair's Log.

Subject:	Charitable Funds Committee CHAIR'S ASSURANCE LOG Quorate: Yes	Ref:	CFC
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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee / Group: Charitable Funds Committee	Date: 14 th May 2025	Chair: Mrs Heather Craven
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Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
1	Charity Risk Management	<p>The Committee reviews the charity risk register as a standing agenda item each meeting.</p> <p>It was noted that over the past year, many of the charity risks have reduced in score, been closed due to reaching target level or maintained a managed/controlled status, which is reflective of the growth and good management of the charity.</p> <p>The current highest risk, rated 12, is forecast to reduce over the next quarter following the agreement made on the charity staffing business case and recruitment to the charity team.</p>	Corporate Trustee
2	Dementia Appeal	<p>The Committee has raised concerns that the appeal is not where it needs to be and there is frustration and disappointment on the lack of information and progress. The Committee recognised the competing priorities with the significant building work ongoing, however, more progress and evidence-based reporting is required to move forward</p>	Corporate Trustee

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
		and support the fundraising and funding decisions to be made.	
3	Review of Charity Policies	<p>The Committee noted the following charity policies for Corporate Trustee approval:</p> <ul style="list-style-type: none"> • Fundraising Policy and Guidelines • Charity Community Volunteer Policy • Corporate Volunteering Policy • Reserves Policy 	Corporate Trustee
4	Charitable Funds Committee Annual Report	The Committee received the annual report which detailed the purpose and duties, the overview of activities cross referencing with the annual planner, membership and quoracy. The annual committee effectiveness review also forms part of this report and there was a general consensus of agreement across all effectiveness questions.	Corporate Trustee
5	Terms of Reference	The Committee reviewed and approved the terms of reference.	Corporate Trustee
6	Third Party Fundraiser Request - Yorkshire Cancer Research (YCR)	YCR have worked with the trust previously on specific projects, such as the Quit Programme. YCR have requested to fundraise on-site, which contradicts the charity policy which only permits British Legion and MacMillan to fundraise	Corporate Trustee

Ref	Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee
		<p>on-site, alongside Rotherham Hospital and Community Charity (RHCC).</p> <p>The committee received YCR's presentation and considered whether there is an opportunity to collaborate through fundraising or future projects around the next big appeal on Cancer.</p> <p>The committee members required further debate and consideration to this request.</p>	

COUNCIL OF GOVERNORS MEETING: 03 September 2025

Agenda item: COG/46/25

Report: National, Integrated Care Board and Rotherham Place Update

Presented by: Bob Kirton, Managing Director

Author(s): As above

Action required: For information

The purpose of this report is to provide the Council of Governors with an update on national developments, developments across the South Yorkshire Integrated Care Board (SYB ICB) and Rotherham Place.

Key points to note from the report are:

- National update including recovery update and national oversight framework
- SYB update
- Place update including Neighbourhood working

The Executive Team receives a weekly verbal update covering key Place and South Yorkshire Integrated Care Board (SYICB) level activities in addition to specific papers periodically, as and when required.

1.0 Introduction

- 1.1 This report provides an update on national developments and developments across the South Yorkshire Integrated Care Board (SYICB) and Rotherham Place.

2.0 National Update

2.1 The NHS performed a record number of checks for treatments, cancer checks and other tests for June, as 18-week performance hit its best level in 3 years.

NHS staff pulled out all the stops to treat a record number of patients in any June, with 103,563 – or 2% – more treatments delivered than the same month last year (1.56 million vs 1.45 million). The proportion of patients waiting less than 18 weeks for treatment in June was 61.5%, the highest since June 2022. The longest waits of over 52 and 65 weeks also fell.

This progress came amid a surge in people coming forward for care, with 141,809 more referrals onto the waits list – or 3.2% – than the year before (1.83 million vs 1.69 million); meaning the waiting list rose slightly by 9,712, to 7.37 million. That equates to an estimated 6.23 million patients waiting for care. Over the past decade, excluding the pandemic, June has traditionally seen an average 32,000 increase in the waiting list. It was also a record June for the number of diagnostic tests and checks delivered (2.5 million).

Separate data showing the impact of last month's industrial action by resident doctors has also been published, showing the results of a more robust approach by NHS leaders with staff working around the clock to keep services open for patients. More care was delivered during the July 2025 resident doctors' strike than in the 5-day June 2024 walkout, with NHS analysis estimating that an additional 11,071 appointments and procedures went ahead.

- 2.2 As part of the [NHS Oversight Framework](#) (NOF), NHS England will assess NHS trusts'* capability, using this alongside providers' NOF segments to judge what actions or support are appropriate at each trust. As a key element of this, NHS boards will be asked to assess their organisation's capability against a range of expectations across 6 areas derived from the insightful provider board, namely:

- strategy, leadership and planning
- quality of care
- people and culture
- access and delivery of services
- productivity and value for money
- financial performance and oversight

These will inform a self-assessment which is intended to strengthen board assurance and help oversight teams take a view of NHS trust capability based on boards' awareness of the challenges their organisations face and subsequent actions to address them. The purpose of this is to focus trust boards' attention on a set of key expectations related to their core functions as well as encourage an open culture of 'no surprises' between trusts and oversight teams. NHS England regional teams will then use the assessment and evidence behind it, along with other information, to derive a view of the organisation's capability.

3.0 South Yorkshire Integrated Care Board (SYICB)

- 3.1 An update from the ICB Chief Executive on key matters to members of the Integrated Care Board is attached covering: national changes impacting on South Yorkshire and highlights from each place.

4.0 Rotherham Place

- 4.1 Places have been invited to participate in the National Neighbourhood Health Implementation Programme (NNHIP) to join the first wave of the programme. The NNHIP seeks to build on success to date and the new approaches set out in the [10 Year Health Plan](#) – taking a test, learn and grow approach – to transform the health and care of neighbourhoods. The aim of this new national programme is to accelerate the work you are doing, or planning to do, by learning together, sharing solutions, tackling challenges and delivering improvement, adapting those solutions to your own circumstances. More than that, it will be working at scale both within your Place and alongside Places across the country simultaneously, accelerating the learning. Rotherham Place partners submitted a bid on the 8th August, a response is expected by the September the 5th. Beyond this Rotherham will continue to develop their neighbourhood working approach through 2 workshops in September to develop the vision and delivery plan for this work.

Bob Kirton, Managing Director
September 2025



Chief Executive Report
Integrated Care Board Meeting

2 July 2025

Author(s)	Gavin Boyle, SY ICB Chief Executive		
Sponsor Director	Gavin Boyle, SY ICB Chief Executive		
This report provides assurance against the following risk(s) on the ICB's Board Assurance Framework, Risk Register or Issues Log:	N/a		
Purpose of Paper			
The purpose of the report is to provide an update from the Chief Executive on key matters to members of the Integrated Care Board.			
Key Issues / Points to Note			
Key issues to note are contained within the attached report from the Chief Executive.			
Is your report for Approval / Consideration / Noting			
To note			
Recommendations / Action Required by the Committee			
The Board is asked to note the content of the report			
Board Assurance Framework			
This report provides assurance against the following corporate priorities on the Board Assurance Framework (<i>place <input checked="" type="checkbox"/> beside all that apply</i>):			
Priority 1 - Improving outcomes in	<input checked="" type="checkbox"/>	Priority 2 - Tackling inequalities in	<input checked="" type="checkbox"/>

population health and health care.		outcomes, experience, and access.	
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓
In addition, this report also provides evidence against the following corporate goals (place ✓ beside all that apply):			
Goal 1 – Inspired Colleagues: To make our organisation a great place to work where everyone belongs and makes a difference			✓
Goal 2 – Integrated Care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.			✓
Goal 3 – Involved Communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision making.			✓
Are there any Resource Implications (including Financial, Staffing etc)?			
No			
Have you carried out an Equality Impact Assessment and is it attached?			
N/a			
Have you involved patients, carers and the public in the preparation of the report?			
N/a			
Appendices			
N/a			

Chief Executive Report

Integrated Care Board Meeting

2 July 2025

1. Purpose

This paper provides an update from the Chief Executive of NHS South Yorkshire on the work of the ICB and system partners for May and June 2025.

2. Integrated Care System Update

2.1 Government Spending Review

The Government has announced that NHS England's budget is to rise by 3% on average in real terms over the next three years, including accounting for inflation. However, the Department of Health and Social Care will be asked to deliver £9bn in efficiency savings by the end of this Parliament. The additional funding will support:

- Up to £10bn in technology and digital transformation by 2028/29, which is an almost 50% increase from 2025-26. This will support digital investment by developing the single patient record, further expansion of the NHS App and continued adoption of the Federated Data Platform.
- Additional funding by 2028/29 to train more GPs.
- Allocation of funding for 700,000 additional urgent NHS dentist appointments per year over the Spending Review.
- A commitment to expanding mental health support teams to all schools in England by 2029/30 and employing 8,500 additional mental health staff by the end of the parliament.

We recognise that spending on health has increased above that of other governmental departments. However, we still anticipate a challenging financial environment given increased demand, advancing technology and NHS pay settlements. There has been funding for the social determinants of health, including £3.5bn for employment support, £39bn for a new Affordable Homes Programme and £1.2bn for skills. In addition, the Education budget will rise by £2bn, part of which will fund the expansion of free school meals to all families who receive Universal Credit, and the proposal for free breakfast clubs, will improve children's access to nutritious meals and improve health.

Capital spending has remained flat, although this was increased in the recent Budget.

2.2 National changes to ICBs

On 1 April 2025, the Chief Executive of NHS England wrote to NHS trusts and integrated care boards on 'Working together in 2025/26 to lay the foundations for reform'. This followed the Prime Minister's announcement in March 2025 that NHS England will become part of the Department of Health and Social Care (DHSC) over the coming two-year period. This included a change in the role of ICBs and a reduction in operating.

Since then, NHS England has released a 'Model Integrated Care Board – Blueprint' document, which outlines how ICBs will have a narrower responsibility focussed on the strategic commissioning of NHS services and system leadership for population health. As part of this reduced focus, we are also required to reduce our operating costs by 51% by December 2025. As part of the changes the delivery of more patient-facing services, such as Continuing Healthcare (CHC), safeguarding and medicines support to primary care, are expected to transfer to other organisations over time. However, in the meantime they remain with the ICB and their costs are to be covered within the new resourcing envelope.

This will require us to reduce our annual operating costs from £61.7m to £30.2m which is based on a national figure per weighted capitation. This is a major change for our people. The ICB's workforce will reduce from 800 whole time equivalent (WTE) staff to 425 WTE. We are supporting colleagues through this change which will require redundancies.

At the end of May, we submitted a high-level plan of how we would achieve this and are now working on the detailed organisational design and structure that will underpin it. This new structure will enable us to remain committed to the four aims of integrated care systems:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development

However, in future, this will primarily be achieved through the strategic commissioning of NHS services.

In other parts of England, ICBs are merging or 'clustering' with a single leadership covering multiple ICBs. South Yorkshire will remain as one of 12 'standalone' ICBs, which is welcome. However, we continue to explore partnership working with other neighbouring ICBs where possible.

The ICB will continue to have a central role in shaping NHS services as the strategic commissioner and we will continue to play a full role in our Integrated Care Partnership, which we convene jointly with the four local authorities. Our new structure will ensure that we maintain a strong place focus with senior colleagues in each of our functions having a place-facing role.

We are also working to maintain and strengthen our cross-South Yorkshire partnerships such as the Acute Hospitals Federation, MHLDA Alliance, Primary Care, VCSE and others. These will be vital to us as we seek to commission more integrated pathways of care offering a more sustainable and consistent experience across South Yorkshire.

We're grateful to our partner organisations, particularly the NHS provider trusts, our four local authorities and SYMCA, for supporting us to work through these changes, mitigate the risks and take the opportunities to build on our strong partnerships.

