

Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15am – 11.00am
Date of Meeting:	Wednesday 15 February 2023
Venue:	Elm Room, Oak House, Moorhead Way, Bramley S66 1YY
Chair:	Claire Smith
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	Chris Edwards
Conflicts of Interest:	
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member

Item	Business Items	Time	Pres by	Encs
1	Cost of Living Update – for information	10 mins	BA	Enc 1
2	Place Performance Report: February 2023	10 mins	CS	Enc 2
3	2022-23 Quarter 2 Prescribing Report	5 mins	SL	Enc 3
4	Quality, Patient Safety and Experience Dashboard Report: December 2022	5 mins	SC	Enc 4
	Standard Items			
5	Minutes and Action Log from 16 November 2022 Meeting	5 mins	Chair	Enc 5i & 5ii
6	Communication to Partners	5 mins	Chair	Verbal
7	Risks and Items for Escalation	5 mins	Chair	Verbal
8	Future Agenda Items: <ul style="list-style-type: none"> • Targeted Lung Checks Update – JP - (Mar) • Risk – CE - (Mar) Standing Items <ul style="list-style-type: none"> • Rotherham Place Performance Report 			
9	Date of Next Meeting: Wednesday 15 March 2023 at 10:15am.			

Cost of Living Update – Actions for Delivery across SY ICB

NHS South Yorkshire Integrated Care Board Meeting

4 January 2023

Author(s)	Ben Anderson, Director of Public Health, Rotherham
Sponsor Director	Chris Edwards, Executive Place Director Rotherham and Deputy Chief Executive, SY ICB
Purpose of Paper	
<ul style="list-style-type: none"> • To update the Board on the Cost of Living issues. • To report to the Board following a joint meeting of ICB Place Directors and Directors of Public Health on 6th October 2022. • To propose a set of common actions to be take across the ICB in response to the Cost of Living crisis. 	
Key Issues / Points to Note	
<ul style="list-style-type: none"> • The Board should note the change in the Government’s Energy Price Cap from the initial 2 year Cap to 6 months. • The Board should note the continued impacts of rising cost of living in South Yorkshire. • The Board should note the recommended actions. 	
Is your report for Approval / Consideration / Noting	
<ul style="list-style-type: none"> • For consideration 	
Recommendations / Action Required by the Board	
<p>The Board is asked to consider the following recommendations: -</p> <ul style="list-style-type: none"> • To ensure consistency each Place should link to the relevant advice and guidance pages on the relevant Local Authority web site • Ensuring that all ICB staff have been advised how to access advice on the rising cost of living. • Ensuring that all NHS front line staff are aware of the signs of financial stress and how to signpost to the relevant local authority web pages for advice and guidance, and for more extreme cases directly to appropriate support.t • Ensuring that the NHS Low Income Scheme is well promoted across South Yorkshire to staff and residents, and that providers are aware of the support available to patients whose financial circumstances are impacting their access to care. • To consider the availability of funding to support targeted interventions within the 20% most deprived communities (in line with the NHS Core20Plus5 approach) to mitigate the cost of living impacts in key communities, e.g. access to financial and 	

benefits advice within NHS services, support with the energy costs of treatment and the ability to prescribe home improvements to reduce the exacerbation of conditions in our most affected communities.

Board Assurance Framework

Are there any Resource Implications (including Financial, Staffing etc)?

- As reported to the Board in September the rising cost of living is likely to have a range of impacts on the ICB and the wider NHS in terms of both impact on demand and impact on the cost of service delivery as energy, consumables and staffing costs respond.
- The Board is asked to identify funding to commit to specific Cost of Living Support through the provision of Debt and Benefits advice services within targeted NHS services in the most deprived South Yorkshire communities.

Have you carried out an Equality Impact Assessment and is it attached?

No

Have you involved patients, carers and the public in the preparation of the report?

No

Cost of Living Update – Actions for Delivery across SY ICB

Background

The cost of living is rising significantly in South Yorkshire. This has been driven by a number of factors including rising energy costs, supply chain issues and rising overall inflation. It is clear that the impacts of current rises in cost of living will be with us for a number of years, with the Bank of England Quarterly Monetary Policy Report forecasting that inflation will go above 13% and remain high throughout 2023. The report also predicts a rise in unemployment nationally from 3.7% to somewhere between 5.1% and 6.3% by Q3 2025.

As reported to Board in September, Government introduced measures in April which largely mitigated the impact of April's energy cap increase for the lowest income households. Since then, however a further rise in the energy cap came in on 1st October. This would have taken average household energy prices to c. £3500 per year without Government intervention, with Government capping the increase for consumers at £2500 for an average annual consumption. Initially this Government Cap was announced as a 2 year measure, but this has since been reduced and we now expect a further risk in April 2023 to a limit of £3000 for an average household, a 235% on the price at March 2022.

The September Board report on Cost of Living outlined the following roles for the NHS in mitigating and responding to the cost of living rises. This report provides an update on a discussion between the ICB Place Directors and the four South Yorkshire Directors of Public Health held on 6th October 2022, and further discussions with NHS Workforce and HR teams framed around those areas for action: -

- Raising staff awareness of the impacts of the rising cost of living and ensuring that staff are able to understand the social needs that this may create and signpost patients, colleagues and other contacts to appropriate advice and support,
- Ensuring that service delivery is poverty friendly and is delivered compassionately with an understanding of the impacts that rising cost of living will have on patient's and family's ability to engage with care, and the impacts that care will have on patient's and family's financial stresses,
- Ensuring that pathways of care include appropriate access to non-clinical interventions to support wider social needs through access to housing, benefits and debt advice, social prescribing and opportunities to support treatment compliance and tackle living conditions that exacerbate ill health.
- Considering the role that NHS organisations can play as anchor institutions within their communities to actively support the local economy, the communities they serve and the staff who work for them.

Raising staff awareness of the impacts of rising Cost of Living

It was agreed across the system that the core source of information on the Cost of Living and local support available should be the four Local Authority websites, all of which now have dedicated pages outlining the support available this winter and information on a range of cost of living related topics. Each Place will ensure that front line staff have access to these websites and understand how to take opportunities to 'Make Every Contact Count' where there are signs of financial vulnerability or fuel poverty. NHS and local authority comms teams in each Place will link up to enable this.

Within the NHS it is particularly important that staff are aware of the NHS Low Income Scheme and how to access it. The scheme takes account of both income and necessary outgoings and can provide support with NHS prescription and dental treatment charges, sight tests, glasses and contact lenses, travel costs for NHS treatment and NHS wigs and fabric supports.

Ensuring that service delivery is poverty friendly

Raising staff awareness of the impacts of rising costs of living is an important step to ensuring understanding of how these issues will impact demand for care, and individuals' abilities to engage with and adhere to treatment. Services however should go further and consider how the structure and processes of care delivery will impact on individuals and families struggling with the rising cost of living. Thinking about how clinic times, venue access, onward referrals and treatment costs impact an individual's ability to work, earn and meet their financial and family needs can lower the barriers in access to appropriate care that some may be facing. Similarly for inpatients, their recovery can be affected by opportunities available for visitors, who may also struggle with the impact of visiting times on their availability for work or to cover the costs of travel, where support for phone and video calls may make it more manageable. Active consideration of these issues can enable solutions to be put in place that can maintain engagement with care and improve outcomes for patients and families.

Ensuring that pathways of care include access to non-clinical interventions

The health and recovery of patients is not solely affected by health and social care inputs but is also related to social and environmental conditions. Rising living costs will see more people living with chronic stress and unable to effect changes in their circumstances that could improve their health or improve their ability to engage with and comply with treatment plans.

Cost of living impacts and levels of resilience to the rising cost of living differ considerably between communities in South Yorkshire and this will exacerbate existing health inequalities, with the gap between the most deprived communities and the rest widening. There are ways in which the ICB can counter this and it is recommended that the Board consider the availability of funding to support targeted interventions within the 20% most deprived communities (in line with the NHS Core20Plus5 approach) to mitigate these issues. Interventions that have been proven to benefit the health of such communities include: -

- Supporting access to financial and benefits advice within NHS services in our most impacted communities.
- Providing support for the energy costs associated with treatments e.g. for those requiring energy intensive care such as home dialysis and home oxygen.
- Creating schemes for the prescription of home improvements such as boiler replacements for those with long term conditions that may be exacerbated by cold, damp housing.

Supporting local economies, communities and staff as Anchor Institutions

NHS England (NHSE) set out the following as the four core purposes of ICSs:

- a) improve outcomes in population health and healthcare
- b) tackle inequalities in outcomes, experience and access
- c) enhance productivity and value for money
- d) help the NHS support broader social and economic development

NHS bodies, as anchor institutions within their local communities can have a significant impact on the local economy and through that reducing health inequalities and the delivery of improved health outcomes for the population. There are four broad areas through which

anchor institutions can impact local economies. This paper has already covered the way in which core services are delivered, and the impact that can be achieved through poverty friendly and targeted delivery to achieve the Marmot principle of proportionate universalism. Alongside this, anchor institutions impact through their procurement, their role as employers and their environmental impacts. Consideration of all three of these areas can have a major impact on local communities and the local economy, but in terms of the impacts of rising cost of living on patients and communities this paper will focus on the first two.

Procurement

Policies to support local procurement, to ensure social value across supply chains and to promote living wage employment can significantly effect local economies and drive up living standards and population health. Whilst much of NHS procurement is centralised to achieve best value there are areas of local flexibility through which the ICB and its constituent provider collaboratives can ensure social value impact.

Role as employers

It is important to recognise that the rising cost of living does not just affect patients, but is also impacting our staff, many of whom are also members of our local communities. As with patients access to financial advice and support is important for staff, as are schemes to support staff particularly those in lower paid roles and those with their own health concerns and caring roles.

There are many actions that NHS employers across South Yorkshire are taking to support staff which are detailed in the attached appendix. These range through direct support through the review of mileage allowances and the arrangement of staff advice and support offers to more indirect support through salary sacrifice and voucher schemes.

Cost of Living support update – November 2022

Summary

All Provider Trusts acknowledge the current pressures being felt by all due to the rising cost of living, and all have acted by increasing excess mileage rates claimed through expense claim processes. They have also committed to reviewing these rates at least quarterly so that they can continue to take appropriate action.

Some Trusts have also created Cost of living groups, chaired by senior HR representatives to look at what additional, and specific support can be offered; however, these are in their infancy and so although ideas and actions are being generated delivery has yet to take place.

Many Trusts already offer salary sacrifice schemes, discount vouchers for high street stores and supermarkets, the ability to draw down salaries in advance, and childcare vouchers through 3rd party organisations. A legacy benefit of COVID has been the more flexible working options, and therefore those in admin and clerical roles are able to work from home, and those in clinical roles may choose to condense hours to reduce travel expenses for those who live a distance from their place of work.

Some Trusts have also enquired as to how local foodbanks can be utilised and what local additional support is available for colleagues. Sheffield Trusts are making enquiries with South Yorkshire Transport with regards to potential discounted travel and are looking at provision of reduced car parking rates. Sheffield Children's Hospital are being innovative in offering reduced price meals, free sanitary products and school uniform swap shops as examples.

The ICB People function have also organised the opportunity to obtain advice on a range of topics including personal finance, pensions and retirement planning. There are also a number of webinars and courses aimed at health and wellbeing related to the impacts of the cost of living.

People leaders across the Provider Trusts are also working collaboratively having cost of living support as a standard item on their network agenda.

Detail of support currently available

With support of the ICB People Function, each Provider Trust has increased their mileage rates and some significantly (for AfC employees), and there is now minimum variation across all organisations. The standard rate has now been increased to 61p per mile for the first 3500 miles and 35p thereafter (STH being the exception at 25p per mile after the first 3500 miles). All Trusts are committed to reviewing this periodically to ensure appropriate changes can be made if necessary and the next review is due by the end of 2022.

Sheffield Children's (SCH), Sheffield Teaching (STH) and Rotherham Doncaster and South Humber (RDaSH) Hospitals are making enquiries re: discounted travel tickets for colleagues, and they are also aiming to make reduced or free car parking available. SCH and RDaSH have also formed working groups which have already created a list of initiatives including the provision of free sanitary products, providing

freezers and microwaves for colleagues to bring frozen meals, offering main meals at greatly reduced prices and have school uniform and clothing swap shops. They are also offering advice on online discount services and discounts through websites and arranging citizen advice drop in sessions.

Many of the Provider Trusts have a range of offers through 3rd party organisations, which include:

Transave Credit Union

- Save through your salary and as a saver you can obtain emergency loans

There is quite a lot of support on the VIVUP portal which a number of Trusts subscribe to the core offering is:

- Salary finance – for loans at high street rates (not pay day lenders)
- Salary Sacrifice lease cars
- Bikes to work salary sacrifice scheme
- Home and electronics salary sacrifice scheme (Currys and John Lewis)
- From a mental health and wellbeing perspective there is a lot of self-help support on the VIVUP portal as well as our EAP 24/7 Telephone support line scheme

Additional services offered via VIVUP which some Trusts also subscribe to include:

- F2F counselling
- Childcare vouchers
- Travel and Leisure salary sacrifice scheme where staff can pay for their holiday over 12 months
- Salary sacrifice gym scheme (to work off the day to day stresses)
- Bike shop scheme (for all accessories, helmets etc)
- Lifestyle savings including discounted supermarket shopping vouchers (Asda, Sainsburys, Tesco, Morrisons. Etc). Lots of other discounts for a large number of high street retailers. other discounts include Food and drink; Days out; Health and beauty etc etc.
- Debt advice from Angel Advance and ask Bill
- Domestic Abuse App and Support – delivered via our trusted partner Bright sky
- My Mind Pal App – mental fitness support

All Provider Trusts also promote NHS related discounts and discount schemes such as the 'Blue light card', which offers discounts at many stores, organisations and for many services, however this comes at an initial cost.