2.3 Financial Plan 2024/25

NHS South Yorkshire has submitted a breakeven plan to NHS England for the 2025/26 financial year. The ICB and local NHS providers together need to deliver about £270m in efficiencies this year, which is about 6.9%. This is a significant challenge, but the scale is comparable with other systems across the NHS. The plan includes £79m of deficit support funding from NHSE.

At the end of May, the South Yorkshire system reported a small adverse variance against plan of £2.9m (comprising ICB -£0.8m and NHS trusts -£2.1m). There is a System Efficiency Board for SY which oversees the progress of the transformation plans in place to deliver the plan.

2.4 National 10 Year Health Plan

We continue to anticipate the National 10-Year Health Plan to be published in the summer. At the NHS Confederation Expo Conference in June, leaders trailed the likely scope of the 10-Year Plan, with a particular focus to be expected on neighbourhood health and enabling integrated neighbourhood working alongside improving quality of care. This was shared in addition to specific references to enabling new ways of working for outpatients and maximising the use of technology to enable the analogue to digital shift.

2.5 Integrated Care Partnership (ICP) Board

The South Yorkshire Integrated Care Partnership (ICP) met on Wednesday 25 June to focus on children and young people and launch the Health Equity Panel Report. It received a presentation from Professor Alan Walker, Independent Chair of the Health Equity Panel (HEP), and the Board had the opportunity to reflect on the findings and recommendations from the Panel, including the implications of extending healthy life expectancy and reducing health inequalities across South Yorkshire, to inform future work for the Partnership.

The ICP Board also received an update on the Child Health Equity Collaborative and the Safe Place to Sleep Programme. The Child Health Equity Collaborative is a partnership of the UCL Institute of Health Equity, Barnardo's and three partner integrated care systems (Birmingham and Solihull, Cheshire and Merseyside, and South Yorkshire). The Child Health Equity Collaborative is focusing action on the social determinants of health as central to improving outcomes among children and young people. The Safe Place to Sleep Programme is a SYMCA-funded programme to contribute to addressing cost of living challenges starting by tackling bed poverty, with an aim to ensure that every child in South Yorkshire, aged 5 and under, has a safe space to sleep.

2.6 Health and Growth Accelerator

The £18m Health and Growth Accelerator, part of the Get Britain Working White Paper and Pathways to Work commission will launch soon to support those who are economically inactive to get back to work. This focuses on achieving a systemic shift towards enabling work and fostering a healthier, more inclusive, and economically active population in South Yorkshire.

It is anticipated that 950 people will be prevented from becoming economically inactive in Year 1 and this will support reduced pressure on primary care through workplace-based interventions. The interventions will include:

- Extending the Work Well social prescribing offer
- Scaling of health provision and VCSE provision
- Vocational support offer of physio for pain and for physio for MSK
- Mental health prevention offers around emotional resilience skills training
- Allied Health Professional Interventions in Occupational Health

By April 2026 we anticipate being able to offer a single directory of support across work and health that includes vocational and health support, all through one access point.

2.7 NHS Urgent and Emergency Care (UEC) Plan

Nationally, NHS England has published the NHS Urgent and Emergency Care (UEC) Plan 2025/26, which includes £450m of funding for same-day emergency care and urgent treatment centres, mental health crisis assessment centres and new ambulance fleet. The plan anticipates that 800,000 fewer patients each year to wait more than four hours at A&E. The plan includes improving ambulance response times for those with a stroke, heart attack, sepsis or major trauma; ensure a minimum of 78% of patients who attend A&E treated in four hours; improve vaccination uptake by 5%; and tackle delays in waiting to be discharged when medically fit.

In addition, the North East and Yorkshire region has been awarded £25m of capital to improve UEC delivery, one of the larger allocations, and individual trusts have been recognised for performance. For Example, Barnsley Hospitals have been awarded £3m for having some of the lowest 12-hour waits in the Emergency Department.

Urgent and emergency care performance has improved, particularly over the last month. SY is implementing the 45-minute ambulance handover (rapid release protocol) in a phased approach, Sheffield went live on 2 June and saw zero breaches of the 45 minutes in the first week, Doncaster will go live on 16 July and Rotherham and Barnsley will go live in August. We've co-designed our 2025/26 strategic plan focused on delivery, impact, and winter resilience. Place-based teams are leading vital improvements, from virtual wards to access redesign, enhancing both performance and patient care.

2.8 Endoscopic Retrograde Cholangio-Pancreatography (ERCP)

The Rotherham NHS Foundation Trust (TRFT) has published a report regarding substandard care provided to a small group of patients between 2017-2021. The service for the patients, who underwent a specialised endoscopy (ERCP) procedure, was suspended in July 2021 due to concerns around a cluster of adverse incidents and complications.

A Royal College of Physicians (RCP) review of the service recommended reviewing the care of nearly 1,000 patients who died within 30 days or had a complication. External experts undertook the reviews of 68 patients who had died or who had a complication. Deficiencies, consistent with those reported in the RCP review, were

found in the care of 58 patients with potential harm to 24 patients.

The Trust communicated with patients and their families in line with duty of candour in early June 2025, with face-to-face follow-up meetings also offered. The RCP's recommendations have been implemented by TRFT and the ICB is working closely with them to ensure high-quality, effective and safe care is provided.

Endoscopic Retrograde Cholangio-Pancreatography (ERCP), is a specialist type of endoscopy undertaken to diagnose and treat problems in the liver, gallbladder, bile ducts, and pancreas. ERCP is an invasive procedure which carries well-recognised risks. Patients requiring an ERCP procedure often have complex health conditions which may be life-limiting such as frailty.

3. NHS South Yorkshire

3.1 Children and Young People Alliance Conference

The Children and Young People Alliance held their 4th Annual Conference on Thursday 12 June in Doncaster. This year's conference theme was 'one big coming together and one big thank you' and was about celebrating the dedication, impact and partnerships that make the alliance's collective work so powerful.

Throughout the event, young people themselves, and organisational partners, spoke about the work that is going on to improve the health, wellbeing and lives of young people living in South Yorkshire.

The speakers included Nigel Harrison from Yorkshire Sport Foundation and Beth Stout from Golddigger Trust, as well as showcases from Roundabout, Sheffield Hallam University and Barnardo's.

3.2 Eyup campaign

NHS South Yorkshire has launched a partnership with mental health service Shout to offer 24/7 text support across the region. The partnership offers free urgent mental health support that is confidential for anyone struggling to cope. In partnership with charity Mental Health Innovations, anyone in the area experiencing anxiety, stress, loneliness, depression, self-harm, suicidal thoughts, or other mental health challenges can now use the service by texting the word 'EYUP' to 85258.

Whilst Shout already offers a text service for mental health support, this new service has been launched to specifically support people in South Yorkshire. The 'Eyup' text word has been developed with input and support from the local young people's charity, Chilypep. Chilypep held engagement sessions with young people from South Yorkshire to develop a specific text word that has meaning and significance to people living here.

The partnership enables the ICB to meet NHS England's advisory specifications for implementing a 24/7 crisis text message service, integrated with their local services, including the 111 phone service provision.

4. NHS South Yorkshire Place Updates

4.1 Sheffield

The Neuro-oncology service at Sheffield Teaching Hospitals NHS Foundation Trust has been named a centre of excellence for the care and treatment of brain tumours by the Tessa Jowell Brain Cancer Mission (TJBCM). The Tessa Jowell Centre of Excellence designation recognises and awards adult neuro-oncology centres that provide excellent treatment, care and research opportunities for patients with brain tumours and provides targeted support to centres to improve and develop services.

The department is one of fourteen centres across the UK to receive the excellence status this year, following extensive assessment of the services and feedback collected from almost 1500 patients by The Brain Tumour Charity.

4.2 Doncaster

A specialist South Yorkshire Paediatric Dental Surgery Hub to improve children's oral health across the region has been launched in Doncaster. The South Yorkshire and Bassetlaw paediatric elective surgical hub pilot launched in March 2025 to provide essential surgical care for children requiring exodontia (tooth extractions). The hub is located in Doncaster and is led by specialist consultants in paediatric dentistry from Sheffield Teaching Hospitals NHS Foundation Trust.

4.3 Rotherham

The Rotherham NHS Foundation Trust children's and young people's services have scored positively in a survey by the Care Quality Commission. The Children and Young People's Survey 2024 asked patients receiving care, and their parents or carers, about their experience. The trust's top scores included parents feeling staff provided written information about caring for their child at home, there was enough hospital food choice for their child, they were informed who to contact if worried about their child when at home, and staff attempting to provide distractions to the child during operations and procedures.

4.4 Barnsley

Barnsley Hospital has extended its successful tobacco dependency treatment programme into Children's Services, providing crucial support to patients aged 12 and over. The service extends to parents and carers and addresses the need to protect children from the harms of tobacco which can occur through smoking or exposure to second-hand smoke. From July to December 2024, over 1,800 people admitted to the hospital were recorded as having smoked in the previous two weeks, 82% of whom received specialist care from tobacco dependency advisors during their admission.

5. General Updates

5.1 NHS Confederation Expo

This year NHS South Yorkshire and partners spoke across a range of subjects at the NHS Confederation Expo in Manchester:

- Dr Jason Page and Hannah Young presented on Targeted Lung Health Checks, more than 700 cancers have been detected since the programme started in 2021.
- Jodie Deadman and Jacqui Yeates, together with colleagues from Bernardo's talked about spoke about Bump, Birth and Beyond.
- Nicola Ennis spoke about shifting the dial on child health.
- Katherine South and Rotherham colleagues spoke about their award-winning Hydration work with Care Homes.
- Chair Pearse Butler led a discussion on fixing financial flows to incentivise care closer to home.

5.2 Awards

The Sheffield Teenage and Young Adult Cancer Service, which is based at Sheffield Teaching Hospitals NHS Foundation Trust, were the only team in the north of England to scoop a top award from the CCLG: Children's & Young People's Cancer Association. The team support cancer patients aged 13 to 25 from across the whole of South Yorkshire, North and North East Lincolnshire, North Derbyshire and North Nottinghamshire, and were recognised for going above and beyond in meeting the unique challenges faced by teenage and young adult cancer patients.

The NHS South Yorkshire Star Awards recent winners were:

- May: May's Star Awards winners were the T2Day team, led by Ani Kumar and Amy Moore, who are helping improve the health of young adults living with diabetes and people who are at risk of diabetes across South Yorkshire.
- June: June's Star Awards winner was Lucy Koc. Lucy is a key member of our PCDN team and has brought amazing clinical, educational and organisational skills to our team. Her experience in neurology makes her passionate about the team's current Hypertension Project. Her experiences fuel her desire to ensure health promotion and prevention work is successful and benefits people across the city.

Gavin Boyle

Chief Executive NHS South Yorkshire Integrated Care Board

Date: 2 July 2025

COUNCIL OF GOVERNORS MEETING: 03 September 2025

Agenda item: COG/46/25

Report: Teaching Hospital Status

Presented by: Bob Kirton, Managing Director & Dr Jo Beahan, Medical Director

Author(s): Dr Jo Beahan, Medical Director

Action required: For noting

Over the last few months the Trust has embarked on its ambition to become a recognised Teaching Trust and is also one of our key strategic objectives. This change to our name is to reflect our ongoing and significant teaching commitment across the organisation. Recognition of our work to educate our current and future workforce will increase our ability to train, recruit and retain the best staff to treat our patients going forward.

The following report will be presented to the Public Board of Directors on Friday 5th September.

The Council of Governors are asked to note the content of report and support and endorse the work to obtain Teaching Status.

1. Ambition for recognised Teaching Status

Over the last few months the Trust has embarked on its ambition to become a recognised Teaching Trust and is also one of our key strategic objectives. This change to our name is to reflect our ongoing and significant teaching commitment across the organisation. Recognition of our work to educate our current and future workforce will increase our ability to train, recruit and retain the best staff to treat our patients going forward.

As stated in the update to Board of Directors in July, there is no formal process / application form which needs to be completed to be able to change the name of the Trust and a Teaching Trust. To enable to change in name, both the Board of Directors and the Council of Governors need to agree to the change. This has been confirmed by the Interim Joint Director of Corporate Governance.

Therefore, this work and process if focused on providing the information to the Board of Directors and Council of Governors to enable these bodies to appropriately support the change. This is intended to be done through a portfolio based around a Showcase Document and several letters of support from partner organisations.

2. Work undertaken to date

There has been a significant amount of work undertaken to date, led by the Medical Director and team. This has primarily been through the creation of the Showcase Document. This is a critical part of the process, as it allows the Trust to demonstrate the work that is already in place within the Trust. The Showcase Document is key to inform the discussions that will take place as part of the engagement workstreams and will be a key part of the case presented to Board and Council of Governors when seeking formal approval for the change.

The communications team have sought advice on the naming conventions to ensure that this follows the rules and regulations surrounding NHS Brand Guidelines. The current suggestion to change the name of the Trust to '**Rotherham Teaching NHS Foundation Trust**' would be in-keeping with those guidelines.

A weekly task and finish group has been established, chaired by the Medical Director and Managing Director, and they have formulated a project plan consisting of four workstreams. Each workstream outlines a timeframe with an overall expectation that the Trust would become a recognised Teaching Trust by the 1st April 2026. This is later than originally planned but allows sufficient time for internal and external stakeholder engagement, to receive letters of support and undertake further work to identify some of the currently unknown changes that would need to be made as a result of this work.

3. Financial Impact

Whilst it is to be recognised that there will inevitably be cost implications to becoming a Teaching Trust; the approach we are taken will allow this to be managed in a structured, cost-effective way. Therefore, at this stage, it is not expected that by supporting this change that significant additional financial costs are incurred. This would be confirmed in the paper presented to Board of Directors in January. Details of this approach is set out below.

As part of our engagement with neighbouring Trust they shared with us their experience of updating branding, signage etc as part of the natural series of updates over a period of time. This is likely to be our recommended approach, with minimal 'physical' changes on the 1st April, but items replaced 'as required'. For example, ID badges. Under this approach ID badges would be updated only when naturally issued or replaced (i.e. new starter or expired) rather than re issuing 5000+ badges in one step. This should limit additional financial costs.

Of the required changes we would want to make on the 1st April, it is likely that the main entrance sign to the hospital site will incur the most cost, with an estimated cost of circa £8500.

The ambition to update and modernisation of the education facilities will continue irrespective of this process and would be undertaken in line with the usual process surrounding capital bids. Whilst it is understandable that the overall ambition is to provide our educational offering in a state of the art building/facilities, this has to be done in a sensible, measured, financially sustainable way. Investment in our teaching facilities is a key priority, but it should continue to be prioritised against the other requirements within the Trust such as medical equipment, IT infrastructure and other estates developments.

Whilst the environment and the estate of our training facilities can be challenging, we have to recognise that we already deliver a high quality of education and training at the Trust and therefore any development is not expected to be a pre request for this change.

4. Non-Financial Costs

There will be non-financial costs associated with this change in terms of time and effort. While this not fully known currently, examples of this would include the updating of a significant number of digital templates (i.e. letter templates, BI reports etc). Work will be undertaken to get a fuller understanding of this requirement over the coming months.

As with the financial costs, a pragmatic approach is recommended with only critical / required changes updated on day 1 and remaining changes being updated over a period to time to reduce (or potentially eliminate) the need for additional financial resources.

5. Timeline

The Task and Finish Group has formulated a roadmap which highlights key workstreams and outlines the fundamental stages that the organisation must navigate in order to achieve its primary goal of being recognised as a Teaching Trust by April 2026. Below is an outline of the key milestones and time frames which are proposed

Within this timeline is a range of engagement both internally and externally. A full list of external partners / organisations we are proposing to engage with are listed in the project plan.

This external engagement has been split into two groups of stakeholders.

Group 1: The first is those where we are planning to engage and inform partners of our ambition to move to a Teaching Trust. This will include organisations such as Rotherham Council and Sheffield Children's Hospital.

Group 2: The second group is those where we are planning to engage and seek explicit support for this change, for example the Universities which we work with and key NHS organisations such as NHS England. We plan to receive this support through the collection of 'letters of support' from these organisations.

For the group 2, the timeline splits this engagement into two parts, an initial engagement section where we sound out and seek verbal support (using our Showcase Document to support) and then a second section where we receive formal support. This has been shown in this way to recognise that these organisations may need time to take this support through their internal governance processes.

There continues to be some risk within this timeline, in particular regarding the letters of support which is dependent on external bodies being able to return as expected. This has been mitigated through the two-stage approach and the wide window provided, however, there could still be delays that we are unable to control.

Council of Governors Initial Engagement	3 rd September 2025
Board of Directors: Update & Timeline	5 th September 2025
Engagement with organisations where we want explicit support (Group 1) – initial engagement sessions	8 th September – 30 th October 2025
Engagement (Group 2) <ul style="list-style-type: none">• Internal and External Stakeholders• Public	8 th September 2025 – 30 th November 2025
Update to Board of Directors	7 th November 2025
Receipt of Stakeholder Support Letters (Group 1)	30 th October 2025 – 30 th December 2025
Final Approval – Board of Directors	16 th January 2026

Final Approval – Council of Governors	TBC (January 2026)
Seek change of Establishment Order (estimated 8 week timeframe)	End of January 2026
Recognised as a Teaching Trust	1st April 2026
Post approval changes <ul style="list-style-type: none"> • Signage/Estate • IT/Coding • Branding/Communications 	From formal approval onwards

6. Recommendations

It is recommended that:

1. Board of Directors are asked to support the approach and suggested timeline for assessing readiness for Teaching Status.
2. The Board of Directors note the potential financial impact associated with obtaining Teaching Status with further clarity provided in January.
3. The Board of Directors to endorse the Showcase Document which is a fundamental publication in order to commence the engagement workstreams of the project.
4. The Board of Directors are asked to note that following completion of the engagement workstreams; a portfolio and final paper on Teaching Status will be presented to the Board of Directors in January 2026 seeking formal approval for the change which will subsequently be presented to Council of Governors.

Dr Jo Beahan
Medical Director
September 2025



The Rotherham NHS Foundation Trust
Teaching Status
2025

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A message from Dr Mike Richmond, Chair

When I started my role in Rotherham in January 2024, I was struck by the sheer amount of determination and ambition our teams have to constantly improve the services we provide to the people of Rotherham. We have harnessed this ambition to further our strategic ambitions so that we are striving for excellence in everything we do.

The Trust has long-established partnerships with local and regional organisations in the health and care sectors, as well as with education providers and universities across South Yorkshire and beyond, which have helped to develop the skills and expertise of our current and future NHS workforce.

As an anchor institution and a major employer in Rotherham, we have a responsibility to not only help our local community access the very best healthcare services, but also to inspire the future workforce and provide local people with the opportunity to thrive in their careers. Adding teaching to our name makes our ongoing commitment to teaching, training and education clear to our partners, and our current and future workforce.

The Board of Directors are proud to submit our application to become a teaching Trust, and we have been hugely encouraged by the enthusiasm and support our colleagues and local stakeholders have provided in our bid.





A message from Dr Richard Jenkins, Chief Executive

We are proud of our commitment to teaching, education and development, and we provide over and above what would be ordinarily expected of us. This showcase document provides an insight into our commitment to teaching and why we are keen to be recognised as a teaching Trust.

Our commitment extends across all departments and colleagues across the Trust, ensuring we support as many opportunities as possible to develop our current and future workforce, which ultimately has a positive impact on patient care. Underpinning this are our values – Ambitious, Caring, Together.

We have excellent relationships with universities and education providers across South Yorkshire and further afield.

Medical students have stated Rotherham provides the best education and placement support of the Trusts in South Yorkshire – an accolade we are extremely proud of.

Over the past few years, we have had successes in improving our recruitment and retention, ensuring we're able to provide high quality and sustainable services for the local community. Achieving teaching status will build on this work, helping us to attract highly skilled professionals to care for our patients, and to further develop and expand the teaching and education we provide.

Since our strategy was launched in 2022, we have made great strides towards meeting, and exceeding, the ambitions we set out to achieve. We are positive that the recognition teaching status would give us will fuel our ambitions further, making us a leader for education across Yorkshire and beyond, improving patient care and colleague experience and setting the bar others aim to reach.



Our Trust



The Rotherham NHS Foundation Trust is a combined acute and community Trust which provides services from a number of sites across Rotherham, including:

- Rotherham Hospital
- Rotherham Community Health Centre
- BreathingSpace
- Park Rehabilitation Centre
- Kimberworth Place

We also provide some dental services in Doncaster and Barnsley, as well as having some smaller hubs at GP practices across the borough.



We are a major employer in Rotherham, employing over 5,000 staff from the town and the wider South Yorkshire region.

Education, professional development and training are fundamental to continually developing, attracting and retaining our workforce. We invest in opportunities for all staff groups, ranging from T-Levels and apprenticeships through to degrees. We have a dedicated education centre with hands-on learning and simulation suites, lecture theatre and library and knowledge service. This brochure showcases how we have embedded a culture of teaching and learning throughout the Trust.

Activity highlights for 2024/25

- Serve a local population of approx. 271,000
- 90 newly registered nurses recruited in September 2024 – the highest in our history
- Xxx student nursing placements
- Xxx Foundation year 1 and 2 doctors
- 5,032 staff members
- Xxxx babies born
- Xxx medical student placements
- Xxxxx seen in the Emergency Care Unit (UCC)
- 3,237 patients recruited into research studies
- 47 open research studies
- Xxxxxx outpatient appointments
- Xxx staff on apprenticeships

Our strategic objectives

The Rotherham NHS Foundation Trust
Strategy 2022-2027

Our new journey, together

Vision

We will always **ACT** the right way and be **PROUD** to provide exceptional healthcare to the communities of Rotherham

Values

Ambitious • Caring • Together

Proud

Patients

We will be proud that the quality of care we provide is exceptional, tailored to people's needs and delivered in the most appropriate setting for them

Rotherham

We will be proud to act as a leader within Rotherham, building healthier communities and improving the life chances of the population we serve

Our partners

We will be proud to collaborate with local organisations to build strong and resilient partnerships that deliver exceptional, seamless patient care

Us

We will be proud to be colleagues in an inclusive, diverse and welcoming organisation that is simply a great place to work

Delivery

We will be proud to deliver our best every day, providing high quality, timely and equitable access to care in an efficient and sustainable organisation



Research and Development

Our Research and Development Department is committed to advancing healthcare through high-quality, ethical, and patient-centred research. Our mission is to foster innovation, support clinical excellence, and collaborate across disciplines to generate evidence that improves patient outcomes and informs best practice. We strive to empower staff, patients, and the community to actively engage in research, ensuring that our work reflects the needs and priorities of those we serve.



Our strategic plan

Our strategic plan for clinical research is designed to enhance patient care through innovative, high- quality, and impactful research. The Research and Development Department focuses on developing interventions to meet the current and future health needs of the community. Key elements of the strategic plan include:

- **Research integration:** Embedding research into clinical pathways to improve patient outcomes and inform evidence-based practice.
- **Diverse Research Portfolio:** Conducting a wide range of studies across various specialties, currently anaesthesia and perioperative medicine, cancer, cardiovascular, children, critical care, dementia and neurodegeneration, dermatology, gastroenterology, infection, mental health, musculoskeletal and orthopaedics, public health, reproductive health and childbirth, respiratory, surgery, trauma and emergency care.
- **Research Engagement:** Promoting research participation through initiatives like Red4Research day, which raises awareness about the importance of research and encourages involvement from staff, patients, and the public.
- **Research Capacity Building:** Providing training and support to staff to develop research skills and foster a research-active culture within the Trust.
- **Collaboration and Partnership:** Strengthening relationships with external partners, including academic institutions and commercial organisations, to expand research opportunities and resources.