Financial Wellbeing

The ICB People Function have, and continue to offer a number of financial wellbeing focussed webinars, online guidance and courses to support colleagues which include:

- A financial wellbeing webpage was created which is updated regularly <https://syics.co.uk/workforce-wellbeing/financial-wellbeing>

The webpage offers information about upcoming webinars and courses. Information from money helper, NHS credit union, NHS employers and many other useful sites.

The website also has a recently updated section which includes hints and tips on how to make money go further. This section provides details about initiatives open to NHS staff, such as The Company Shop membership, as well as apps such as Too Good to Go and Olio which are open to anybody, but many staff may not have heard of.

A number of tools are available to access via the website such as a bill prioritiser tool, a budget planner, links to debt advice and tips on how to avoid scams. The website also provides access to resources which can be accessed for those who are worried about the current energy bill announcements.

The website will be updated on a weekly basis with content coming from a range of resources, including learning taken from other NHS trusts and best practice that is shared from NHS Employers.

- From November 2021 to July 2022 various webinars were delivered by Arden and GEM to include:
 - a) Introduction to your financial wellbeing
 - b) Making the most of salary sacrifice, staff benefits and investments
 - c) General financial awareness and resilience
 - d) Finance and Menopause
 - e) Coaching for financial health
 - f) Planning for ill health and death: bereavement payments, estates, and legacies
 - g) Everything those 30+ need to know about pensions, retirement and winding down
 - h) Financial awareness for high earners
 - i) Financial mental health and wellbeing

Slides and recordings for majority of the above are posted on our financial webpage.

- In July 2022 four short bitesize videos were posted which were recorded by a Principle Chartered financial planner on behalf of HALSA Wellbeing and posted on our webpage.

Appendix

- From October 2022 to January 2023, pension advice webinars have been arranged which will be delivered by money helper and recorded. These include
 - a) Pension and menopause
 - b) NHS pension overview
 - c) NHS pensions for the over 50s
 - d) NHS Pensions for recent starters
- The People Function have been working closely with Money Helpers to promote their many initiatives such as *How to save money on household bills* <https://www.moneyhelper.org.uk/en/everyday-money/budgeting/how-to-save-money-on-household-bills>.
- We include a session on financial wellbeing as part of every 'Eyes on You events'. On the 23rd of May, Jenny Wright, Regional Partnership manager, from Money helper delivered a session on financial wellbeing with tips and ideas. A slightly different one with current cost of living challenges was delivered at Eyes on You 2 event on the 7th of September 2022. On the 30th November Money helper are delivering a session at our next Eyes on you 3 relating to debt and sensible decision to be made at the festive period.
- Our Inclusive HWB project aimed at International educated colleagues across our system has highlighted some concerns due to their immigration status. We are planning to do a deep dive project in this area. At our next Connect Club session taking place on the 22 November the theme will be financial welling.
- Our 3 year programme with Sleep School includes various webinars. Anyone attending one of the webinars will be granted access to a platform of information and app. The app has a 7 Day Guided audio series 'Navigating Financial Stress'.

COST OF LIVING SUPPORT AWARENESS SESSION

One hour virtual training sessions for front line and customer facing staff are now available. These sessions will help you feel confident to help our residents access the support and information available on cost of living issues, including:

- Increased knowledge around cost of living issues
- Better understanding of how to frame questions around this topic
- Increased confidence in ability to have conversations about cost of living issues
- Knowing where to signpost people to for appropriate help and information

Dates and times available

Wednesday 25 January 2023 – 12pm – 1pm

Wednesday 25 January 2023 – 1pm – 2pm

Monday 30 January 2023 – 10am – 11am

Wednesday 1 February 2023 – 12pm – 1pm

Thursday 2 February 2023 – 1pm – 2pm

Wednesday 8 February 2023 – 1pm – 2pm

Friday 10 February 2023 – 1pm – 2pm

Wednesday 15 February 2023 – 12pm – 1pm

Friday 17 February 2023 – 10am – 11am

Wednesday 22 February 2023 – 12pm – 1pm

Wednesday 1 March 2023 – 12pm – 1pm

**MONEY
MATTERS AND
SO DOES
MAKING EVERY
CONTACT
COUNT!**

Council staff please book via ITrent.

External staff should book by emailing their preferred date and time to learning-development@rotherham.gov.uk.

www.rotherham.gov.uk/money-matters

MONEY MATTERS



SCAN ME

Scan the QR Code to access information about the financial support available, plus lots of useful advice on managing and saving your money.



MONEY MATTERS

If you are concerned about the impact the rising cost of living is having on your financial position and wellbeing, support is available. You can find a wide variety of advice, access to financial support and guidance on the Rotherham Council website.

Whether you are on a low income, a pensioner, have children, are out of work or just can't make ends meet, there is a range of support available for you.



 **SCAN ME**

Go online to
www.rotherham.gov.uk/money-matters or scan the QR code to find out more.



www.rotherham.gov.uk

Some of the support available includes:

ENERGY CRISIS SUPPORT SCHEME

The Council's Energy Crisis Support Scheme provides a payment of up to £400 to households struggling to meet the costs of their gas and electricity bills as a result of the significant rise in energy costs. In order to qualify for the Energy Crisis Support Scheme, applicants will be asked to provide information about their current financial situation, along with a recent bank statement and estimated monthly outgoings and income.

Find out more at www.rotherham.gov.uk/housing-grants-finance/energy-crisis-support-scheme/1

FOOD CRISIS SUPPORT

If you are struggling with the increasing cost of food, you could be referred through to support from one of Rotherham's Food Banks or Social Supermarkets. More and more people are seeking this kind of support - please don't be too proud to ask for help.

Find out more at www.rotherham.gov.uk/food-crisis

LONELINESS AND BEFRIENDING

Feeling lonely, isolated or alone? Help is available. Get in touch with RotherFed to see if their Befriending and Friendship calls would be of benefit to you.

Find out more at www.rotherhamfederation.org/friendship-calls/

www.rotherham.gov.uk



South Yorkshire
Integrated Care Board

South Yorkshire Integrated Care Board
Rotherham Place Performance Report for 2022/23

February 2023

Rotherham Place Delivery Dashboard - February 2023

Performance Comparison - Rotherham Place/FT v National

November 2022

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	12.32%	26.88%	0 out of 106	15th out of 106
RTT	92%	68.01%	60.04%	0 out of 106	13th out of 106
IAPT 6 Week Wait*	75%	95.00%	89.20%	88 out of 106	47th out of 106

*IAPT Figures are as at October 2022

Performance This Month

Key:			
Meeting standard - no change from last month	●	▲	■
Not meeting standard - no change from last month	●	▲	■
Meeting standard - improved on last month	●	▲	■
Not meeting standard - improved on last month	●	▲	■
Meeting standard - deteriorated from last month	●	▲	■
Not meeting standard - deteriorated from last month	●	▲	■

Achieving

Last three months met and YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
IAPT - 6 week wait	75%	●	●	●	●

Improving

Last month met but previous not met or YTD not met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
--	--------	----------------	------------	---------------	----------------------

Deteriorating

Not met last month but met previously or YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Mixed Sex Accommodation	0	●	●	●	●

Concern

Not met last two months

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 62 days	85%	●	●	●	●
Diagnostics	1%	●	●	●	●
Referral to treatment	92%	●	●	●	●
Cancelled Operations	0	●	●	●	●
Cancer Waits: 2 weeks	93%	●	●	●	●
Cancer Waits: 31 days	96%	●	●	●	●
Cancer 28 Day Faster Diagnosis	75%	●	●	●	●

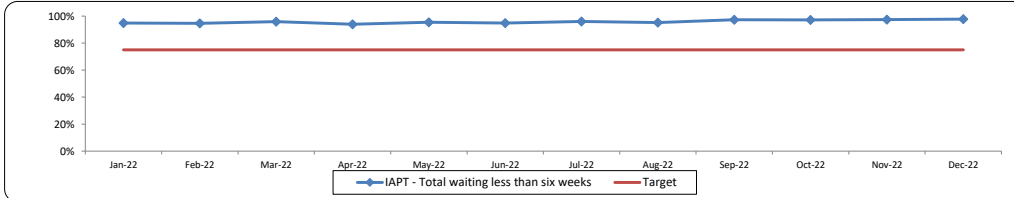
Rotherham Place Delivery Dashboard - February 2023

IAPT 6 Week Wait

The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks.

The 6 week waits position for Rotherham Place as at end December was 97.7%. This is above the standard of 75%. November performance was 97.4%.

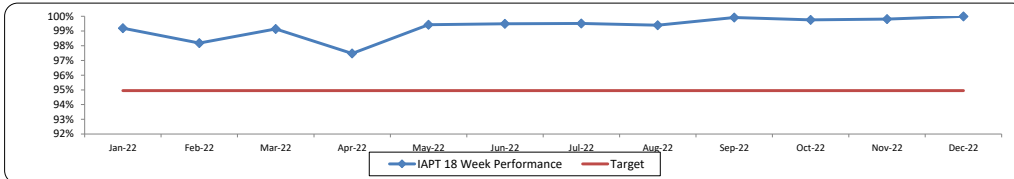
		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
6 Week Waiting List Performance	Actual	94.9%	94.7%	95.9%	94.0%	95.4%	94.9%	96.1%	95.2%	97.3%	97.1%	97.4%	97.7%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



IAPT 18 Week Wait

The 18 week waits position for the service as at end December was 100%. Performance is consistently meeting the 95% standard for 18 weeks.

		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
18 Week Waiting List Performance	Actual	99.2%	98.2%	99.2%	97.5%	99.5%	99.5%	99.6%	99.4%	100.0%	99.8%	99.9%	100.0%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



IAPT Supporting Narrative

Local comparison (published data October 22) shows the following benchmark position against Rotherham Place 95%

- Barnsley – 97%
- Bassetlaw – 99%
- Doncaster – 83%
- Sheffield – 99%

Rotherham Place Delivery Dashboard - February 2023

Cancer Waits

In November the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 55.2% for Rotherham Place. October performance was 69.6%. 62 day performance did not meet the national standard at the Rotherham Foundation Trust with performance at 61.2% in November and 75.2% in October.

The 31 day standard was not achieved in November, with performance at 90.6% against the standard of 96%. October Performance was 95.8%

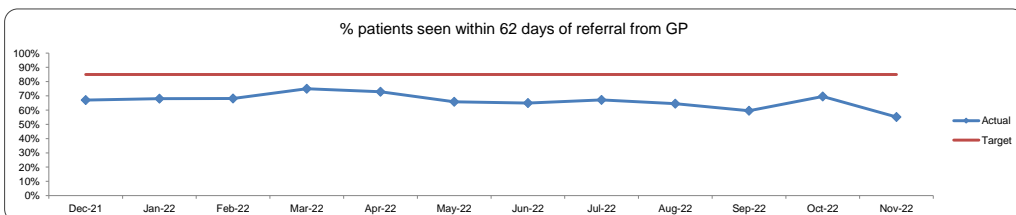
The two week wait cancer standard was not achieved in November with performance of 84.4% against the 93% standard. The two week wait standard for breast symptoms was achieved with performance at 93.2% against the 93% standard.

National 62 day performance in November was 61%.

	Sep-22	Oct-22	Nov-22
2 week wait	●	●	●
28 Day	●	●	●
31 day	●	●	●
62 day	●	●	●

Focus on - Cancer

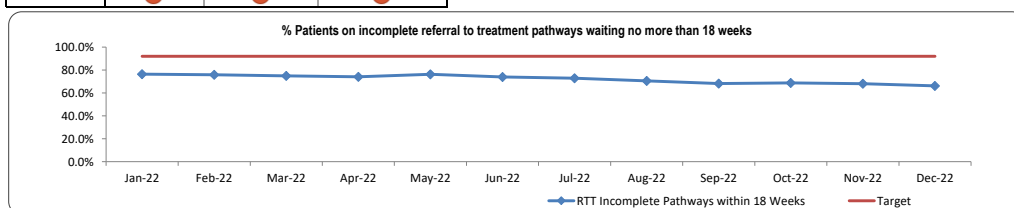
	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
% patients referred within 2 weeks of referred urgently by a GP	93%	93.0%	91.0%	92.5%	90.4%	88.4%	87.1%	73.0%	69.5%	74.5%	70.5%	76.9%	84.4%
% patients referred with breast symptoms seen within 2 weeks of referral	93%	81.0%	74.6%	81.8%	87.5%	81.6%	85.2%	89.1%	89.2%	82.1%	88.5%	100.0%	93.2%
28 Day Faster Diagnosis Standard: All Routes	75%	78.9%	71.8%	76.0%	75.4%	73.5%	67.6%	68.7%	70.5%	67.9%	63.2%	68.0%	69.1%
% patients seen within 31 days from referral to treatment	96%	97.2%	92.6%	95.3%	93.4%	94.2%	92.0%	95.1%	92.8%	93.3%	91.4%	95.8%	90.6%
% patients seen within 31 days for subsequent surgery treatment	94%	76.0%	88.0%	61.5%	82.6%	62.5%	77.8%	63.6%	77.8%	95.0%	72.2%	80.0%	55.6%
% patients seen within 31 days for subsequent drug treatment	98%	96.9%	90.3%	100.0%	97.8%	90.9%	96.9%	96.0%	96.8%	87.1%	100.0%	93.5%	95.2%
% patients seen within 31 days for subsequent radiotherapy treatment	94%	94.4%	97.7%	91.7%	90.2%	90.0%	95.0%	92.9%	88.1%	87.5%	75.0%	70.3%	87.9%
% patients seen within 62 days of referral from GP	85%	67.0%	68.0%	68.1%	75.0%	72.9%	65.9%	65.0%	67.2%	64.6%	59.6%	69.6%	55.2%
% patients seen from referral within 62 days (screening service - breast, bowel and Cervical)	90%	93.3%	53.8%	100.0%	91.3%	100.0%	70.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%
% patients seen within 62 days (referral Consultant)		84%	83%	81%	86%	85%	70%	87%	83%	83%	77%	80%	82%