Through these strategic initiatives, we aim to advance clinical research, improve patient care and ensure our research portfolio aligns to the needs of our local community.





Recent successes

Research participation growth: The Research and Development team have grown the number of TRFT participants recruited to research trials from under 300 in 2015/16 to over 3200 in 2024/25

- Research performance:**
- TRFT was the highest recruiter to the Anaesthesia, Perioperative Medicine and Pain Management (APOMP) portfolio in Yorkshire and Humber in 2024/25
 - TRFT was the second highest recruiter to the Critical Care portfolio in Yorkshire and Humber in 2024/25
 - TRFT was the third highest recruiter to the Reproductive Health and Childbirth portfolio in Yorkshire and Humber in 2024/25

Research awards: NIHR CRN Y&H Early Career Researcher/ Associate Principal Investigator of the Year 22/23 Dr Jake McCormick

Nursing Times awards: Clinical Research Nursing Finalist – Advancing patient care through research in Rotherham

NIHR API scheme: Ten colleagues have completed the Associate Principal Investigator scheme, including Resident Drs and pharmacists



Colleague perspectives

“Research is extremely important for people affected by cancer as we know being involved in research gives our patients better outcomes. As the Trust’s Lead Nurse for Cancer it is my vision that cancer research will be at the heart of the care we deliver ensuring our patients have access to the best possible quality care.”

Michelle Fletcher, Macmillan Lead Nurse for Cancer, Principal Investigator APPROACH Study




“Access to research and clinical trials has allowed our patients to receive newer drugs and the latest diagnostics. This has a positive impact on the care they receive and they do not have to travel away to receive these treatments. Patients also feel that they are contributing to advancement of clinical medicine.”

Dr Arun Alfred, Consultant Haematologist, Principal Investigator

“Research underpins physiotherapy practice. We try to keep up to date with current literature so that we can provide the most relevant and effective management of our patients. In physiotherapy we are happy to support research opportunities wherever we can and promote the great work we do at TRFT.”

Ben Cooper, Senior Physiotherapist, Meteor2 Trial physiotherapist



Patient feedback

Racer2 participant: a patient in the Clinical and cost-effectiveness of individualised (early) patient-directed rehabilitation versus standard rehabilitation after surgical repair of the rotator cuff of the shoulder trial, said:

“How immensely grateful I am to have had the opportunity to participate in research and to be able to contribute to helping others.”



Mr Draviaraj, Principal Investigator Racer2 Trial



For the last three years, I have taken part in the Radar UK-MRA Myeloma XV trial at Rotherham Hospital. During this time, the care and treatment I have received has been excellent. The radar nurses are very approachable, friendly, and supportive and have helped me through treatments. Nothing is too much trouble for them and cannot praise them enough.

Mrs C Davies

Innovation

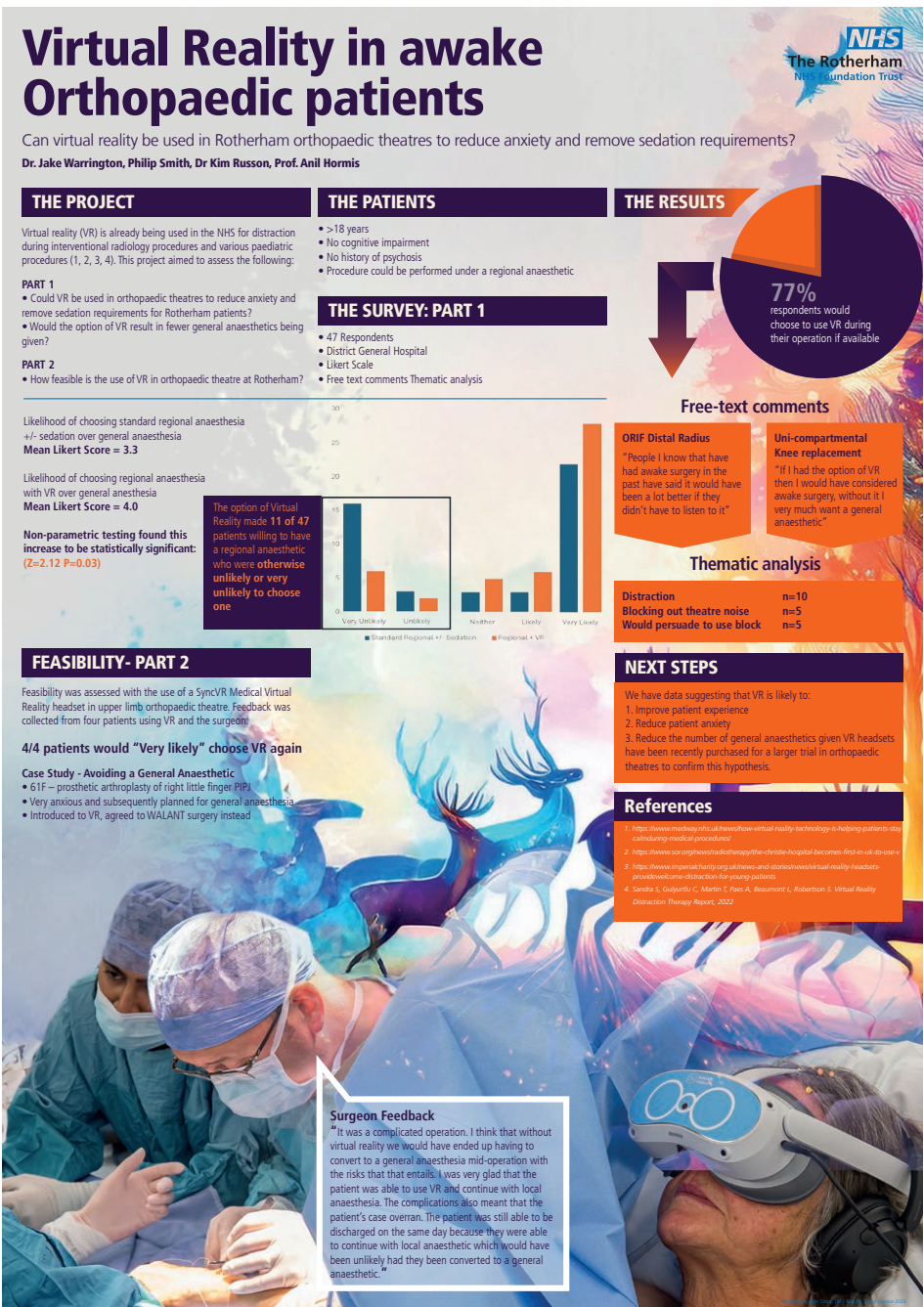
Professor Anil Hormis and Dr Kim Russon trialled the use of virtual reality (VR) glasses during awake surgical procedures to improve patient experiences and manage anxiety, whilst reducing the need for sedation. Patients and staff provided positive feedback. The potential benefits include quicker recovery for patients, earlier discharge, increased use of regional rather than general anaesthesia, cost benefits in improving theatre efficiency and increasing the throughput of theatre lists.

Clinical research Fellow, Dr Jake Warrington and Phil Smith, Medical Student, supported the work and together achieved the following awards:

Oral Presentation: WRAIG: Wrightington International Regional Anaesthesia Congress 2024

First Prize for Presentation: WRAIG: Wrightington International Regional Anaesthesia Congress 2024

Poster: British Society of Orthopaedic Anaesthetists (BSOA) ASM 2024



The Medical Education Department is proud to support the Trust's application for teaching status. We offer a dynamic, inclusive and high-quality education programme for undergraduate, foundation and postgraduate learners. Our team is dedicated to ensuring the Trust is an outstanding place to learn, teach and develop. Our ethos is rooted in creating an environment where learners feel valued, supported and equipped to thrive, and where teaching is a core component of everyday clinical practice.

Medical education

Undergraduate medical education

Each year, the Trust welcomes more than 300 medical students across all core specialties. We are proud to maintain an excellent relationship with the University of Sheffield Medical School, as evidenced by consistently strong feedback received from student evaluations. The Medical Undergraduate Team is praised year on year for their dedication, pastoral care and innovative approach to learning. Quotes from students include:

“The Med Ed team at RDGH were exceptional! Excellent induction and organisation,” and “The best formal teaching I have received on placement so far! Brilliant organisation and delivery.”

Our undergraduate programme is supported by a full-time team that includes a Consultant Clinical Educator, a Clinical Teaching Fellow and a Pharmacist Educator, as well as over 30 part-time funded clinical educators. Students benefit from a range of innovative educational methods, such as:

- simulated ward round teaching
- remote facilitated clinical encounters (developed during COVID-19)
- a self-rostering system for Emergency Medicine
- a flipped classroom model for out-of-hours teaching



A key recent innovation is the ROSE (Rotherham Online Scheduler for Education) system, developed in-house with the Trust's IT team. ROSE enables students to book into a wide range of educational activities across the Trust and is aligned with the University of Sheffield's Longitudinal Integrated Clinical Placement (LICP) framework. The system has potential for broader application beyond medical student scheduling and is currently being modified to support postgraduate internal medical training in the Trust.

The simulation programme is wide-ranging and tailored for all levels of students. Sessions include core clinical skills as well as high-fidelity simulation. Students have access to a well-equipped simulation suite and a dedicated timetable of simulation opportunities. We also provide comprehensive skills refreshers and support for OSCE preparations, mock exams and bespoke sessions, such as prescribing assessments and case-based discussions.

We take great pride in our inclusive ethos and our strong track record in supporting students with additional academic or physical needs. All administrative faculty are mental health first aid-trained. Our team operates an open-door policy and is based adjacent to the student study areas, fostering accessibility and support.

Our facilities include a dedicated undergraduate suite with a kitchen, dining area, lounge and study space. Innovative developments such as the integration of primary care experience into women's and child health placements (utilising the collaborative learning in practice (CLIP) model) further enhance the learning experience.

Students are encouraged to undertake research projects and present at national conferences. Notably, students from the sexual health department have consistently had work accepted at national conferences and even secured national undergraduate essay prizes.

Foundation programme

We support 48 Foundation Year doctors across both Foundation Year 1 (FY1) and Foundation Year 2 (FY2) programmes, spanning acute Trust placements, General Practice and Psychiatry. The Foundation Programme is led by a dedicated Training Programme Director and supported by a full-time Postgraduate Co-ordinator. Weekly structured teaching sessions draw on faculty from across the Trust and cover a range of topics, from specialty-specific updates to core clinical teaching.

Survey data from May 2025 revealed that 70% of Foundation doctors rated their placements as either 'excellent' or 'very good', with the remaining 30% rating them as 'good'. This detailed feedback is now directly shaping improvements to the programme for August 2025 and beyond.



Postgraduate medical education

Postgraduate education is firmly embedded in the culture of the organisation. Trainees from foundation to higher specialty training are supported by a robust educational framework, aligned with UK General Medical Council (GMC) and NHS England (NHSE) standards.

Our faculty includes national and regional education leaders, including:

- Training Programme Directors across several specialties
- Three Trainers of the Year in Orthopaedics
- National chair of the AO Hand and Wrist course
- Breast surgery team invited to teach on national courses, for example, the ABS courses (Association of Breast Surgery)
- Sexual Health Consultants invited to teach on national courses and conferences eg. BASHH HIV Masterclass.
- Anaesthetics Consultants regularly invited to teach on national and international conferences and courses and selected to author chapters in highly prestigious text books including Smith & Aitkenhead Textbook of Anaesthesia (previous edition was awarded First Prize at the BMJ Medical Book Awards).

The weekly postgraduate teaching timetable is structured to ensure consistency and depth. Teaching includes Monday Grand Rounds, Tuesday Respiratory and lunchtime lectures, Wednesday Cardiology and Healthcare of Older People, Thursday FY1 teaching, and Friday sessions in Internal Medicine and Surgery.

Our education centre hosts a variety of internal and external educational events, including:

- Simulation training for midwives
- The regional Critical Care Transfer course
- Advanced Trauma Life support and a Royal College of Surgeons Basic Surgical Skills course. Notably, we are the only institution offering these courses in the whole of South Yorkshire.

We also run courses replacing NHSE-funded courses lost in recent years such as Advanced Procedural Skills and communication for Internal Medicine Resident Doctors. In addition, ad-hoc teaching and bespoke sessions are arranged to meet individual needs, including procedural refreshers (such as central venous pressure line insertion, catheterisation, arterial blood gas (ABG) sampling and analysis, etc.), simulation of procedures (such as chest drain insertion, lumbar puncture), and ad-hoc bespoke clinical skills training to support international medical graduates entering the NHS locally.



Simulation and clinical skills

The simulation programme is comprehensive and continues to evolve. Simulation is delivered both in situ in departments and within dedicated spaces.

Key programmes include:

- Cross-Specialty Multidisciplinary Paediatric Emergency Training (CRUMPET)
- Interprofessional non-technical clinical and assessment skills in emergencies (INCASE)
- Return to Acute Care Training (ReACT)
- Physiotherapy simulation
- Simulated scenarios support midwives (Practical Obstetric Multiprofessional Training (PROMPT), and maternity Mandatory and Statutory Training (MAST))
- Medical students and Physician Associate simulation

Objective Structured Clinical Examination (OSCE) mock exams are a major part of our calendar, with University of Sheffield LICP1 and LICP3 students participating in full-day mock OSCEs. Physician Associate OSCEs are also supported. Skills refreshers are delivered throughout placements, covering everything from injections to complex invasive procedures. Simulation rooms are well-equipped and faculty-led, creating an immersive and safe environment for experiential learning.



Teaching fellows

The Trust employs both a Clinical Teaching Fellow (CTF) and a Future Leader (FL), each appointed on a 12-month basis. The Clinical Teaching Fellow has oversight of over 300 medical students and delivers a variety of teaching formats, from one-on-one bedside teaching to larger case-based sessions. A variety of educational styles are employed, including “gamification” of learning and the Clinical Teaching Fellows are encouraged to undertake educational research to both support their teaching with published evidence and add to it.

These roles provide rich opportunities for leadership, quality improvement , education and research. For example, Clinical Teaching Fellows have developed bespoke teaching for the Prescribing Safety Assessment (PSA) and the Medical Licensing Assessment (MLA) exams and are integral to the development of educational materials, peer observation of teaching and educational research.

Clinical Teaching Fellows and Future Leaders contribute to postgraduate teaching, run revision OSCEs and support with Foundation programme delivery. Their portfolios evolve year-on-year, adding to a growing institutional education resource bank.

Educational leadership and faculty development

Medical education is steered by a strengthened leadership team comprising an Associate Medicine Director, Deputy Director and two Assistant Directors, one of whom has a specific portfolio for faculty development. The Medical Education Committee and Advancing Healthcare Education and Development (AHEAD) Rotherham meetings provide strategic oversight, educator communication, (including colleagues in primary care), faculty updates and foster a vibrant faculty community.

Regular educational supervisor courses ensure on-boarding and continued professional development for faculty. New appraisal processes aligned with the Association of Medical Educators (AoME) standards will allow better governance and targeted faculty development.

We also support external leadership training, including the ‘Dare to Lead’ programme for senior education faculty, which will commence in 2026.



Innovation and strategic development

The Trust leads the region in educational innovation. Our Women’s Health programme was commended at the British Medical Journal (BMJ) 2021 Awards and offers the only regional courses in South Yorkshire for both intrauterine device placement and implant insertion).

The Department of Paediatrics runs the STEPP (Specialist Training and Education Programme for Paediatrics). STEPP is a regional teaching programme, specifically designed to meet the training needs of Level 1 Paediatric trainees. Our training day is attended by all Yorkshire ST1 Paediatric trainees and feedback is consistently exemplary. We have proudly hosted sessions at Rotherham for over 10 years.

We are currently developing new roles in surgical education, anaesthetic simulation, and communication. A Non-Operative Technical skills (NOTS) course and a South Yorkshire Teaching Fellows Academy are also in progress. There is also opportunity for medical learners to gain expertise in community care, and in the future, community respiratory care. BreathingSpace is the only purpose-built community respiratory facility in the UK; our pulmonary rehabilitation service is second-to-none. There is a seven-day exacerbation service, community clinics and case management. Given the direction of the NHS 10-year plan, focusing on training in the community is crucial.

Sixth form work experience

Rotherham runs the only sixth-form medical work experience for medicine programme in South Yorkshire. Delivered three times a year, each cohort includes 15 students who take part in an immersive five-day programme. Activities include ward visits, clinical skills workshops (such as catheterisation, ABGs, injections, orthopaedic fracture fixation), interactive sessions in ethics, suturing, laparoscopy, and hand hygiene, simulation, opportunity to observe in theatre and lectures from a range of professionals, including medical students, Specialty and Associate Specialist (SAS) doctors, palliative care leads, psychiatrists and library staff. This unique course helps students make a more considered decision about whether to apply to medical school.

“I have learnt about the whole journey towards the career and then life as a doctor. I have learnt about all the advantages and disadvantages.”



Library and Knowledge Services

Our first-class library provides tailored literature search training and knowledge mobilisation services across all clinical departments, with a special emphasis on critical care, paediatrics, trauma and orthopaedics. From autumn 2025, the library will also offer specialised training options for medical students and foundation doctors, including research assistance and information literacy sessions to support better patient care. We are the only library in the North of England with an NHS England-endorsed CPD resource collection, updating the skills of medical librarians.

Multiprofessional and national contributions

The Trust hosts the Practitioner's e-Portfolio (PeP) national e-portfolio platform for Advanced Practitioners, Physicians Associates and non-training grade doctors, supporting over 1,000 users. PeP is based on a well-validated e-portfolio platform and is gaining high penetration across all nations of the UK with over 20 Trusts now using the system as well as several general practices. It was conceived and developed by our Medical Education department to assist in the development and supervision of practitioners to ensure patient and professional safety is in line with national guidance when no other system was available to do this. We also host and run nationally recognised training courses, including ATLS and BSS, and will soon offer the NOTS course.

Survey and quality assurance

We actively participate in the GMC national training survey (NTS) and NHSE National Education and Training Survey (NETS). Feedback informs continuous improvement in our programmes and provides quality and governance data back to NHSE workforce, training and education as well as regulatory bodies such as the GMC. Where it is required, we undertake local surveys and focus groups with resident doctors to look at details of postgraduate training. Resident doctors are also invited to attend monthly meetings with the Director of Medical Education to ensure that any issues are swiftly addressed. The local May 2025 Foundation survey showed strong ratings and provided actionable insights for future development.



Future plans: new education centre

We are working towards developing a state-of-the-art education centre, designed to meet the educational demands of the next 25 years. It is envisioned this will include expanded simulation areas (including cadaveric), augmented reality and virtual reality capabilities, flexible teaching rooms, and dedicated space for high-stakes exams and preparation for exams at all levels from undergraduate to exiting from postgraduate training.

Resuscitation service



Comprehensive life support training

Our resuscitation service is responsible for delivering life support training to staff at all levels across the Trust. Our portfolio includes both basic, immediate (ILS/PILS) and advanced life support courses for those working in adult, paediatric, and newborn specialties.

As an accredited centre for both the Resuscitation Council UK and the Advanced Life Support Group (ALSG), our service acts as a “one stop shop” for all advanced resuscitation training.



Advanced Life Support (ALS) courses

- 2-day ALS course: This comprehensive face-to-face program includes hybrid e-learning, mentoring, coaching and clinical skills. It is ideal for clinicians beginning their journey in advanced resuscitation.
- 1-day E-ALS course: Our most popular format, this course allows for several weeks of online pre-learning, followed by an intensive day of hands-on skill development and practical application.
- ALS Recertification (short course): Aimed at experienced ALS providers, this course focuses on revalidating current skills through challenging scenarios, peer reviews, and focused skills teaching.
- Each year, we facilitate an average of 15 ALS courses. This attracts learners from across the UK and internationally. Our faculty trains around 400 ALS providers annually, equipping doctors, nurses, and allied health professionals with essential lifesaving skills.



European Paediatric Advanced Life Support (EPALS)

Beyond adult life support, we offer the EPALS (European Paediatric Advanced Life Support) course, accredited by the RCUK. This two-day face-to-face program follows the ALS model and is tailored for paediatric nurses and doctors in paediatric, anaesthetic, or emergency medicine training. We run four EPALS courses annually, offering 96 places with full attendance at every session.

Newborn Life Support (NLS)

As a busy maternity hub, we recognise the importance of newborn resuscitation skills. The NLS (Newborn Life Support) course is an essential, highly accredited one-day program for clinical staff involved in childbirth. It remains extremely popular and attracts participants from across the country. We provide up to eight courses per year with 192 places available.



Generic Instructor Course (GIC)

The GIC is designed for candidates who have shown instructor potential on RCUK/ALSG provider courses, it is a highly regarded educational course, it teaches candidate how to teach on the provider course. There are a limited number of GIC centres in the UK, we are the only one that offers all the course backgrounds in South Yorkshire. We run three of these each year utilising an international faculty attracting candidates from all around the country and European union.



Ward based in situ sim/ bespoke training

We offer a wide range of bespoke teaching to clinical areas allowing them to put into practise in their own environments the skills they have been taught. This can be specialised training for obstetric emergencies, difficult access areas like toilets and showers where cardiac arrests can happen, deteriorating patient training, specialised areas like off-site remote CT, debriefing and ReSPECT training to name but a few.

The service continues to expand its portfolio catering for all educational and practical needs within the resuscitation sphere, this allows us to improve patient safety, deliver excellent resuscitation skills to patients in cardiac arrest or acutely deteriorating making the Resuscitation Service the choice for the learner to be educated with us.



Nurses, midwives and allied health professionals



Student nurses and midwives

We provide high quality clinical placements to over 450 pre-registration student nurses each year and 168 midwives. Students can study a degree or post graduate qualification in nursing at university or take a 'dual field' degree. We work closely with two local universities:

- Sheffield Hallam University
- University of Sheffield

Students are supported in studying for undergraduate degrees (3 years), postgraduate degrees (2 years) or as a registered nurse degree apprenticeship (RNDA). This option is through employment and university study (2 to 4 years).



All student nurses on placement are supported and prepared through our induction programme and offered a wide variety of learning opportunities. We offer high-quality, audited practice placement experiences for all learners providing support, guidance, and teaching, one on one working and support for the myepad/pebblepad.

Practice Assessors and Practice Supervisors

Practice Supervisors (PS) are registered professionals who ensure students meet learning outcomes while upholding patient safety and supporting their professional development. Since 2023, the Trust has trained 75 staff as PS and this is now incorporated into the preceptorship programme.

Practice Assessors (PA) are registered staff who assess and support student's to achieve practice learning objectives and will assess and sign them off as competent. Since 2023, the Trust has 505 staff trained as Practice Assessors (PA) to ensure students can be competently signed off achieving placement objectives.

Training for PS and PA lasts for three years and updates for next year are being planned.



Student AHPs

We support training for 9 of the Allied Health Professionals that TRFT employs, working with 4 primary Universities, and accepting student placements on elective rotation from many more across the UK.

Our education team has an AHP Practice Learning Facilitator who is an ODP. He works closely with the AHP departments and in particular those responsible for student placements to ensure that everything goes smoothly for our AHP students whilst they are on placement.