Rotherham Place Delivery Dashboard - February 2023

Referral to Treatment	
RTT Incomplete Pathways did not meet the 92% standard in December at 66.2%, based on provisional data. The position for November was 68%.	
There were 548 waiters over 52 weeks in December;	
228 at Sheffield Teaching Hospitals NHS Foundation Trust,	
209 at Rotherham NHS Foundation Trust,	
55 at Sheffield Children's NHS Foundation Trust,	
30 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust,	
5 at Park Hill Hospital, 3 at Leeds Teaching Hospitals NHS Trust, 2 at University Hospitals of Derby and Burton NHS Foundation Trust, 2 at Aspen – Claremont Hospital, 2 at Mid and South Essex NHS Foundation Trust, 1 at Chesterfield Royal Hospital NHS Foundation Trust, 1 at Hull University Teaching Hospitals NHS Trust, 1 at Northern Care Alliance NHS Foundation Trust, 1 at Nottingham University Hospitals NHS Foundation Trust, 1 at Royal National Orthopaedic Hospital NHS Trust, 1 at Spire Hull and East Riding Hospital, 1 at St Hugh's Hospital, 1 at The One Health Group Ltd, 1 at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, 1 at United Lincolnshire Hospitals NHS Trust, 1 at University Hospitals Birmingham NHS Foundation Trust, 1 at University Hospitals of North Midlands NHS Trust	

	Oct-22	Nov-22	Dec-22
18 week wait	●	●	●
52 week wait	●	●	●
65 Week Wait	●	●	●
78 week wait	●	●	●
104 week wait	●	●	●



	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
RTT Incomplete Pathways within 18 Weeks	92%	76.4%	75.9%	75.0%	74.1%	76.3%	73.9%	72.9%	70.5%	68.1%	68.7%	68.0%	66.2%
RTT Incomplete Pathways over 52 Weeks	0	228	237	264	282	311	377	409	470	496	529	542	548
RTT Incomplete Pathways over 65 Weeks	0	98	96	87	105	106	117	132	153	174	180	189	194
RTT Incomplete Pathways over 78 Weeks	0	46	39	28	36	40	37	47	51	51	59	62	78
RTT Incomplete Pathways over 104 Weeks	0	15	9	8	7	5	2	4	1	1	1	1	3

Focus on - Refer to Treatment: Incomplete Pathways by Speciality - Rotherham Place Patients

	% Over 13 Weeks	Sep-22	Oct-22	Nov-22	Dec-22	Target
All specialities - total incomplete	45.8%	68.1%	68.7%	68.0%	66.2%	92%
Cardiology	38.1%	67.4%	71.8%	74.1%	72.5%	92%
Cardiothoracic Surgery	34.1%	68.0%	78.3%	79.5%	75.3%	92%
Dermatology	57.5%	59.5%	58.2%	54.3%	53.1%	92%
Ear, Nose & Throat (ENT)	36.9%	77.3%	79.1%	79.6%	77.0%	92%
Gastroenterology	23.1%	66.7%	77.9%	81.3%	83.6%	92%
General Medicine	12.2%	82.1%	81.8%	83.9%	87.8%	92%
General Surgery	50.3%	65.7%	65.1%	64.7%	60.9%	92%
Geriatric Medicine	5.2%	97.6%	99.0%	97.4%	97.4%	92%
Gynaecology	55.1%	60.8%	63.3%	60.4%	57.8%	92%
Neurology	62.1%	70.4%	62.1%	61.0%	52.3%	92%
Neurosurgery	56.5%	61.1%	56.1%	56.2%	54.0%	92%
Ophthalmology	52.8%	66.6%	67.4%	64.9%	61.5%	92%
Other - Medical Services	36.5%	80.5%	81.9%	79.2%	77.9%	92%
Other - Mental Health Services	0.0%	50.0%	50.0%	0.0%	100.0%	92%
Other - Paediatric Services	45.9%	64.0%	66.7%	66.8%	66.9%	92%
Other - Surgical Services	36.8%	73.7%	72.7%	74.6%	74.4%	92%
Other - Other Services	22.2%	92.2%	86.1%	89.4%	86.4%	92%
Plastic Surgery	49.0%	66.1%	69.2%	66.0%	60.7%	92%
Rheumatology	11.1%	88.3%	92.0%	94.5%	94.3%	92%
Thoracic Medicine	28.6%	79.7%	78.4%	81.9%	81.5%	92%
Trauma & Orthopaedics	57.7%	58.5%	58.1%	56.7%	54.6%	92%
Urology	33.1%	75.5%	78.4%	79.2%	78.6%	92%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham Place	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Number of Pathways	26021	26134	26069	26159	26279	27874	29072	29268	29706	30282	29953	29751
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	9202	9315	9250	9340	9460	11055	12253	12449	12887	13463	13134	12932

RTT Supporting Narrative

Latest provisional data for December shows 19 specialities under the 92% standard, with just Geriatric Medicine (97.4%) and Rheumatology (94.3%) and Other – Mental Health Services (100%) meeting the Standard.

Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in November (68%):
Barnsley – 77.8% / Bassetlaw – 65.5% / Doncaster – 64.5% / Sheffield – 66.9% / National – 60%

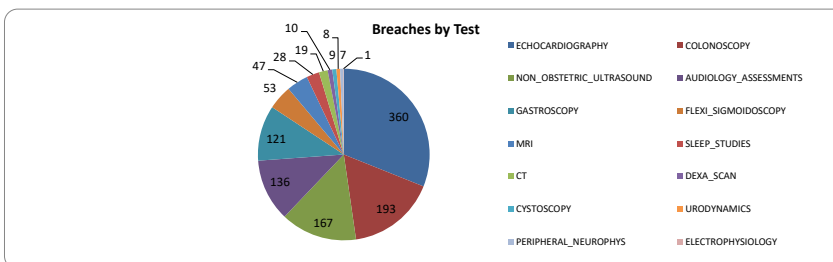
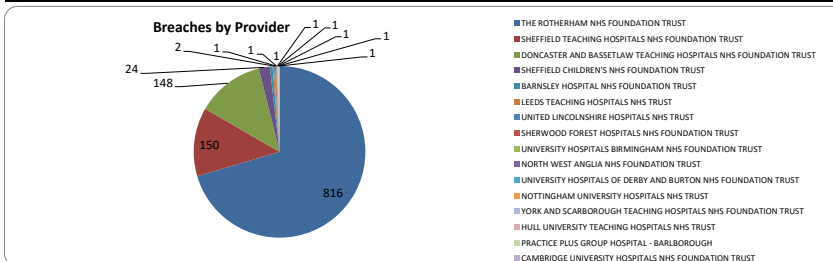
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 2019 has been provided for information. Further guidance on waiting list size is expected following the COVID outbreak.

Please note: TRFT from April 2021 are including patients waiting to be appointed on their Referral to Treatment list, which has increased the overall waiting list size.

Rotherham Place Delivery Dashboard - February 2023

Diagnostic Waiting Times	
Provisional performance in December of 19.3% exceeds the <1% standard.	
1159 Breaches occurred in December:	
816 at The Rotherham NHS Foundation Trust (348 Echocardiography, 182 Colonoscopy, 128 Audiology_Assessments, 90 Gastroscopy, 44 Flexi_Sigmoidoscopy, 13 Sleep Studies, 6 Cystoscopy, 5 Urodynamics)	
150 at Sheffield Teaching Hospitals NHS Foundation Trust (88 Non_Obstetric_Ultrasound, 21 Gastroscopy, 12 MRI, 7 Colonoscopy, 7 Peripheral_Neurophys, 6 Flexi_Sigmoidoscopy, 3 Cystoscopy, 2 CT, 2 Sleep_Studies, 1 Dexa_Scan, 1 Urodynamics)	
148 at Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust (77 Non_Obstetric Ultrasound, 26 MRI, 13 CT, 9 Dexa_Scan, 8 Audiology_Assessments, 8 Echocardiography, 3 Gastroscopy, 2 Colonoscopy, 2 Flexi_Sigmoidoscopy)	
24 at Sheffield Children's NHS Foundation Trust (12 Sleep_Studies, 5 Gastroscopy, 4 MRI, 2 Urodynamics, 1 Colonoscopy)	
6 at Barnsley Hospital NHS Foundation Trust (2 Gastroscopy, 2 MRI, 1 Colonoscopy, 1 CT)	
3 at Leeds Teaching Hospitals NHS Trust (1 Non_Obstetric_Ultrasound, 1 CT, 1 Electrophysiology)	
2 at Sherwood Forest Hospitals NHS Foundation Trust (1 Echocardiography, 1 Sleep_Studies)	
2 at United Lincolnshire Hospitals NHS Trust (2 Echocardiography)	
1 at Cambridge University Hospitals NHS Foundation Trust (1 Echocardiography)	
1 at York and Scarborough Teaching Hospitals NHS Foundation Trust (1 MRI)	
1 at University Hospitals Birmingham NHS Foundation Trust (1 CT)	
1 at North West Anglia NHS Foundation Trust (1 MRI)	
1 at University Hospitals of Derby and Burton NHS Foundation Trust (1 Flexi_Sigmoidoscopy)	
1 at Nottingham University Hospitals NHS Trust (1 Non_Obstetric_Ultrasound)	
1 at Hull University Teaching Hospitals NHS Trust (1 CT)	
1 at Practice Plus Group hospital – Barlborough (1 MRI)	

	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	17.1%	10.7%	9.3%	11.2%	11.4%	12.8%	14.2%	17.1%	15.7%	12.5%	12.3%	19.3%



Focus on - Diagnostic Wait (<1% Target) - Rotherham Place

December-22 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	572	47	8.22%
Computed Tomography	830	19	2.29%
Non-obstetric ultrasound	1493	167	11.19%
Barium Enema	0	0	0.00%
DEXA Scan	117	10	8.55%
Audiology - Audiology Assessments	375	136	36.27%
Cardiology - echocardiography	948	360	37.97%
Cardiology - electrophysiology	1	1	100.00%
Neurophysiology - peripheral neurophysiology	36	7	19.44%
Respiratory physiology - sleep studies	214	28	13.08%
Urodynamics - pressures & flows	28	8	28.57%
Colonoscopy	582	193	33.16%
Flexi sigmoidoscopy	174	53	30.46%
Cystoscopy	127	9	7.09%
Gastroscopy	523	121	23.14%
Total Diagnostics	6020	1159	19.25%

Rotherham Place Delivery Dashboard - February 2023

Eliminating Mixed Sex Accommodation													
There was 1 breach of this standard in November 2022.													
	Target	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Number of mixed sex accommodation breaches (commissioner)	0%	1	8	0	0	2	0	2	0	1	2	0	1

Incidence of C.diff			
Performance for Rotherham Place overall in December was 4 cases. 4 cases in November occurred at Rotherham FT. In the YTD there have been a total of 41 cases.			
Rotherham FT performance for December is 2 cases and 22 in the YTD.			

	Oct-22	Nov-22	Dec-22
Place c.diff	●	●	●
RFT c.diff	●	●	●
MRSA	●	●	●

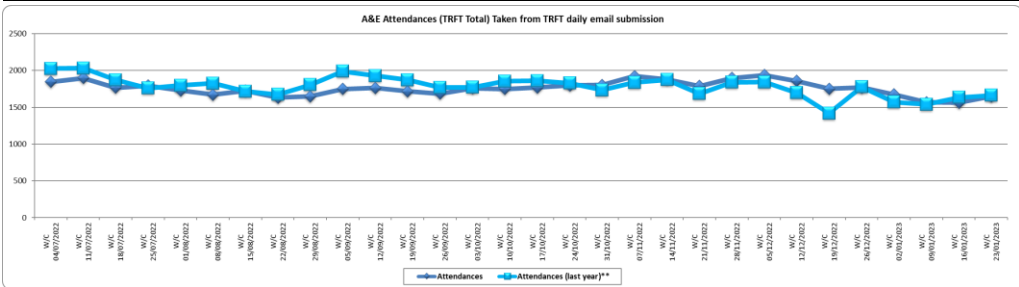
Cancelled Operations												
Data for Quarter 4 2019-20 to Quarter 2 2021-22 was not collected due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response.												

	Target	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23
Cancelled operations re-booked within 28 days (Breaches)	0								6	9	6	7

Wheelchairs for Children												
The Children's wheelchair waiting time standard is now being achieved under the new provider.												

	Target	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23
Percentage of equipment delivered within 18 weeks	92%	100.0%	100.0%	100.0%	96.3%	100.0%	100.0%	100.0%	100.0%	98.7%	99.1%	97.9%

A&E												
The Rotherham NHS Foundation Trust is currently one of fourteen Acute Provider Trusts taking part in the national field testing exercise for A&E standards, which forms part of the national Clinical review of NHS access standards. The testing started in May 2019 and is now ongoing.												
The position as of the week commencing the 23rd January 2023 was 1649 which is 0.8% less than during the same period last year.												



YAS												
Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight minute response time for category 1 incidents no longer exists.												

YAS as an organisation achieved a mean of 11 minutes 19 seconds for category 1 calls in December. The position in November was 10 minutes 10 seconds.

15 Minute Turnaround for The Rotherham NHS Foundation Trust in January was 55.4% an increase from December performance at 34.6%.