AHP ROTHERHAM

Allied Health Professionals

- Diagnostic Radiographers
- Podiatrists
- Dietitians
- Occupational Therapists
- Operating Department Practitioners (ODP)
- Orthoptists
- Prosthetists & Orthotists
- Physiotherapists
- Speech & Language Therapists

Register your interest

Internationally educated nurses

Internationally educated nurses (IENs) play a vital role in our Trust and we have over 150 in our nursing workforce. These nurses have brought diverse skills and perspectives adding to our wealth of experience and cultural understanding. The education team have supported our IENs with their Nursing and Midwifery Council (NMC) registration process

This involves a two-part process: a computer-based test (CBT) and a practical objective structured clinical examination (OSCE). The process also includes an initial eligibility and qualification application, and a final registration application demonstrating English language proficiency, health, and character requirements.

All IENs undertake preceptorship once on the NMC register.



Refugee support, training, orientation, recruitment and education nurses (ReSTORE)

ReSTORE is a structured programme for refugee nurses living in South Yorkshire delivered by the South Yorkshire Primary Care Workforce and Training Hub. The Trust has successfully employed three nurses referred by ReSTORE, initially as healthcare support workers while they build up confidence with clinical skills.

OSCE preparation has been provided by the education and development team with all three nurses having passed their NMC OSCE.

The ReSTORE nurses will undertake preceptorship once on the NMC register.

Preceptorship academy

Preceptorship is a structured period of support for newly registered healthcare professionals, designed to help them transition from student to autonomous practitioner. It's a key part of supporting early careers in Nursing, Midwifery, and other Allied Health Professions (AHPs).

The National Preceptorship Framework sets standards for this process, aiming to improve retention of newly registered practitioners and interim accreditation for the Trust work on this was achieved in 2023.

In 2024, the Trust launched its Preceptorship Academy, which includes:

- Structured support: newly registered professionals receive guidance and development from experienced practitioners (preceptors).
- Focus on confidence and competence: preceptorship helps build confidence and develop competence in the new role.
- Transition to autonomy: facilitating the transition from student to an autonomous practitioner.
- Quality Improvement: QI training for newly registered practitioners is built into our preceptorship programme, focusing on developing skills and knowledge in quality improvement methodologies and their practical application in clinical practice. This training can empower newly registered professionals to contribute to improvements in patient care and working conditions.

The Trust runs an annual 'Dobson's Den' for all preceptees to present their Qi work with all the senior nurses, midwives and AHPs in attendance, who vote to "invest" in the preceptee's Qi idea.





Preceptor role

A preceptor is a named, experienced practitioner who provides guidance and support to the preceptee. This is normally an experienced practitioner with sufficient experience in their clinical area and be registered for at least 12 months.

Preceptors offer advice, mentoring, and encouragement to the preceptee. Also helping to apply knowledge, develop skills, and build confidence during an adequate period of supervision and support.

Since 2023, the Trust has trained 350 Preceptors and run a regular learning and support forum to ensure they are up to date.

Early career midwives

The preceptorship programme in midwifery is designed to ensure our early career midwives gain all the experience, exposure, clinical skills, knowledge and support they require to complete their preceptorship and gain the Band 6 uplift within 12-18 months.

Our programme gives early career midwives a rotation working on Labour Ward, Wharnccliffe Ward (Antenatal/ Postnatal), Greenoaks (Outpatient antenatal), and as a part of the Ivy Team (Maternity Triage and Antenatal Day Ward) settings within the hospital setting, and also working in the community midwifery teams.

Early career midwives are supported with supernumerary time at the start of their experience in each new working area, working alongside buddy midwives, an allocated named Preceptor for support and regular review meetings to embed learning and give pastoral support. Early career midwives are also supported with the study time required to increase and gain their clinical skills in perineal suturing, epidural management, fetal surveillance assessment, Newborn and infant screening, safe bedside blood administration and IV access training.





Specialist midwifery roles

Midwives working within specialist roles have a specialist skill set and further training within those areas. They will also usually have completed or will be working towards post-registration qualifications relevant to their specialist area such as modules towards a Masters programme. These roles include:

- Bereavement Specialist Midwife
- Clinical Education Midwife
- Fetal Surveillance Midwife
- Diabetes Specialist Midwife
- Antenatal and Newborn Screening Midwife
- Sonographer Midwife
- Governance Midwife
- Pre-Term Birth Specialist Midwife
- Digital Midwife
- Infant Feeding Midwife
- Named Midwife for Safeguarding
- Vulnerabilities Specialist Midwife
- Birth in Mind (Perinatal Health) Midwife
- Smoking In Pregnancy Specialist Midwife
- Clinical and Pastoral Support Midwife

These roles support the team with training, development, overseeing safety planning and standards, and they also provide specialist care direct to women and families accessing maternity services.



Early careers nurses

The majority of early career nursing roles fall within the category of clinical practice, characterised by delivering direct care to patients and boasting the widest choice of roles at a variety of different settings and levels. Registered nurses are advised to gain a few years post-qualifying experience after completing preceptorship, before going on to managerial, specialist (enhanced) or advanced roles.

We can provide a broad range of different specialties for nurses to gain experience in, including:

- Community nursing
- Medical care nursing
- Emergency care nursing
- Surgical nursing
- Theatre nursing
- Critical care nursing
- Children's nursing
- Gynaecology and sexual health nursing





Leadership - Ward and department managers

Ward and department managers help patients by managing the nurses who care for them, drawing together patient experience and the coordination of the multidisciplinary team. They can also play an important role in providing staff with learning and development opportunities.

It's not only about having line management responsibilities, they act as a role model by exhibiting excellent values and behaviours, inspiring others, leading on change and implementing best practice.



Clinical Nurse Specialists

Many nurses are drawn towards specialist roles because they have a particular interest or passion within a certain area of nursing, and prefer the idea of being a clinical expert within that area. They could specialise:

- Within a clinical remit or area (e.g. school nursing, sexual health, etc.), or
- In relation to a clinical condition (e.g. palliative care, cancer, diabetes, TB, heart failure)

Nurses working within specialist roles will have specialist skills, competencies and experience, and practice at an enhanced level. They will also usually have completed or will be working towards post-registration qualifications relevant to their specialist area such as modules towards a degree pathway, SCPHN courses, or Masters programme.

Although they work within a multidisciplinary team, they have a greater deal of autonomy, and will be responsible for a caseload or group of patients.

Cancer clinical nurse specialist development

The ACCEND (Aspirant Cancer Career and Education Development) programme in the NHS is a national framework designed to support the development of cancer nurses and allied health professionals. It aims to improve the knowledge, skills, and capabilities of the cancer workforce, ultimately enhancing the quality of care for people living with cancer.

ACCEND aims to ensure that nurses and AHPs have the necessary knowledge, skills, and behaviours to provide high-quality cancer care, regardless of their level of experience. The programme seeks to overhaul career pathways, education, training, and learning opportunities for those working in cancer care.

ACCEND addresses the need for a well-trained and skilled cancer workforce, particularly in light of the increasing number of people diagnosed with cancer.



Professional Nurse Advocate (PNA) and Professional Midwifery Advocate (PMA)

PNA and PMA training is a level 7 Masters module, providing those on the programme with skills to facilitate restorative supervision to their colleagues and teams in nursing, midwifery and beyond. It equips nurses and midwives to listen and to understand challenges and demands of

fellow colleagues, and to lead support and deliver quality improvement initiatives in response. The Trust has 50 PNA in post with plans to continue training 5 new PNA each year, and 12 PMAs in post with plans to continue training 2 new PMAs each year.

Advanced Practice

Advanced Practice roles are characterised by advanced clinical skills and competences, a higher degree of autonomous decision-making, along with the remit to diagnose, treat and prescribe. Advanced Practice requires an education to Master's level, as well as prescribing qualifications. Three years post registration experience is often required.

Nurses in advanced roles practice in various areas, including the community, emergency medicine, medicine, surgery and orthopaedics

We have AHPs in a number of different extended/enhanced, advanced and consultant practitioners; and a number of AHPs have gone through the multiprofessional advanced practice route to become Advanced Clinical Practitioners (ACPs).





Clinical academic career

Clinical academics are clinical professionals working across healthcare providers and academic institutions. They have a dual role combining their clinical career with a research career. There are several routes to becoming a clinical academic and various development opportunities to take to pursue this path

To provide a real-life example of clinical academic career development, we have created a poster ([available separately for download](#)) showing the career path of community matron, Paula Berridge, from community staff nurse to her current PhD study.

Nurse clinical leadership development

The Trust has commissioned various leadership development opportunities through Continued Professional Development (CPD) funding.

These include the Royal College of Nursing Clinical Leadership Programme (CLP). This is aimed at nurses working at B6 and 7 level who need to develop their leadership skills and abilities. Over 60 nurses have now been through this programme.

We have also commissioned a programme for more senior leaders through the Florence Nightingale Foundation (FNF). This is aimed at nurses in Band 8a level who wish to stretch their leadership and Qi knowledge further. 40 nurses have been through the FNF leadership development programme.





Continued Professional Development (CPD)

Continuing Professional Development (CPD) is a requirement for all registered healthcare professionals. CPD should be a lifelong learning process designed to enhance skills, knowledge, and practice. It ensures staff stay updated with the latest advancements in clinical practice and patient care, while also addressing their individual professional development needs.

CPD ensures our staff stay informed about the latest evidence-based interventions, best practices, and research findings, supporting them in achieving their career aspirations and demonstrates their commitment to professional excellence.

CPD is a statutory requirement for our registered staff; and for medical and nursing staff supports revalidation with the General Medical Council (GMC) or Nursing and Midwifery Council (NMC).

CPD funding for nurses, midwives and AHPs

NHS England currently provides funding for all registered nurses, nursing associates, midwives, and AHPs (Allied Health Professionals) with a financial allowance to support their Continuing Professional Development. This funding allows for development in areas like clinical skills, career advancement, and is a requirement of maintaining professional registration.

The funding provides a £1,000 allowance per individual over three years, or £333 per year. This is available to registered nurses, nursing associates, midwives, and other allied health professionals working for the Trust.

We support funding bids through a monthly CPD panel. The funding can be used for various activities, including courses, virtual and face-to-face study days, university-level accredited modules, subscriptions to clinical portals, training and associated travel costs, conferences, and practice development programs.

Role specific training

The Trust reviews the role specific training offer each year as this is dependent on themes and trends identified to drive improvements in patient safety, patient experience and clinical effectiveness. These themes remain around the early recognition and management of seriously unwell ward patients and early recognition and management of patients needing palliative and end of life care.

The following courses are now on offer:



REACT: For registered healthcare professionals in inpatient areas.

Aiming to increase knowledge skills and confidence in the recognition and response to a clinically deteriorating patient. Candidates gain experience in completing a systematic A to E assessment in a simulated environment. NEWS2, sepsis, AKI SBAR is covered throughout the day.

REACH: For Band 3 Health Care Support Workers.

A course to support the recognition of deterioration in patients, staff are able to undertake a basic A to E assessment, understand sepsis, hypotension and reduced conscious level with practical sessions including fluid balance monitoring.

Tracheostomy Study Day: For registered staff that care for patients with a tracheostomy.

Aiming to support competence and confidence in caring for patients with a tracheostomy or laryngectomy, this includes, SALT, nutrition, humidification and dealing with emergencies. Suitable if you work on AMU/ASU/A3/Day Surgery.

Palliative Care Study Day: For the multi-professional team who care for patients needing palliative and end of life care.

Aiming to increase knowledge on early recognition of the need for palliative care, breaking bad news, oncology emergencies, ReSPECT, symptom management, practical, emotional and cultural support, taste for pleasure and care at the end of life. Efficacy of this training is measured through the results of the National Audit for Care at the End of life (NACEL).

Healthcare Support Worker/ Care Support Worker Academy

The Trust has around 700 Healthcare Support Workers (HCSW) and Care Support Workers (CSW). To support their education and development, the Trust runs a HCSW/CSW Academy model.

The academy supports HCSW/CSW to gain a thorough understanding of the code of conduct and the skills needed to meet the expected standards. The academy offers the necessary education to develop skills through various learning methods, including practical steps and activities. These include:

- Care Support Worker: Support to complete the Care Certificate.
- Healthcare Support Worker: Clinical skills such as taking and recording vital signs, point of care testing and assistance with further professional development through career conversations and exploring available options.



People experience and development



Inclusion and widening participation

Creating opportunities for the next generation of healthcare and support staff

We recognise our role as one of the largest employers in Rotherham; growing our future workforce from local talent is a priority to ensure that the district continues to develop and thrive. Whether is our support for work experience or dedicated programmes for disabled people and NEET (Not in Education, Employment, or Training) young people, we recognise the value of employability skills and practical experience as a route to both employment and improved health outcomes.

Work experience

In 2024, we focussed on growing our infrastructure for departments who wished to be involved in hosting work experience placements. Half way through 2025, we have already hosted 25 placements and this is increasing each month! Our focus is high quality placements, which allow people to explore careers and gain valuable insights and experience into working in the NHS.

Employment is for everyone

Employment for Everyone is an innovative South Yorkshire-based programme designed to support people with autism and learning disabilities to gain meaningful employment experience. Working in close partnership with colleagues from Rotherham Metropolitan Borough Council and other Place-based partners, we are supporting people with autism and disabilities to engage with employers in the region and undertake supported placements or internship, some of which will be with us. A key part to this is co-production with the people this programme aims to benefit; Speak Up are a local advocacy group for people with autism and learning disabilities who are supporting the programme and actively involved in all aspects of it.

Work well

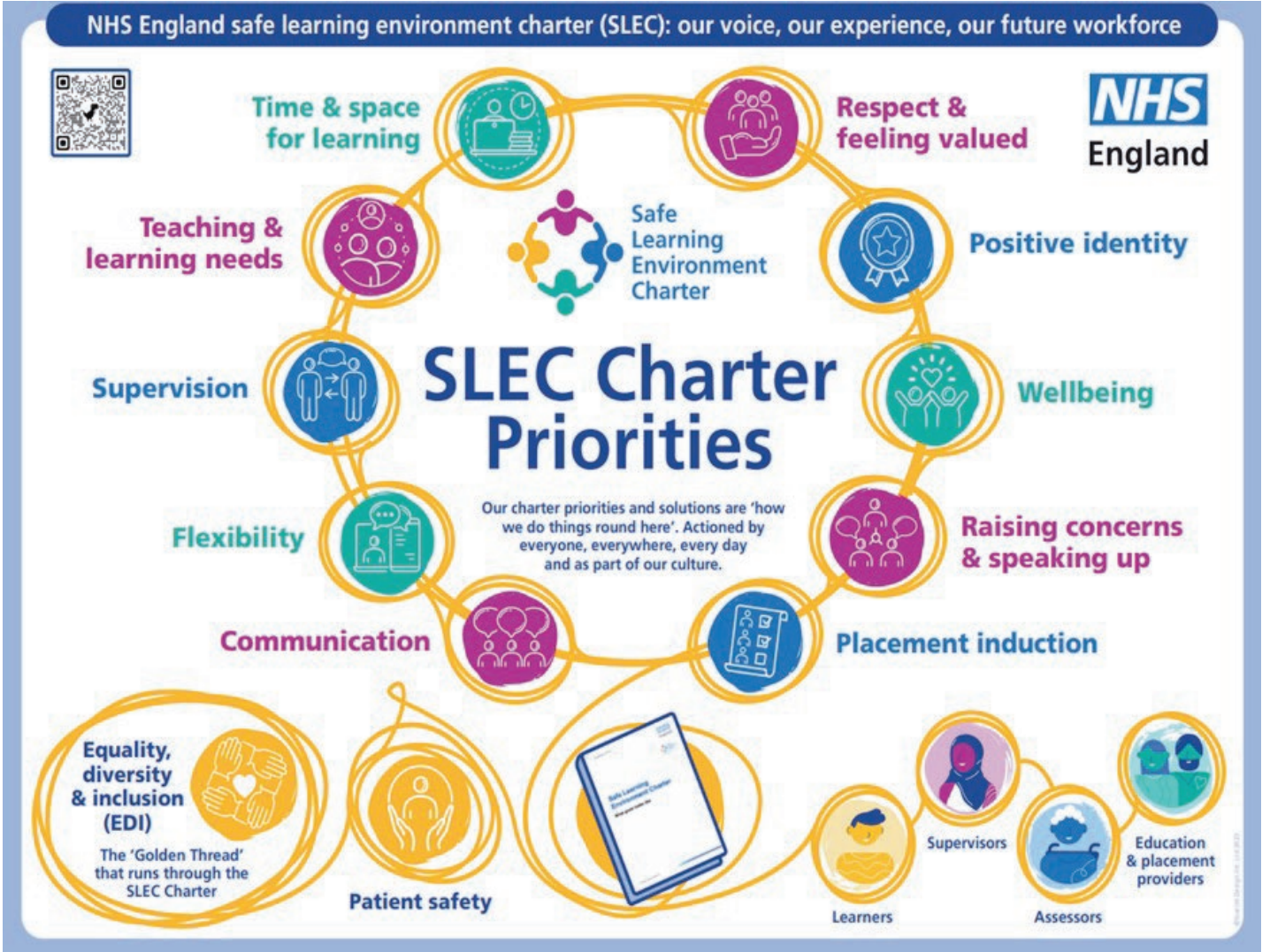
South Yorkshire Mayoral Combined Authority (SYMCA) and South Yorkshire Housing Association (SYHA) have launched the Work Well programme to help people with disabilities into employment as well as support those who are in work to stay and thrive. The programme involves providing employment skills to those seeking employment, as well as provide proactive support for those already in work but struggling with illness, disabilities, stress or other conditions that mean they may be at risk of taking time off. TRFT is a proud supporter of this programme, actively engaging with disabled groups and applicants wishing to work for the Trust, as well as our current workforce to ensure that they access the support they need to stay in work.



NHS Safe Learning Environment Charter (SLEC)

SLEC is a framework designed to promote positive and safe learning cultures within healthcare settings. It aims to ensure that learner’s feel supported, valued, and have access to quality learning experiences. The charter addresses key aspects like equality, diversity, inclusion, psychological safety, and the importance of feedback and reflection.

Our student handbook outlines the principles of SLEC and how we have implemented these safe learning cultures within the Trust.



Organisational development

Supporting teams to be more than a sum of their parts – developing high performing, inclusive, safe and patient-centred cultures



The People Experience and Development team also focusses on improving the quality of working life for our staff. Whether this is the wellbeing activities and support we run (gym classes, heated swimming, an employee assistance line) or supporting team development, improving the staff experience is key to improving patient experience of care. Using the National Staff Survey (NSS) as a baseline, the People Experience and Development Team support managers and team to develop through consultative, bespoke design, facilitated interventions, service process mapping, individual coaching, and psychometrics. Our local and regional approach to organisational development is led by a Do OD methodology and underpinned by Myron's Maxims as adopted by NHS Horizons.



Training centred on key aspects of the staff experience

- Appraisals and crucial conversations – a key focus on active listening, feedback, challenge, compassion, wellbeing, menopause, psychological safety and performance. This development is aimed predominately on how to have a quality appraisal conversation, but also supports with every workplace conversation.
- Interview skills to support colleagues with confidence as well as competence.
- Recruitment and selection support for every recruiting manager to gain knowledge and skills for every step of the process.

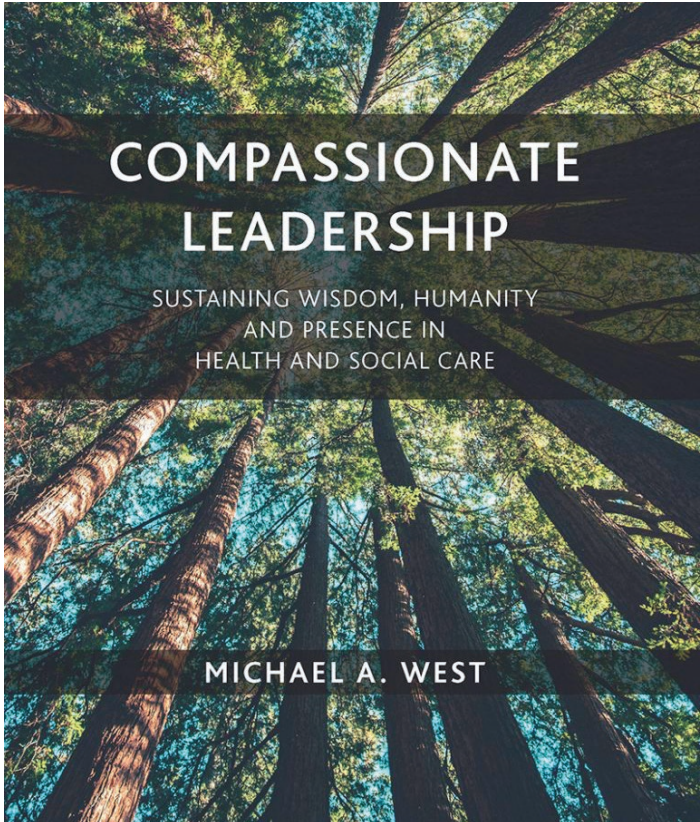
Our Leadership Way



The Heart, Head and Hands of Leadership
Compassionate, Curious, Collaborative

Leadership and management

Good leadership and impactful management are key to the success of all of our departments and teams



We support existing and aspiring leaders in a number of ways from targeted programmes like the Florence Nightingale Leadership Programme for nurses, through to taster sessions and bespoke leadership interventions, based on team needs. The People Experience and Development team lead on content which is curated through the year, drawing on the NHS People Expectation of Line Managers framework, 'Our Leadership Way', 'The Healthcare Leadership Model' and 'Compassionate Leadership' by Michael West.

The team support individuals to access programmes through the NHS Leadership Academy, National Coaching & Mentoring Hub and a number of facilitated learning tools such as 360 Feedback and PRINT Insights. The NHS Leadership Academy Learning Hub provides additional support, resources and training such as authentic leadership, motivation, emotional intelligence, courageous conversations and systems leadership.

NHS Graduate Trainee Management Scheme (GMTS) – nurturing future leaders

The Trust, recognising the need to support and develop future leaders hosts Graduate Management Trainee Scheme (GMTS) trainees in collaboration with Barnsley Hospital NHS Foundation Trust. Since re-engaging with the scheme in 2023 the Trust has fully committed to providing the trainees with the best possible experience, supporting their professional, educational and personal development. The value given to this programme is reflective of the Trust's wider commitment to developing its teams. The programme Executive Lead is the Trust's Managing Director with the Deputy Director Strategy and Delivery as the delivery lead with several senior staff directly involved in supporting the trainees across the four disciplines.

The Trust has also supported the scheme and trainees outside of the organisation, providing targeted development to trainees across the region. The Trust's commitment and engagement with the GMTS has been recognised by the scheme itself:

"The Rotherham NHS Foundation Trust has been a consistently outstanding partner to the Graduate Management Training Scheme (GMTS). Their engagement goes far beyond the minimum expectations of a host organisation — it is clear that the Trust values the development of future NHS leaders and is genuinely invested in nurturing talent.

"The support provided to their hosted trainees is exemplary. Trainees at Rotherham speak highly of the quality of placements, the level of care and consideration in line management, and the Trust's commitment to providing stretching, meaningful learning opportunities. What sets Rotherham apart is not just their dedication to their own trainees, but their willingness to support the wider GMTS network.