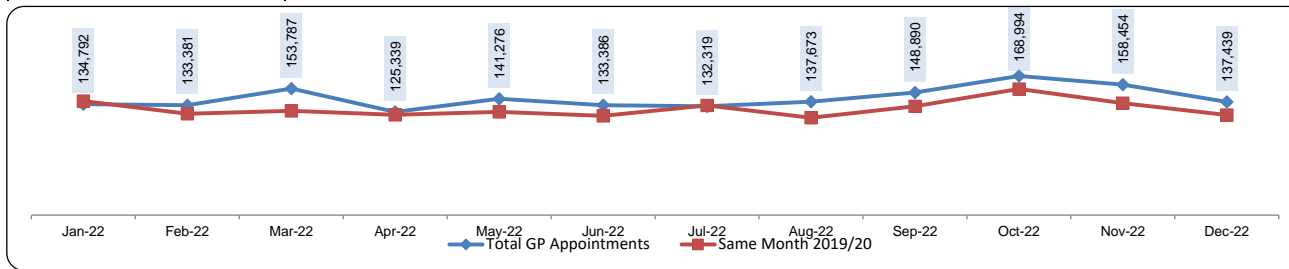
Category	Description	Target
1	Life-threatening illnesses/injuries	Mean target of 7 minutes and 90th percentile target of 15 minutes
2	Emergency calls	Mean target of 18 minutes and 90th percentile target of 40 minutes
3	Urgent calls	90th percentile target of 2 hours
4	Less urgent calls	90th percentile target of 3 hours

Current YAS Performance (Response Times)												
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Category 1	00:08:55	00:08:45	00:09:42	00:09:35	00:08:34	00:09:30	00:10:21	00:09:42	00:10:00	00:10:35	00:10:10	00:11:19
Category 2	00:32:43	00:29:45	00:46:41	00:42:03	00:32:42	00:43:18	00:44:44	00:32:38	00:40:57	00:51:32	00:48:55	01:18:01
Category 3	03:31:29	03:15:59	06:15:59	04:55:58	03:45:41	05:24:57	05:19:12	03:21:32	04:22:07	05:57:53	05:23:28	08:36:54
Category 4	03:33:07	04:11:47	07:11:15	05:06:59	05:25:54	06:44:07	07:40:50	03:24:15	03:45:30	04:49:53	08:13:10	08:31:26

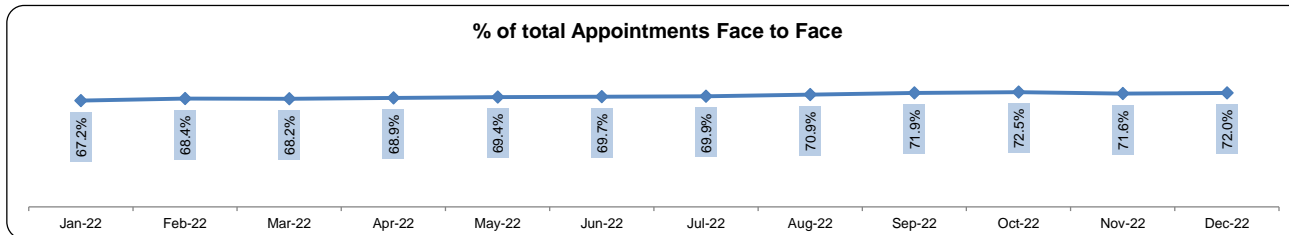
Handovers at TRFT												
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
% Handovers WITHIN 15 minutes	47.8%	41.4%	42.1%	41.1%	43.7%	43.6%	45.3%	37.8%	39.4%	37.1%	34.6%	55.4%
% Handovers OVER 30 minutes	19.7%	29.1%	26.2%	26.8%	23.6%	25.7%	23.7%	34.2%	31.0%	38.3%	43.4%	18.3%
% Handover OVER 60 minutes	6.3%	14.8%	11.9%	12.3%	9.8%	10.4%	9.8%	19.0%	15.5%	21.1%	29.0%	8.8%
Number of ambulance handovers OVER 60 minutes (RFR)	109	270	201	226	170	186	169	314	257	358	507	145

GP Appointments

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Total GP Appointments	134,792	133,381	153,787	125,339	141,276	133,386	132,319	137,673	148,890	168,994	158,454	137,439
Same Month 2019/20	138,604	123,200	126,624	121,841	125,288	120,679	133,262	118,209	132,295	153,265	136,082	121,642
Variance to same month 2019/20	-3812	10181	27163	3498	15988	12707	-943	19464	16595	15729	22372	15797



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
% of total Appointments Face to Face	67.2%	68.4%	68.2%	68.9%	69.4%	69.7%	69.9%	70.9%	71.9%	72.5%	71.6%	72.0%



Health Outcomes

This section is subject to further developments to ensure we appropriately articulate performance against standards, hence some targets are shown as TBC. There are also some areas to be reported on in this section, which will follow in due course as national data flows become available.

Enhancing Quality of Life	Jul-22	Aug-22	Sep-22	Oct-22	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	77.30%	77.10%	77.80%	77.80%	66.70%
Protecting People From Avoidable Harm	Oct-22	Nov-22	Dec-22	2022/23 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	0	0	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	0	0	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	4	3	4	41	Actual
	4	3	4	45	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	4	2	2	22	Actual
	2	2	2	19	Plan
Mental Health: Monthly Indicators	Oct-22	Nov-22	Dec-22	2022/23 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	12.0%	14.0%	15.5%	15.5%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	51.23%	56.72%	55.45%	55.47%	50.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Urgent Cases	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Target
Percentage of CYP with ED that start treatment within one week of referral	50.0%	100.0%	100.0%	-	95.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Non-Urgent Cases	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Target
% Non-urgent cases seen within 4 weeks (inc' exceptions)	73.3%	84.2%	100.0%	100%	95.0%
Early Intervention in Psychosis (EIP)	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	Target
Proportion entering treatment waiting two weeks or less	53%	90%	67%	80%	60.0%
Care Program Approach (CPA)	Sep-22	Oct-22	Nov-22	Dec-22	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100%	100%	107%	89%	95.0%

Health Outcomes

CYP Access (1+ contacts)	Mar-22	Apr-22	May-22	Jun-22	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4615	4585	4610	4545	4250

Perinatal Access (No. of Women)	Mar-22	Apr-22	May-22	Jun-22	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	225	230	235	230	TBC

Discharges follow up in 72 hours	Mar-22	Apr-22	May-22	Jun-22	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	85%	86%	90%	91%	TBC

Out of Area Placements (OAP) bed days					
Place holder - content TBC					

Physical Health Checks for people with Serious Mental Illness (PH SMI) Achievement	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3
People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end)	886	1000	1005	1101	1041
Target (Local)				918	918

Community Mental Health (MH) Access (2+ contacts)	Mar-22	Apr-22	May-22	Jun-22	Target
Number of people accessing community mental health services for adults and older adults with serious mental illness who received 2 or more care contacts within the Reporting Period (RP) (12 month rolling)	2915	2865	2815	2780	TBC

Individual Placement Services					
Place holder - content TBC					

Learning Disability Annual Health Checks	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Checks	39	82	105	128	106
Register	1739	1739	1739	1739	1739
Trajectory	60	60	103	103	103

2 Hour Urgent Community Response	Aug-22	Sep-22	Oct-22	Nov-22	Target (from Dec 22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	89%	88%	77%	76%	70%

Virtual Ward					
Place holder - content TBC					

BCF

This section is subject to development, as BCF monitoring requirements are confirmed nationally.

ACS Admissions		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Number of Ambulatory Care Sensitive Admissions	Actual	225	224	240	267	240
	Target	234	232	243	228	211
Discharges to Usual Place of Residence		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
% Discharged to Usual Place of Residence	Actual	92.7%	94.4%	93.8%	92.9%	93.9%
	Target	93.4%	93.4%	93.8%	93.8%	93.8%

Discharges

This section is subject to further development to provide a range of metrics relating to discharge from hospital. Initial data included below is taken from NHS England reporting.

		01-Jan	08-Jan	15-Jan	22-Jan
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	South Yorkshire and Bassetlaw	12.9%	22.6%	15.2%	14.2%
	Barnsley Hospital NHS Foundation Trust	2.7%	6.5%	7.1%	5.3%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	15.2%	16.4%	19.2%	18.2%
	Sheffield Teaching Hospitals NHS Foundation Trust	16.7%	16.6%	16.5%	15.7%
	The Rotherham NHS Foundation Trust	8.4%	68.1%	13.6%	11.7%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	South Yorkshire and Bassetlaw	26.2%	15.6%	19.0%	18.9%
	Barnsley Hospital NHS Foundation Trust	0.0%	0.0%	0.0%	0.0%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	20.7%	19.2%	15.5%	11.1%
	Sheffield Teaching Hospitals NHS Foundation Trust	33.3%	28.9%	26.3%	29.4%
	The Rotherham NHS Foundation Trust	5.3%	5.5%	7.0%	0.0%
Number of patients who did not meet the criteria to reside in hospital but continued to reside (7 day average) (all LOS)	South Yorkshire and Bassetlaw	428	486	510	465
	Barnsley Hospital NHS Foundation Trust	32	40	39	40
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	100	111	124	118
	Sheffield Teaching Hospitals NHS Foundation Trust	246	268	271	249
	The Rotherham NHS Foundation Trust	50	68	76	58

Acute Activity Summary

Recovery to planned levels of elective activity remain challenging both inpatient and outpatient, due to a range of factors particularly workforce challenges.

Elective surgery represents a key challenge. Rotherham remains above national performance for referral to treatment pathways seen within 18 weeks and performs very well in terms of levels of longer waits (52, 78 and 104 weeks).

We continue to offer a range of delivery methods for elective activity to support recovery and have seen levels of advice and guidance activity increase notably over the last few months.

Rotherham Place Board – Wednesday 15 February 2023

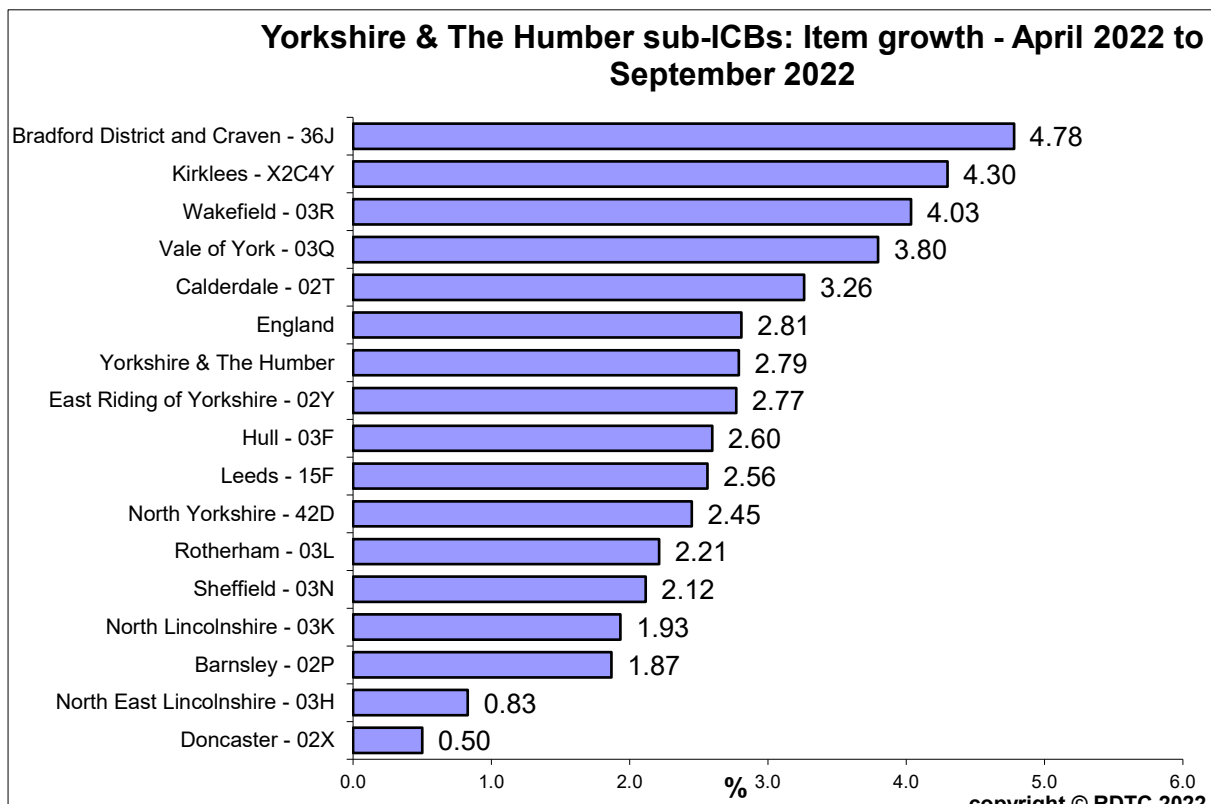
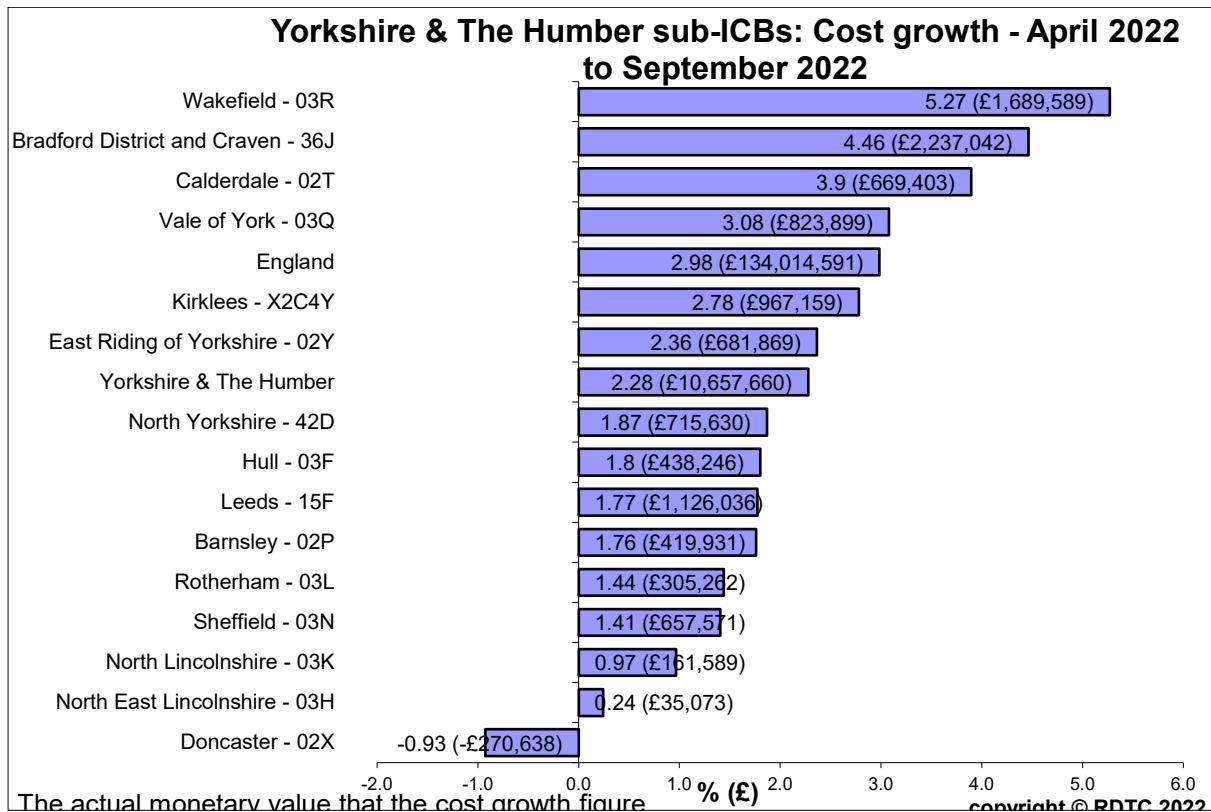
Quarter 2 2022-23 Prescribing Report

Lead Executive	Wendy Allott, Chief Finance Officer – Rotherham, NHS SY ICB
Lead Officer	Stuart Lakin, Head of Medicines Management

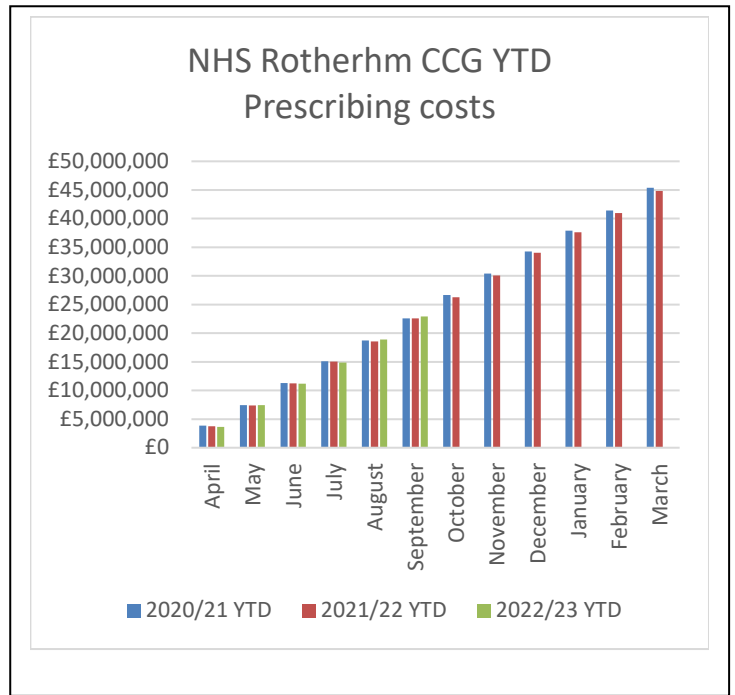
Purpose
To update Place Board on the Quarter 2 prescribing position.
Background
<p>The Medicines Management Team (MMT) monitors and advises on all aspects of prescribing that is attributed to Rotherham Place.</p> <p>The attached report details:</p> <ul style="list-style-type: none"> • The financial performance against budget. • The quality initiatives that are being implemented.
Analysis of key issues and of risks
See attached report.
Patient, Public and Stakeholder Involvement
Not applicable.
Financial Implications
<p>Prescribing is the second largest area of expenditure for Place and the South Yorkshire Integrated Care Board (ICB). Whilst the financial risk of this area of expenditure resides with the ICB, we have little influence over the “prescribers” whose actions impact on prescribing expenditure.</p> <p>Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:</p> <ul style="list-style-type: none"> • National guidance (NICE etc) • New clinical evidence • Drug shortages – resulting in patients having to prescribing less cost-effective alternatives • Drugs not available at drug tariff price (NHS contract price) NCSO – No cheaper stock obtainable. <p>Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages/supply problems and the inability to obtain drugs at drug tariff prices, will all impact on prescribing costs.</p> <p>The MMT engages with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.</p>
Approval history
Not applicable.
Recommendations
Rotherham Place Board is asked to note the Quarter 2 position in the attached report.

2022-23 Q2 (Jul-Sep 2022) Medicine Management Report

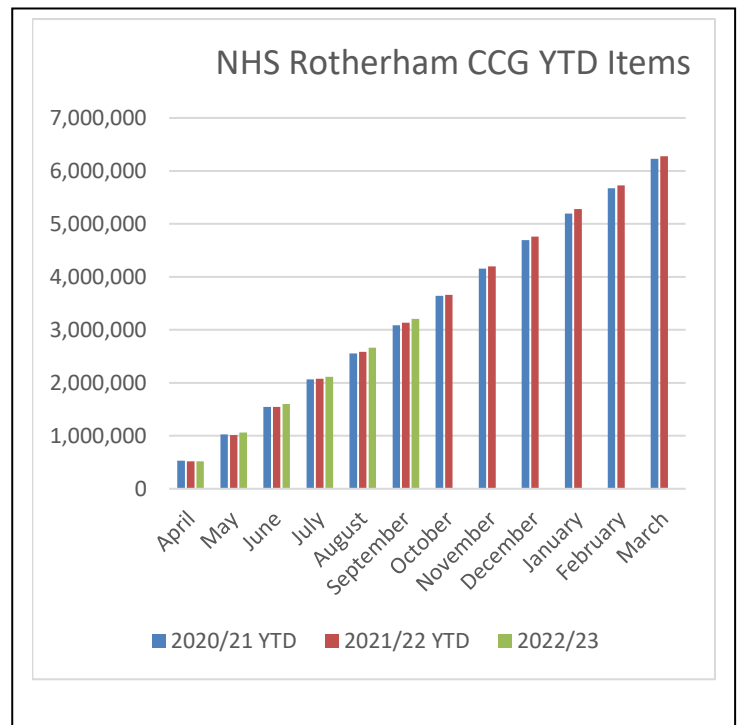
NHS South Yorkshire SICBL Rotherham



	2020/21 YTD	2021/22 YTD	2022/23 YTD
April	£3,880,989	£3,772,777	£3,628,925
May	£7,412,329	£7,371,885	£7,460,230
June	£11,284,028	£11,226,367	£11,202,204
July	£15,093,314	£15,007,964	£14,892,333
August	£18,706,302	£18,580,590	£18,881,996
September	£22,591,359	£22,553,824	£22,889,641
October	£26,635,180	£26,273,600	
November	£30,388,524	£30,091,453	
December	£34,236,016	£34,055,504	
January	£37,912,226	£37,599,604	
February	£41,405,019	£40,947,725	
March	£45,409,242	£44,837,507	



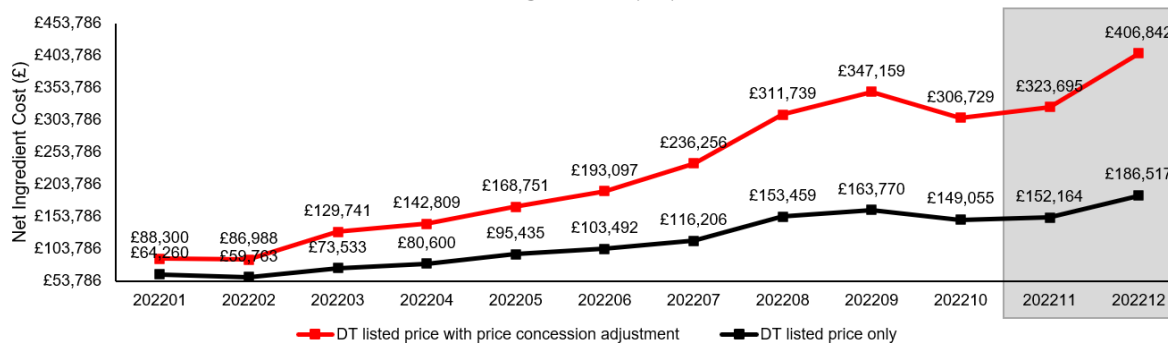
	2020/21 YTD	2021/22 YTD	2022/23
April	531,501	520,442	519,544
May	1,023,309	1,014,582	1,064,858
June	1,548,218	1,544,586	1,597,095
July	2,066,890	2,080,122	2,112,661
August	2,557,390	2,583,347	2,665,889
September	3,084,277	3,137,298	3,208,524
October	3,642,478	3,662,701	
November	4,158,725	4,200,676	
December	4,692,658	4,760,799	
January	5,196,633	5,283,228	
February	5,676,039	5,724,407	
March	6,228,050	6,278,292	



Cost growth

Cost growth up to September 2022 = 1.44% this is within the budget uplift of 2.1% and below that for England 2.98% and Yorkshire & Humber average of 2.8%. Prescribing costs have increased by £358,817. NCSO (No Cheaper Stock Obtainable) issues have added £686,849 in the first 6 months of 2022/23

Chart 3: Rotherham - The effect of price concession changes over time (previous 12 months) based on predicted net ingredient cost (NIC)



The difference between the red and black lines is the additional cost Rotherham has incurred due to NCSO issues.

Other areas of cost growth hold no surprises. Drugs for diabetes account for 10% of total prescribing costs and this doesn't include insulin and monitoring products. There has been a 14% increase in the number of patients with diabetes in Rotherham over the last 3 years and this is reflexed a 11.7% cost increase and a 5.8% item increase. Oral anticoagulants continue to show strong growth with a 9.1% increase in cost and 5% increase in items. The anticoagulant apixaban accounts for 6.7% of all Rotherham's prescribing costs this drug has recently become available as a generic version, but the price has yet to decrease. Females sex hormones (HRT) continues to see strong volume growth (37%) and the limited availability of some products is adding to the 44.6% cost growth (£167,456). The two remaining top 5 areas of cost growth are due to NCSO issues with alendronic acid and sulfasalazine.

3 drugs account for 10.8% of Rotherham's prescribing costs.

Apixaban (6.7%)	Oral anticoagulant, supported by NICE guidance recently available as a generic version
Linagliptin (2.46%)	Oral diabetic drug formulary choice DPP4
Fostair (1.72%)	Cost effective combination inhaler supported by evidence and local guidelines

All the three drugs are recommended as first line choices in local place guidelines demonstrating compliance/acceptance of place guidelines.

Top 5 cost growth areas

BNF Paragraph plus Code	Cost Variance	%	Item Variance	%	Cost / Item Increase	
Antidiabetic drugs (060102)	£536,374.05	11.73%	15404	5.77%	£1.08	6.33%
Oral anticoagulants (020802)	£362,272.28	9.15%	4830	4.91%	£1.79	4.46%
Female sex hormones and their modulators (060401)	£167,456.27	44.56%	11155	36.70%	£1.54	12.42%
Bisphosphonates and other drugs (060602)	£141,170.17	49.51%	990	2.85%	£3.94	48.03%
Aminosalicylates (010501)	£137,778.02	20.98%	-42	-0.26%	£8.65	21.18%

Top 5 cost growth areas

BNF Paragraph plus Code	Cost Variance	%	Item Variance	%	Cost Item Increase	
Selective serotonin re-uptake inhibitors (040303)	-£354,757.92	-73.41%	9739	3.53%	-£1.40	-79.75%
Non-opioid analgesics and compound preparations (040701)	-£279,110.28	-25.93%	-4245	-1.77%	-£1.06	-23.74%
Proton pump inhibitors (010305)	-£139,624.38	-18.82%	9934	2.21%	-£0.35	-21.51%
Lipid-regulating drugs (021200)	-£126,983.41	-15.88%	13206	2.56%	-£0.29	-18.92%
Opioid analgesics (040702)	-£98,497.87	-8.38%	-2759	-2.25%	-£0.57	-5.99%


Item growth which is a measure of volume demonstrates strong growth for diabetes drugs and HRT as well as for penicillin which should start to decrease, lipid regulating drugs and acid regulating drugs (PPI's). The growth on lipid regulating drugs should be seen as a positive as it demonstrates that preventive cardiovascular case finding is ongoing despite the current NHS pressures.