"From participating in regional and national development sessions to offering career development support to trainees beyond their own placements, Rotherham demonstrates what excellent partnership looks like in practice." **GMTS Senior Leader**





Apprentices and T-Levels are an important part of our education pipeline, supporting those who wish to begin their career in the NHS to get their foot in the door, as well as upskill, grow and support our existing staff. We have long been a champion of both early career pathways and lifelong learning. Working in partnership with our local colleges, universities and other specialist providers, we have supported local residents and existing staff to access high quality apprenticeships, and some of our apprentices are even award winners! Since 2022-23, we have increased our apprentice starts by 70%. As of the end of 2024-25, we had 161 apprentices enrolled:

- Level 2 – 8
- Level 3 – 55
- Level 4 – 15
- Level 5 – 23
- Level 6 – 26
- Level 7 – 33

To date, we have supported over 300 apprentices, having utilised the levy as part of our workforce planning, to support the reduction of gaps in our workforce. Via our dedicated Apprenticeships Manager, we work in partnership with managers and teams to ensure a high quality and impactful experience for apprentices, which has helped us to recruit and retain traditionally hard to fill roles such as Physiotherapists, Occupational Therapists, Advanced Clinical Practitioners and Radiographers.

The apprenticeship levy has given existing staff the opportunity to progress into these roles too, ensuring effective succession planning for better continuity of patient experience of care. We are also early adopters of some of the newer apprenticeship opportunities in Business Admin, Pharmacy and Healthcare Science, solidifying our commitment to the long-term national workforce plan.



T Levels are two-year, vocationally-focused courses designed for 16-19 year olds in England, following GCSEs. They are equivalent to three A Levels and offer a combination of classroom learning and a substantial work placement, aiming to equip students with industry-specific skills and knowledge for skilled employment, apprenticeships, or further study.

The Trust has built up a partnership with Rotherham College, part of the RNN group, to be able to support T-level students on placement with us.

For healthcare T-level students, support is offered by the education and development team. Placements include a structured induction in the fundamentals of care and wide variety of learning opportunities. Recently, our first healthcare T-level student was successful in gaining paid employment with us as a Care Support Worker.



Schools engagement

Capture hearts and minds so that young people make informed career choices

The Trust has a long history of working across organisational boundaries to deliver meaningful a meaningful careers education offer for the people of Rotherham and the surrounding areas. Our careers education staff have links with all 16 secondary schools in the borough, and in 2024-25 had contact with over 2,500 pupils across Rotherham. We have a team of 35 health and social care careers ambassadors, drawn from across the local authority, private care providers and the NHS; these ambassadors are trained to teach students and members of the public about the careers they can access in Rotherham.

The Trust is enhancing its careers program to deliver effective learning and tangible results. In collaboration with the Wickersley Partnership Trust, we target specific student groups, using pupil destination data to gauge the impact of its interventions. Classroom sessions will leverage technology to provide live patient care experiences remotely, complementing departmental open days and the long-standing 'So You Want to be a Doctor' program. Video career guides will include pre- and post-learning questionnaires to measure impact. We aim to utilise its Teaching Status to deliver quality careers education, widen participation, and create employment opportunities for all Rotherham residents.

Welcome to The Rotherham NHS Foundation Trust



SKILLS STREET

An immersive space for young people to feel inspired about careers in health and social care

What happens when the local NHS trusts, local authority and Gulliver's Kingdom Rotherham get together? Skills Street is born! The only facility of its kind in the north of England, Skills Street offers young people the opportunities to explore careers in an immersive space. Skills Street hosts a variety of employers across the public and private sector. We have invested in the health and social care zone alongside Rotherham Metropolitan Borough Council and Rotherham, Doncaster and South Humber NHS Trust. The curriculum has been designed by our education experts and teachers at the South Yorkshire Education Hub. Built using Levelling-Up monies, this facility will allow pupils from 90 primary schools in Rotherham and across the region to see what careers are on offer in the sector. To date, since opening in July 2025, 1600 students have attended Skills Street, 445 of whom have been from Rotherham primary and secondary schools– these are booked by the school and delivered to classes of students in the same configuration in which they

attend school, which means that students are from a wide background reflective of the local community, with the aim of raising aspirations for all students, demonstrating to them that there are roles that they could do that they had never thought about.

Quality improvement

We are proud to have led the co-design of our Quality Improvement (Qi) offer with five other Trusts across the South Yorkshire Integrated Care System (ICS). This has means developing an Improvement Learning South Yorkshire Practitioner (ILSY) programme for Qi training and also the Foundations one-day course. The course follows the nine step roadmap for improvement (below).



Qi is the foundation for early career staff of all disciplines at the Trust as part of the multi-professional preceptorship programme as well as the Foundation Years for medical students and the Graduate Management Trainees. It is the golden thread throughout a number of activities, including the Exemplar Accreditation programme as well as Preceptorship and Clinical Leadership development programmes. Our Qi sharing events provide opportunities for all staff to share their improvement activity.

Awards, recognition and achievements

From January 2024 to July 2025

Award wins

Royal College of Physicians – Developing Workforce Award – July 2025
Learner Student of the Year Award – South Yorkshire Teaching Partnership Awards – October 2024
AHP Innovation and Improvement Award – Chief Allied Health Professions Officer Awards – October 2024
Place-based Partnership and Integrated Care Award – HSJ Awards – November 2024
Royal College of Midwives Student Midwife of the Year – October 2024
Degree Apprentice of the Year – South Yorkshire Apprenticeship Awards 2025
Go Further Award – 2024 Sheffield College Apprenticeship Celebration Awards

Award shortlistings and commendations

Pharmacy shortlisted for two categories for the 2025 HSJ Digital Awards (Improving medicines management and pharmacy through digital, and Digital clinical safety award)
Shortlisted for three 2025 HSJ Patient Safety Awards – Harnessing a human factors approach to improve patient safety, Best use of integrated care and partnership working in patient safety, and Virtual or remote care initiative of the year.
Health and Public Service Apprentice of the Year – South Yorkshire Apprenticeship Awards 2025
Higher Apprentice of the Year – South Yorkshire Apprenticeship Awards 2025
Health, Care, Dental and Pharmacy Apprentice of the Year – Sheffield College Apprenticeship Awards 2025

Achievements and recognition

Significant improvement in the 2023 CQC inpatient survey (published August 2024)
NHS staff survey results show a trend of continual improvements – Trust named the second most improved in the country following the 2023 survey
Improvements in the CQC Urgent and Emergency Care survey 2024
Positively scored in the CQC Children and Young People's survey 2024 (published 2025), ranking 10th out of 54 Trusts using Picker
International Women's Day attendance at 10 Downing Street – March 2025
First Healthcare T-Level students welcomed to the Trust – April 2025
Awarded the Silver Award from the Defence Employer Recognition Scheme
Asthma + Lung UK trustee says BreathingSpace is an "example of NHS led excellence"
 In 2024, the Trust earned the **Gold Award for health and safety performance** for the 11th consecutive year from the Royal Society for the Prevention of Accidents (RoSPA)
Shortlisted for three 2024 Nursing Times Awards – Care of older people, Infection prevention and control, and Learning disabilities nursing
National coverage as a result of a quality improvement initiative promoting decaffeinated tea and coffee
 In May 2024, a group of student nurses set up a project to tackle **loneliness among recently discharged patients**
 In April 2024, the Trust became the first in South Yorkshire to invest in a **robotic orthopaedic surgical assistant** to support total knee replacement surgeries
 The Trust's Urgent and Emergency Care Centre was featured in a documentary series – **A&E After Dark** – broadcast in January 2024



COUNCIL OF GOVERNORS MEETING: 03 September 2025

Agenda item: COG/47/25

Report: Chairs Update from Governors Membership Engagement Group (GME)

Author and Presented by: Geoffrey Berry, Lead Governor and Chair of GME

Action required: To note

1.0 The GME continues to meet on a quarterly basis, with the last meeting held on 3rd June 2025.

2.0 Membership Engagement

2.1 The group received the position of the Trust membership which was:

Rotherham Wide	8666
Rest of England	1367
Staff	3322
Total	13,355

2.2 The Committee explored ways to promote membership, including utilising the new screens across the Trust, as well as partner governors supporting promotion via their organisations.

3.0 Membership Engagement Strategy 2025-28

3.1 The group received a refreshed strategy, noting that the key objectives remained the same:

- 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

3.2 The group will continue to review and provide feedback on the development of the final document and implementation plan.

4.0 Governor Feedback Sessions

4.1 The group reviewed the feedback from members of the public and staff directly to governors. There were three during the quarter, all of which detailed a management response.

5.0 Election Information

5.1 The group took note of the report in relation to the governor elections, concluding at the end of May 2025.

- 5.2 The communications team shared that the engagement and reach from the Trust social media was similar to the previous year, suggesting more governor videos would help to boost engagement for the next election.

Geoffrey Berry

Lead Governor

Chair of Governors Membership Engagement Group

Calendar of Business for Council of Governors 2025

REPORT - ORDER		2025			
		Feb 12	May 14	Sep 03	Nov 19
Procedural items					
Welcome and announcements	Chair	/	/	/	/
Apologies and quoracy check	Chair	/	/	/	/
Declaration of Interest	Chair	/	/	/	/
Minutes of the previous meeting	Chair	/	/	/	/
Matters arising and action log	Chair	/	/	/	/
Chairman's report	Chair	/	/	/	/
Report from the Non-Executive Chairs of Board Committees					
Report from Audit & Risk Committee	NED Chair	/	/	/	/
Report from Finance and Performance Committee (inc. Finance Report)	NED Chair	/	/	/	/
Report from Quality Committee	NED Chair	/	/	/	/
Report from People & Culture Committee	NED Chair	/	/	/	/
Report from Charitable Funds Committee	CFC Chair	/	/	/	/
Integrated Performance Report (for information)	Man. Dir.	/	/	/	/
Partnership Working	Man. Dir.		/	/	/
Five Year Strategy Update (every 6 months)	CEO		/		/
Quality Accounts (through Annual Members Meeting)	CN			/	
Annual Report (through Annual Members Meeting)	DoCA			/	
Annual Accounts (through Annual Members Meeting)	DoF			/	
Governor Regulatory and Statutory Requirements					
Governance Report	DoCA	/	/	/	/
Constitution – formal review Last review February 2023	DoCA				
Constitution – Partner Governors	DoCA				
Governors Standing Orders (linked to Constitution review) To be reviewed every 3 years as a minimum or in conjunction with any changes to Constitution. Last review October 2018	DoCA				
Appointment of Vice Chair (as needed)	DoCA			/	
Appointment of Senior Independent Director (as needed)	DoCA			/	
Appointment / Reappointment of NED's (as needed)	NomComm				
Appointment/Reappointment of Chair (as needed)	NomComm				
Outcome of Chair and NED Appraisals	NomComm			/	
External Auditors (contract renewal) Contract with Mazars LLP effective from 2024 for 3 years	DoCA				

Key:

DoCA (Director of Corporate Affairs)

DoF (Director of Finance)

NomComm (Nominations Committee)

MD (Medical Director)

CEO (Chief Executive)

CN (Chief Nurse)

NED (Non-Executive Director)

Calendar of Business for Council of Governors 2025

External Auditors Engagement report to CoG following closure of annual audit	DoCA				/
Lead Governor Appointment	DoCA				
Deputy Lead Governor Appointment	DoCA				
Governor Elections (part of Governance Report or Member Engagement Group Report)	DoCA	/	/	/	/
Council of Governors Annual Review of Effectiveness	DoCA				/
Sub Groups of the Council of Governors					
Member Engagement Group Report/Chairs Log	Group Chair	/	/	/	/
Member Engagement Group Terms of Reference	Group Chair				/
Audit & Risk Committee Terms of Reference Annual Review	Chair				/

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Calendar of Business for Council of Governors 2025

CONFIDENTIAL

REPORT - ORDER		2024			
		Feb	May	Sept	Nov
		12	14	03	19
Procedural items					
Nomination & Remuneration Committee Report (if held)	Chair	/	/	/	/
Nomination & Remuneration Committee Approved Minutes (if held)	Chair	/	/	/	/
Nomination & Remuneration Committee Terms of Reference	Chair			/	

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