BNF Paragraph plus Code	Item Variance	%
Antidiabetic drugs (060102)	15404	5.77%
Penicillins (050101)	14948	22.68%
Lipid-regulating drugs (021200)	13206	2.56%
Female sex hormones and their modulators (060401)	11155	36.70%
Proton pump inhibitors PPIs (010305)	9934	2.21%

A table of practice\PCN performance against budget is attached as Appendix A

Cost based efficiencies enacted 2022/23

A cost effective QIPP programme has been launched to run over the year this has achieved savings of £295,561 over 2022/23.

Title	Estimated efficiency	YTD saving	Supporting info & comments
Changes of Combined Oral Contraceptives	£12K	£4,592	Supply issues and extended prescription durations may affect savings.
Edoxaban first line choice	£100K	£24,759	Supporting practices to use most cost effective DOAC
Co-codamol formulation change	£30K	£17,937	Continued savings from work undertaken in 21/22 period
Iron Sulphate reduction		Work ongoing	 Iron supplements QIPP.docx
Computerised decision support tool	£200K	£205,861	Active management of decision support tool
Use of Vencarm	£22K	£675	Change to more cost effective Venlafaxine brand
Buprenorphine patch choice	£40K	To commence	Potential for use of cheaper brand subject to patient feedback
Vitamin D switch to formulary	£50K	£41,737	Rationalise to locally agreed choices.

Medicines Management 2022/23 Projects

Diabetes

Diabetes drugs not including insulin and monitoring account for 10.1% (£4,573,368) of all prescribing costs and is the area showing strongest cost growth 11.7%. There are now more than 18,000 patients with diabetes in Rotherham and increase of 14% over the past three years. Rotherham has some of the highest diabetes prescribing costs in England and practice data demonstrates that there is a big variation across practices in HbA1c management.

- New guidelines/pathway have been produced. For the initiation of continuous and intermittent continuous blood glucose monitoring.
- The self-monitoring blood glucose guidelines have been updated and meter-switch sessions have been planned.
- The type 2 diabetes guidelines have been revised to reflex the evidence around improved cardiovascular outcomes.

- The new diabetes dietetic clinics have seen 273 newly diagnosed diabetic patients Average weight loss 3.4kg Average HbA1c reduction 11.4 mmol/mol during Q1 & Q2
- Working with the Primary Care Team a pathway has been commissioned that is now live to provide pharmacological interventions for tier 3 obesity patients.

Working with the GP federation the MM team has developed 5 pilot workstreams that are focused on non-pharmacological interventions in the management of diabetes, the outcomes of these pilots will inform future commissioning decisions.

The pilot schemes are.

1. Reviewing type 2 diabetic patients on high doses on insulin with the aim of improving HbA1c control and insulin requirements by encouraging weight loss.
2. Preventing type 2 diabetic patients that are on maximum oral therapy from moving onto insulin by delivering weight loss interventions.
3. Offering no-appointment drop-in diabetes review clinics outside of routine practice hours aiming to reach patients whose lifestyle makes it difficult for the to make and keep GP appointments.
4. Maximising practice referrals to the established diabetes prevention and weight loss programme.
5. Encourage practice participation in the nationally commissioned diabetes training opportunities.

Service specifications for the 5 pilots have been agreed with the GP federation.

Cardiovascular

Data searches have been constructed to enable practices to easily identify missed opportunities in hypertension and lipid management, these will be updated every quarter. We are working with practices to develop systems to ensure that primary CVS prevention opportunities are maximised.

A system of texting patients and advising them that their blood pressure requires monitoring and directing them to a community pharmacy that offers this service is about to go live.

Work is ongoing with the GP federation to improve the management of heart failure by upskilling PCN health care professionals (HCP)

Nutrition/Dietetics

The infant feeding pathway continues to see around 14% of all Rotherham newborns and is containing prescribing costs for specialists infant formula feeds.

Work is ongoing to explore expanding the service model into the management of infant reflux issues.

Chronic pain pilot

A service has been agreed with the Rotherham GP federation to deliver a pilot chronic pain clinic, unfortunately the some of the clinician staff that wanted to participate in the pilot are no longer available.

Antidepressant reviews

657 patients have now participated in this service 405 (62%) have stopped their antidepressants 252 (38%) have reduce their dose. Funding has been secured for a further 12 months and the model will be applied to the more challenging area of hypnotics and anxiolytics.

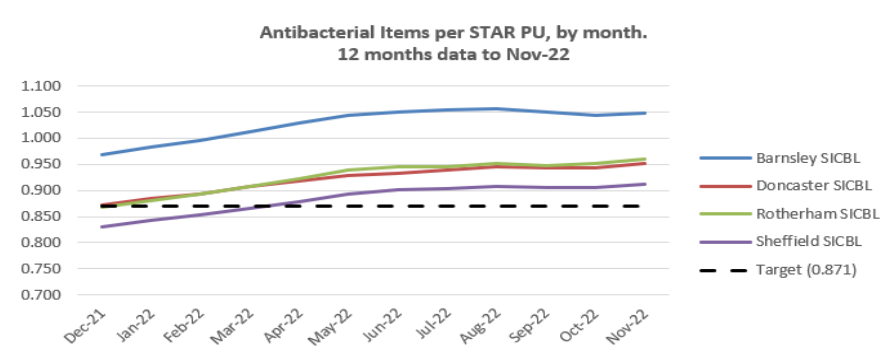
Care Home Team

Hydration training has now been delivered in 7 care homes and the virtual training offer is near completion.

Antibiotics

Rotherham has traditionally been a high-volume prescriber of antibiotics. Post the COVID pandemic, antibiotic prescribing decreased but is now showing steady growth. The antibiotic plan to work closely with the six practices and PCN that had the highest volume of antibiotic prescribing was stalled due to the Strep A issues, the strategy remains relevant and will be relaunched in the near future.

The use of topical antibiotics in the management of ACNE remains high in Rotherham new guidelines have been produced to address this issue.



Appliances (contenance and stoma)

Rotherham place still benchmarks well nationally on the prescribing costs for continence and stoma appliances, with some of the lowest costs in the country.

The service manages 1706 patients requiring continence products (1200 when the service was established in 2009) and 920 stoma patients.

Patients are still able to access care and advice whenever they require, and it is estimated that they prevent 42 hospital admissions for catheter issues/problems/year It is hoped to invest further in community stoma support to deliver further efficiencies and guarantee the sustainability of the service.

Non-PBR drugs

These continued to be monitored although there is no cross-charging under the total block arrangements. The AMD pathway continues to be adhered to and TRFT is understood to be the highest use of the biosimilar ranibizumab (Lucentis) in the country.

Stuart Lakin

Head of Medicine Management - NHS South Yorkshire SICBL Rotherham.

January 2023

PCN	Practice	22/23 Yearly Budget	Budget Q1/Q2 22/23
Health Village / Dearne Valley	Clifton	£1,977,802	£988,901
	Market Surgery	£1,908,802	£954,401
	St Ann's	£3,201,992	£1,600,996
		£7,088,596	£3,544,298
Maltby / Wickersley	Blyth Road	£1,004,599	£502,300
	Braithwell Road	£640,349	£320,175
	Manor Field	£1,155,161	£577,581
	Morthern Road	£1,820,998	£910,499
	Wickersley HC	£1,065,028	£532,514
	£5,686,135	£2,843,068	
Raven	Brinsworth	£1,478,011	£739,006
	Gateway	£1,283,739	£641,870
	Stag	£1,953,146	£976,573
	Thorpe Hesley	£855,815	£427,908
	Treeton	£1,033,657	£516,829
	£6,604,368	£3,302,184	
Rother Valley South	Dinnington	£3,471,428	£1,735,714
	Kiveton Park	£1,721,101	£860,551
	Swallownest	£2,570,239	£1,285,120
	Village	£1,306,133	£653,067
	£9,068,901	£4,534,451	
Rotherham Central North	Broom Lane	£2,409,732	£1,204,866
	Greasborough	£625,063	£312,532
	Greenside	£1,027,468	£513,734
	Woodstock Bower	£1,912,797	£956,399
	£5,975,060	£2,987,530	
Wentworth 1	Crown Street	£1,678,177	£839,089
	High Street	£1,249,893	£624,947
	Magna	£2,433,452	£1,216,726
	Parkgate	£1,093,321	£546,661
	Rawmarsh	£580,408	£290,204
	Shakespeare Road	£762,811	£381,406
	York Road	£741,574	£370,787
	£8,539,636	£4,269,818	
TOTAL		£42,962,696	£21,481,348

Q1/Q2 Actual Spend	Q1/Q2 Over/underspend	
	£	%
£1,032,371	£43,470	4.40
£1,000,778	£46,377	4.86
£1,485,959	-£115,037	-7.19
£3,519,109	-£25,189	-0.71
£568,331	£66,031	13.15
£331,304	£11,130	3.48
£619,272	£41,691	7.22
£983,089	£72,590	7.97
£578,403	£45,889	8.62
£3,080,399	£237,331	8.35
£734,201	-£4,805	-0.65
£645,977	£4,108	0.64
£1,057,292	£80,719	8.27
£435,721	£7,814	1.83
£565,188	£48,359	9.36
£3,438,380	£136,196	4.12
£1,704,056	-£31,658	-1.82
£905,572	£45,022	5.23
£1,294,481	£9,361	0.73
£661,719	£8,652	1.32
£4,565,828	£31,377	0.69
£1,216,099	£11,233	0.93
£318,365	£5,834	1.87
£489,590	-£24,144	-4.70
£830,619	-£125,780	-13.15
£2,854,673	-£132,857	-4.45
£815,246	-£23,842	-2.84
£659,978	£35,032	5.61
£1,126,457	-£90,269	-7.42
£539,904	-£6,756	-1.24
£250,156	-£40,048	-13.80
£258,358	-£123,047	-32.26
£371,326	£539	0.15
£4,021,426	-£248,392	-5.82
£21,479,814	-£1,534	-0.01

Rotherham Place Board – Meeting 18th January 2023

**NHS SY ICB (Rotherham Place)
Quality, Patient Safety and Experience Dashboard Report October 2022**

Lead Executive	Sue Cassin, Chief Nurse
Lead Officer	Kirsty Leahy, Head of Quality

Purpose
To update Rotherham Place Executive Team on business activity covering the Rotherham Quality Agenda.
Background
Following integration, the quality team have looked at reporting systems resulting in the new NHS SY ICB (Rotherham Place) Quality, Patient Safety and Experience Dashboard Report (attached). This report is a rolling report updated weekly ensuring information is readily available around key risks and issues and will feed directly into Rotherham Place Board. Elements of the report will be used to supply information for the Rotherham Place Executive Team (PET), NHSE Quality Hotspot report for Surveillance Quality Group (SQG) and the SY ICB Quality, Performance, Patient Involvement and Experience Committee.
Analysis of key issues and of risks
Analysis of key risks and issues are contained within the report.
Patient, Public and Stakeholder Involvement
None. Business reporting.
Financial Implications
None.
Approval history
NHS SYICB Rotherham Place Quality Team. NHS SYICB Rotherham Place Executive Team 12.01.2023.
Recommendations
Note and discuss content of report.

NHS SY ICB (Rotherham Place) Quality, Patient Safety and Experience Dashboard Report

December 2022

This report will feed directly into Rotherham Place Board. Elements of the report will be used to supply information for the Rotherham Place Executive Team (PET), NHSE Quality Hotspot report for Surveillance Quality Group (SQG) and the SY ICB Quality, Performance, Patient Involvement and Experience Committee.

Tables contained in the first 2 sections of this report provide a position statement as at the month of December 2022.

The following RAG ratings and descriptor have been applied

	Indicates a significant risk and/or concern to place and/or the wider SY ICB – Enhanced Surveillance and/or monitoring required at place and oversight by PLACE Board with escalation to the ICB Board.
	Indicates a risk or concern at place – Surveillance and/or monitoring to be maintained at place - lower-level risk but with impact to the wider SY ICB should be escalated to PLACE Board and escalated to the ICB Board.
	No risk or concerns are currently evident or have been identified at place and no current escalations are required.

Summary Table

Area	October 2022	November 2022	CQC Overall Rating
NHS Foundation Trusts			
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Requires Improvement
The Rotherham NHS Foundation Trust	Routine	Routine	Requires Improvement
Non Foundation Trusts			
Yorkshire Ambulance Service (Sheffield Place ICB)	Routine	Routine	Good
Independent Providers/Specialised Mental Health Providers			
Bluebell Wood Children Hospice (Sheffield Place ICB)	Enhanced	Enhanced	Good
Rotherham Hospice	Routine	Routine	Good
Layden Court, Rotherham	Enhanced	Enhanced	Inadequate
Rother Valley View (Provider Christal Care Ltd) Rotherham	Enhanced	Enhanced	Inadequate – Special Measures
Primary Care			
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Last inspected May 22. RI overall (safe, effective and well-led). Breach Reg 12.
Shakespeare Road PMS, Rotherham	Enhanced	Enhanced	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach Reg 12
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Last inspected Oct 21. RI overall – all KLOEs. Breach of Regs 12, 15 & 17

SECTION 1 Rotherham Place Brief Overview

Key Status/ Risks / Concerns	Mitigating actions and escalation	Good practice
Main Provider Services		
<p>TRFT</p>	<p>Significant pressure across the trust working at level 4. Covid cases are increasing. Flu cases raising experientially across the trust. Point of care testing on admission. Cohort of patients in place. Several patients have both flu and covid. No lapse in care or transmissions found.</p> <p>Safeguarding training compliance has improved significantly across the trust.</p> <p>A retrospective review of ERCP services is being undertaken in response to issues raised – NHSE leading this with TRFT. No update at this time.</p> <p>CPE investigations going across the trust with support and oversight/guidance from ICB Rotherham, NHSE and UKHAS.</p> <p>Nationally there are significant issues with cancer waiting times, TRFT therefore are not outlying in relation to cancer waiting times however 2ww and 62 day are continuing to deteriorate. Work is ongoing with the Lower GI team to improve the pathway which has been significantly impacted following some high-profile cases of colorectal cancer. It has also been agreed to work with other hospitals with better performance in urology, Lower GI, and dermatology to understand if any practices can be implemented to support improvement. Work is also continuing to ensure patients are appropriately referred into the 2ww pathway to ensure capacity is being appropriately utilised.</p> <p>As a result of concerns expressed by the Consultant Urologist and Lead Cancer Clinician around delays in investigation, the quality of cystoscopy and ineffective use of MDT for decision making–The event has been logged on STEIS as the threshold for an SI has been meet.</p> <p>CQC - Submissions in relation to the Acute Medical Unit were completed as per the time frame and included actions taken to ensure the Unit delivered the fundamentals of care and ongoing monitoring arrangements. Final feedback will be received at the CQC Engagement Meeting.</p> <p>Response to CQC Conditions: The third submission in response to the four conditions currently imposed on the Urgent and Emergency Care Centre (UECC) were submitted on 7 November.</p> <p>The fourth submission was due to the CQC on 12 December. Feedback received from the CQC in relation to the information included in the submissions has been</p>	<p>Ongoing work with support/escalation to ICB Rotherham.</p> <p>Ongoing work across a several departments with oversight at CQM, IPC Committee, escalation to ICB/NHSE.</p> <p>Work is on-going, positive feedback from CQC, and progress demonstrated in implementing recommendations. Updates on the position for their CQC action plan are reported at Contract Quality meetings.</p>

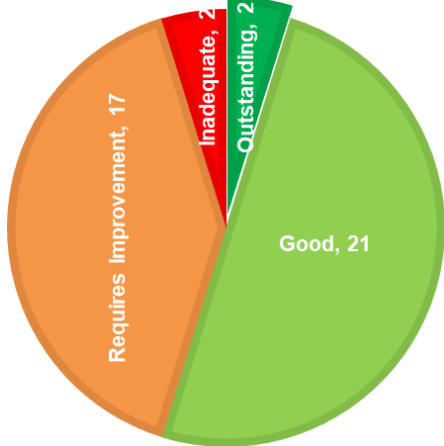
	<p>positive to date. There are zero Red actions and one remaining Amber action in UECC.</p>	
<p>TRFT Safeguarding/ Media Interest Cases</p>	<p>TRFT have logged three SI's for children (November), two of which have been covered in the media with one at national level. This review will be independent and lead by NHSE. TRFT have implemented several changes and informed ICB/NHS via letter. Changes include:</p> <ul style="list-style-type: none"> • 1st December the creation of an 8-space ambulatory care area to be opened daily from 16:00-20:00 as a minimum on the Child Assessment Unit due to the surge in paediatric activity and has been received well. Aim to open 08:00-20:00 but dependent on being able to secure sufficient staff. This is being supported by the paediatric outreach service (PARROT) with additional Bank / Agency shifts. Will operate on a 'pull' model from UECC where appropriate patients (GP referrals, UECC referrals etc.) are selected by CAU staff and brought up to the department for review and treatment. • Paediatric medical staffing on the ward area is closely managed on a day-to-day basis and the rota is appropriately covered with a minimum of a consultant, a registrar, and another junior doctor overnight. Support for the ambulatory model above, an additional registrar post has been temporarily created. Currently this is offered to internal bank and agency for a second registrar out of hours. This has been picked up well. This is in addition to the additional registrar in UECC as part of the winter plan. To be trialled and reviewed over the coming weeks. If successful will continue over winter given the high demand on paediatrics attendance. • UECC has effective relationships with Medical Agencies and the South Yorkshire Medical Bank for Junior Doctor rotas. Two additional Middle Grade Doctors – one for the Paediatrics' and one for Adults have been funded through the NHS Winter monies and the department is currently recruiting to both these posts. • In response to the current surge in paediatric activity being seen across the region, have agreed to temporarily review Registered Nurses to Children on the Children's Ward. Will maintain a ratio of 1:5 but will temporarily not be providing a 1:4 ratio for Under 2's. This will enable the expansion of the in-patient provision from 22 to 25 beds with immediate effect. If the surge continues and further capacity is required, an additional 6 beds could be opened if appropriately trained staff can be sourced. • Re-located Primary Care from UECC to an alternative space in the hospital. This provides a dedicated environment to see adults and children, reducing the volume of patients in UECC given increased demand/attendances. A significant proportion of this workload is paediatric and therefore should have a positive impact. <p>The current issues have been very challenging and emotive for the staff involved. Additional security presence within UECC has been actioned, temporarily allowed staff to obscure their surnames from ID badges and urgent psychology support for staff.</p>	<p>All escalated appropriately to relevant bodies. TRFT/ICB Rotherham acutely aware of heightened media coverage at present in relation to Group A Strep (GAS) coupled with media interest in the cases described and the previous court ruling in October against the trust.</p> <p>An independent investigation has been commissioned via NHSE and the start-up meeting was held on the 3rd February 2023. Karen Conway is leading the work and has spoken and involved the family in developing the draft ToR. The family are accessing community support, they have not identified any other need for support at this time. MP Sarah Champion is linked in with Karen Conway and is assured about the process.</p>

RDaSH	<p>There were 78 Must do and Should do actions identified by CQC in the Well-led inspection (covering the whole Trust footprint). As at November 2022</p> <ul style="list-style-type: none"> • 76 actions have been completed • 2 actions are rated amber – with a clear plan and timescales in place for completion by February 2023. 	<p>Work is on-going, positive feedback from CQC and progress demonstrated in implementing recommendations.</p> <p>Updates on the position for their CQC action plan are reported at Contract Quality meetings</p>
Independent Providers/Specialised Mental Health Providers		
Bluebell Wood Children Hospice	<p><i>This service has notified CQC that it is currently not providing regulated activities. The service has entered CQC's dormancy process which can be in place for up to 12 months. Work is progressing to mitigate issues regionally; this is being led by Sheffield.</i></p> <p><i>Re opened December for clinical respite with oversight from Sheffield ICB</i></p>	
Layden Court, Rotherham	<p>Rated Inadequate by CQC.</p> <p>All safe and well checks completed on the five CHC residents, team now working with Local Authority to complete reviews on 13 FNC residents and to communicate with residents and families.</p> <p>Layden Court is no longer in contract default and the special measures improvement plan (SMIP) has been signed off. The SMIP ended on 21/10/2022 with the Contract Compliance Officers of RMBC attending at the service to sign off compliance with the SMIP.</p>	<p>No longer in contract default. Recommend removing as will remain as Inadequate until CQC re inspected.</p>
Rother Valley View (Provider Christal Care Ltd) Rotherham	<p>NoP issued 5th May 2022. A Notice of Decision has been served to cancel the home's registration. CQC carried out another inspection November with improvements noted and good verbal feedback. Awaiting, report, rating, and publication.</p>	<p>Regular meetings continue with the provider and the placing commissioners. No issues regarding individual placements have been raised by the placing commissioner. Awaiting rating and consider removing if appropriate.</p>
Primary Care		
Crown Street Surgery, Rotherham	<p>Last inspected May 22. RI overall (safe, effective and well-led). Breach Reg 12.</p>	<p>Primary Care support continues.</p>
Shakespeare Road PMS, Rotherham	<p>Last inspected May 22. RI overall (RI safe, effective & well-led). Breach Reg 12</p>	<p>Primary Care support continues.</p>
Swallownest Heath Centre, Rotherham	<p>Last inspected Oct 21. RI overall – all KLOEs. Breach of Regs 12, 15 & 17</p>	<p>Primary Care support continues along with national accelerated programme.</p>

Primary Care CQC	Rotherham's 28 General Practices CQC ratings:		
	Outstanding	1	The Gate
	Good	24	
	Requires Improvement	3	Crown Street, Shakespeare Road, Swallownest
	Inadequate	0	

Care Homes CQC

Rotherham's Adult Residential/Nursing care home CQC ratings



Care Home Contract Concerns
 In October 2022 there were a total of 30 contract concerns raised against Adult Residential/Home Care/Nursing providers, involving 24 providers. 21 concerns have been substantiated, 3 unsubstantiated with the remaining 6 still being investigated. The 3 main themes for these concerns are: Medication, Inadequate Care Records and Moving and Handling.

Contract Defaults
 Layden Court is no longer in contract default and the special measures improvement plan (SMIP) has been signed off. The SMIP ended on 21/10/2022 with the Contract Compliance Officers of RMBC attending at the service to sign off compliance with the SMIP.

New CQC Reports published in December 2022

Name	Provider	Rating	Publication	URL
Care Assistance	Mrs Jean Chedalavada David-John	Good	15/12/2022	http://www.cqc.org.uk/location/1-2365970567
Ellern Mede Moorgate	Oak Tree Forest Limited	Requires Improvement	12/12/2022	http://www.cqc.org.uk/location/1-7543296457
Treeton Grange Nursing Home	Treeton Grange Limited	Good	22/12/2022	http://www.cqc.org.uk/location/1-114207365

CQC have produced a new video to explain its new regulatory approach. The video covers: • CQC's assessment framework and assessment approach • What a 'year in the life' of a provider will look like under CQC's new regulatory approach • Feedback from a recent engagement session with over 100 health and social care providers and professionals • Ways you can stay up to date with the changes CQC is making
<https://www.youtube.com/watch?v=hNYXznK9tWk>

CQC Ratings Rotherham Care Homes		
Outstanding	2	Clifton Court, Fairwinds
Good	21	
Requires Improvement	17	<ol style="list-style-type: none"> 1. Sense- Community Services and Supported Living Services (North) 2. Orchid House 3. Ashton Court Residential Home 4. Niche Care Rotherham 5. Pennington Court 6. Jubilee Care Home 7. TLB24/7 Healthcare Ltd – DCA 8. Ace Social Care 9. Emyvale House 10. Roche Abbey Care Home 11. The S.T.A.R. Foundation 12. Broadacres Care Home 13. Eastwood House Care Home 14. Alexandra Nursing & Residential Home 15. West Melton Lodge 16. Kingdom House 17. Gateway House
Inadequate	2	Layden Court, Rother Valley View

Map below shows nursing homes aligned to GPs and PCNs, colour coded to show CQC ratings by exception.

Fairwinds	Woodstock Bower	C North
Jubilee Care Home	Greenside / Greasbrough	C North
Orchid House	Woodstock Bower	C North

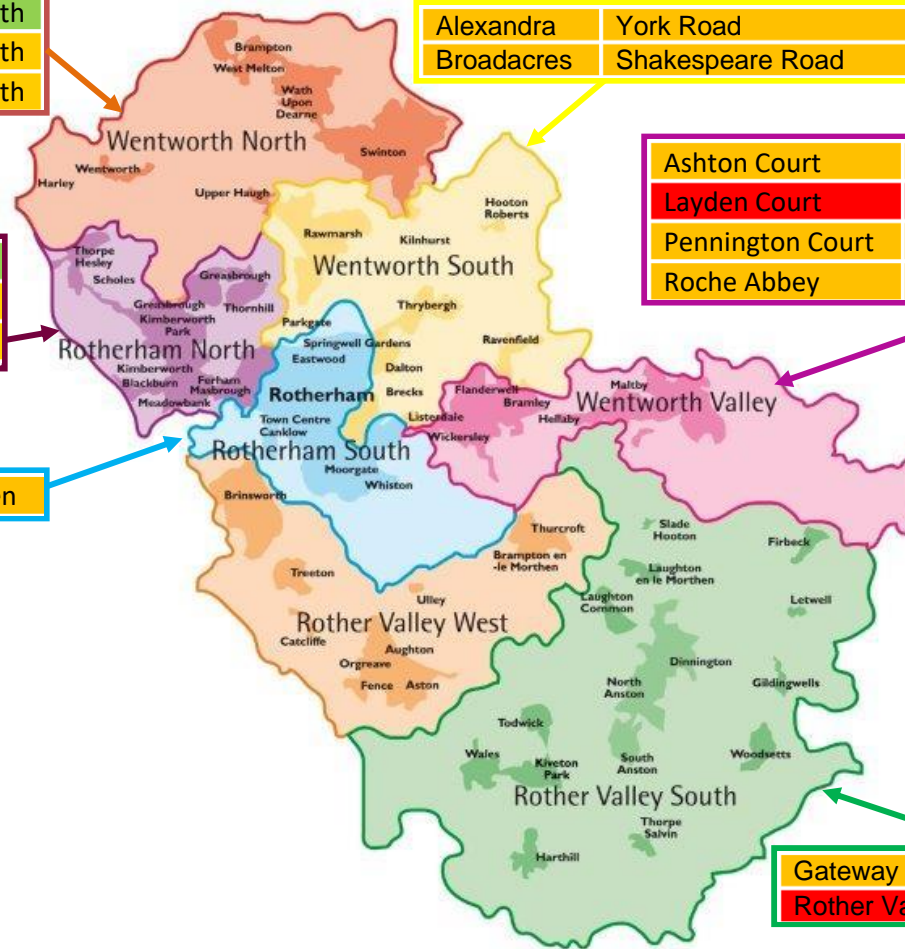
Alexandra	York Road	Wentworth 1
Broadacres	Shakespeare Road	Wentworth 1

Clifton Court	Clifton	Health Village
Eastwood House	St Ann's	Health Village
West Melton Lodge	Market Surgery	Health Village

Ashton Court	Blyth Road	Maltby/Wickersley
Layden Court	Manor Field	Maltby/Wickersley
Pennington Court	Blyth Road	Maltby/Wickersley
Roche Abbey	Blyth Road	Maltby/Wickersley

S.T.A.R. Foundation	Gate	Raven
---------------------	------	-------

Gateway House	Dinnington	RVS
Rother Valley View	Swallownest	RVS



SECTION 2 KEY UPDATES

This section includes any thematic concerns/issues, mitigating actions/escalation and include any good practice, improvements/opportunities and learning

Primary Care	The Primary Care Team continue to provide support to all practices at this time.
Rotherham Hospice	The Hospice provide a monthly Open and Honest report outlining performance and details of any issues such as falls, medication errors and complaints. These have been on hold for the last few months due to staffing issues and are to resume shortly.
Safeguarding Adults and children including LAC	<p>Requests made by Rotherham Children’s Social Care to develop ‘Plans outside the home’ for children experiencing CCE instead of child protection plans or child in need plans – Concerns that children will not be flagged on CP-IS if change made and also statutory guidance does not support request. The National Designated Professionals forum – agreed that statutory guidance be followed. Advice to be sought from NHSEI regarding CP-IS and any changes to Working Together.</p> <p>Evidence of excellent collaborative working between providers RDASH and TRFT – in response to querying Fabricated, Induced Illness (FII) and perplexing presentation.</p> <p>Multi-Agency Safeguarding Hub (MASH) working group – looking at standards of practice across South Yorkshire – TOR and membership agreed, ‘True for Us’ requested from the other 3 places across South Yorkshire. To feed into the Designated Professionals meetings.</p> <p>Designated and Named professionals across NHS SY ICB are working to address the health inequalities of looked-after children and care leavers through a Health Strategy, including work around equality of access to dentistry, SALT, apprenticeships, and consideration of working towards ‘Care experienced people’ becoming a protected characteristic within SY.</p>
Public Protection	NHS SY ICB Rotherham remain committed members to Channel and MAPPA. All Operation Stovewood cases are managed by MAPPA on release. Local arrangements are in pace for our providers to attend MARAC and CMARAC.
Patient Experience	<p>The impact of covid, and cost of living continue to dominate many community conversations, with impacts many, varied, and far reaching. Attendance and involvement in community meetings (both face to face and online) remains on the low side, potentially impacted by time and money constraints, and possibly individuals own energy and priorities.</p> <p>Access to services remains an issue, particularly primary care and dentistry, and continues to be referenced frequently.</p>
CHC and Independent Placements	<p>CHC are facing significant challenges from the LA regarding percentage of funding provided to joint packages of care and expectations of a commissioning organisation to deal with benefits and other social issues.</p> <ul style="list-style-type: none"> • Capacity of EMI nursing placements across the Rotherham area remains low with an increasing number of care homes requesting 1:1 to manage falls and behaviours that challenge, we continue to work with RMBC colleagues to address the issues • The limited number of LD placements/provisions in the local area continues to be an issue, particularly for young people who are transitioning from Children’s services to Adults, we continue to work with RMBC and ICB colleagues to address this issue and source appropriate care provisions.
117/LD and Independent Placements	<ul style="list-style-type: none"> • There have been significant challenges within the 117 complex mental health team due to capacity as a result of a leadership vacancy which has now been filled. • Request made for feedback and communication around standard rate care homes and plans to look and review CQC status of all existing placements. • Lack of appropriate LD and Autism provision and placements for all ages, impacting of patients, other service uses, staff and family life. This could result in reduced quality of care and outcomes, If placements/environments are not optimal to meet need there is a potential that this may result in an increase of restrictive interventions, potential reputational damage and media interest.

	This is a national problem. The issues have been escalated to PLACE and the ICS for strategic oversight and leadership from the ICB and NHSE within the Transforming Care Agenda.
C(e)TR	Continue to be a statutory must do for Rotherham ICB. Overall increase in reviews especially for Autism. Sixteen reviews to date with another six planned by the end of the year. An increase of 11 from last year.
LeDeR	NHS SY ICB (Rotherham) have 24 active cases. 4 of 23 is a focussed review with 2 of these on hold. 5 of 23 relate to CDOP. Resource at both PLACE and across NHS SY remains a challenge. Resource remains a problem together with the ever-increasing backlog. Plans for a central reviewing team at ICB level are being addressed from the 1 ST of April but this will not address the backlog.
Infection Prevention and Control	<ul style="list-style-type: none"> • Work remains ongoing around HCAI's, with planning around aiding reductions. • C Difficile cases increasing nationally and this is evident in Rotherham as a comparison to last year. Work ongoing to look at themes and reduction strategies. • CPE cases at TRFT continue, UKHSA involved, and measures are being put in place to manage and reduce the situation. • Group A Streptococcus nationally increasing, RMBC have sent information out to education. UKHSA updates and guidance available for health care. Collaborative working in Rotherham will take place if required. • One of our care homes has been closed to admissions due to an outbreak of D & V in line with national guidance. Rotherham Place ICP lead has provided advice and an Investigative Management Team Meeting was held to consider how to move plans forward.
PSRIF including Patient Safety Specialist	<p>From the National Patient Safety Strategy: https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/#patient-safety-strategy Initiatives from the Strategy:</p> <p>Learn from patient safety events service (LFPSE) – (previously called the patient safety incident management system – PSIMS – during development) LFPSE will be a major upgrade to the existing National Reporting and Learning System (NRLS), creating a single national NHS system for recording patient safety events. Organisations with compatible local risk management systems are now able to record patient safety events on LFPSE instead of the NRLS. Organisations without a local risk management system, such as general practice, dental surgeries and opticians, are also able to record safety events directly to LFPSE by registering for an online account. See https://www.england.nhs.uk/patient-safety/learn-from-patient-safety-events-service/</p> <p>Involving patients in patient safety – Patients, families and carers involvement in their own safety as well as being partners, alongside staff, in improving patient safety in NHS organisations.</p> <p>Patient Safety Syllabus – The syllabus underpins the development of patient safety curricula for all NHS staff.</p> <p>Patient Safety Incident Response Framework (PSIRF) – Roll out now, by Autumn 2023. Will replace the current Serious Incident Framework with updated guidance on how NHS organisations should respond to patient safety incidents, and how and when a patient safety investigation should be conducted. See https://www.england.nhs.uk/patient-safety/incident-response-framework/</p> <p>Rotherham PLACE across health and the wider ICS are working at pace to ensure implementation for the Autumn deadline via a network of Patient Safety Specialist.</p>
Serious Incidents and Never Events	<p>SI's and Never Events continue to be logged and managed as per the Serious Incident Framework, which will be replaced with PSIRF by Autumn 2023. The top three themes for TRFT are Falls, Pressure Ulcers and Delayed treatment/diagnosis whilst RDaSH's is Unexpected death.</p> <p>The Healthcare Safety Investigation Branch (HSIB) is going through organisational transformation to become the Health Services Safety Investigations Body (HSSIB). At the same time its maternity investigations programme will be formed into a separate organisation, the Maternity and New-born Safety Investigations Special Health Authority (MNSI). Both organisations are expected to be operational in April 2023. You can read more about these changes and the new organisations on the HSIB website.</p>

SEND

Child Safeguarding Practice Review Panel national review - A draft overview report, approved by the Director of Children and Young People's Services and the Strategic Review Delivery Group was submitted to the National Review on 23rd December. The report summarised the findings from the Quality and Safety Reviews completed for children with disabilities and complex health needs in residential settings, no safeguarding issues were identified.

SEND Local Area Inspection Update – Work continues towards Rotherham's Local Area's Written Statement of Action (WSOA). The WSoA meeting included good representation from the SEND Partnership, including, the Parent Carer Forum (PCF). It considered the three priority areas for improvement.

- Area 1: The variability in the quality of EHC plans, including the contribution of health and social care partners.
- Area 2: The effectiveness of the graduated response to identify and meet children and young people's needs, especially in key stages 1 and 2.
- Area 3: The quality of provision for children and young people's preparation for, and transition to, adulthood.
- Area 4: Communication with all parents and carers of children and young people with SEND about the Local Offer, and the accessibility of the very valuable information included within the Local Offer.

The meeting was positive, however further work was identified in relation to demonstrating and evidencing impact. A further visit is planned for late January.

Waiting times for neurodevelopmental assessment continue in response to increasing demand. The data shows a significant increase in referrals month on month despite the partnership working and changes to referral processes. A substantial amount of clinical time is lost due to inappropriate (33%) and inadequate (27%) referrals.

In response Place board agreed to the review the referral packs and process and request of evidence of two school terms of suitable intervention prior to referral into the neurodiversity pathway. In addition the service will pilot a pre-screening model which will immediately identify the obvious referrals which would not require a multi-agency review. This should reduce the time from referral to screening for some children. In addition we have redirected underutilised resource to increase capacity into the Post-Diagnostic Service.

Some Health contributions for Education, health and care plans are not being submitted on time. This reflects a lack of resilience in current arrangements (currently within TRFT) together with a sustained increase in demand. Commissioners/DCO met with Rotherham Council and TRFT to agree an interim solution which has ensured all outstanding contributions have been made.

Short Breaks Innovation Fund - Local Authority and NHS colleagues recognise the limitations of existing short breaks capacity (in-house and in the external health/ care and SEN markets) families with children with very complex needs are not always able to access respite provision and when behaviours reduce the ability of local education provision to meet need this can significantly increase the risk of family breakdown. This increases the risk of children requiring admission to care, 52/ 38 week placements and Tier 4/ Urgent and Emergency Care. Rotherham submitted an expression of interest for the DfE open application round of the Short Breaks Innovation Fund (previously called the Better Integrated Care Fund) for year two of the programme between April 2023 and March 2024 to supplement our existing short breaks/ emergency residential provision to enable care and support to be provided for children with complex SEND needs e.g. children and young people with Intellectual Disability and/ or Social Emotional and Mental Health and/ or Autism. Successful applications have not yet been announced.

Good practice/ improvements

- Health representation at EHCP panel

- CPD programme agreed with RISE – this includes being involved in South Yorkshire wide CPD offer
- New health section on Local offer launched
- Fantastic multi-agency work has culminated in the development of a quality assurance framework for transitions to help us understand the quality of our practice preparing children for adulthood.
- Kooth digital counselling service continues to exceed reach targets and provides emotional wellbeing support to Rotherham children and young people 11-25 years old.

Complaints and Patient Experience

TRFT Friends and Family Test October Data

Positive Responses	Negative Responses	No. of Responses
1495	20	1536



The impact of covid, and cost of living continue to dominate many community conversations, with impacts many, varied, and far reaching. Attendance and involvement in community meetings (both face to face and online) remains on the low side, potentially impacted by time and money constraints, and possibly individuals own energy and priorities.

SECTION 3 Patient Quality and Safety Report

1. INFECTION PREVENTION AND CONTROL

Figures up to date 11 10 2022

RDaSH: There have been no cases of Health Care Associated Infection so far this year (22/23).

Hospice: There have been no cases of Health Care Associated Infection so far this year (22/23).

HCAI:	TRFT	NHSR
MRSA	0	0
MSSA	6	40
Clostridium Difficile	18	34
E Coli	30	130
Klebsiella spp	14	39
Pseudomonas aeruginosa	7	12



MRSA

There is Zero tolerance on MRSA bloodstream infections, this was first set out in Everyone counts 2013/14, and has remained.

Clostridioides difficile (C. difficile) and Gram-negative bloodstream infections (E. coli, Klebsiella spp, P. aeruginosa)

The NHS Standard Contract 2022/23 includes quality requirements for NHS trusts and NHS foundation trusts to minimise rates of both Clostridioides difficile (C. difficile) and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement, with thresholds also set for CCG's.

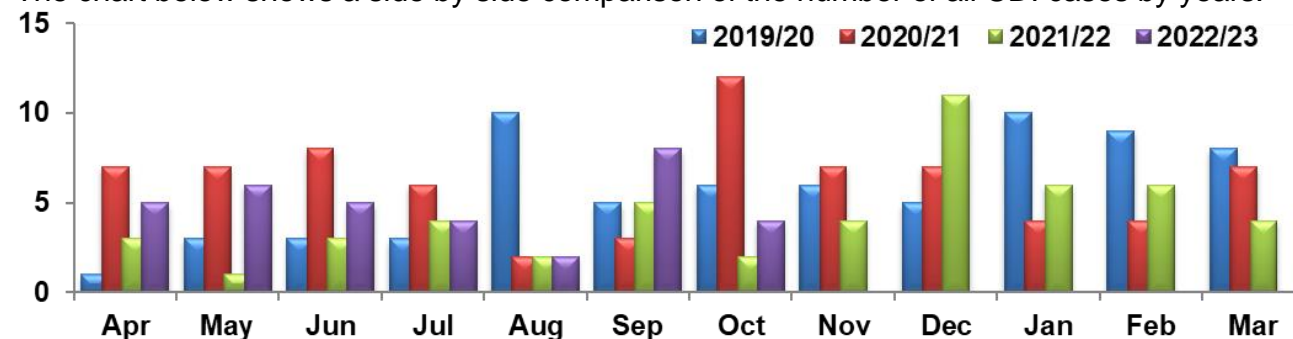
Post infection reviews/ Root Cause Analysis is undertaken on cases. This is a continual and reviewed process, although is behind schedule due to the effects of Covid. The process highlights any lapses in quality of care and any learning outcomes within both Community and the Acute Trust. The information can then be analysed to identify any potential themes, and reduction approaches can be planned and initiated.

TRFT 2022/23 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	0	3	3	0	4	4					
Monthly Plan*	1	1	2	1	1	1	2	2	2	3	2	1
Year to Date	4	4	7	10	10	14	18					
Year to Date Plan*	1	2	4	5	6	7	9	11	13	16	18	19

NHS Rotherham CCG 2022/23 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	6	5	4	2	8	4					
Monthly Plan*	3	3	4	4	4	3	4	3	4	4	4	5
Year to Date	5	11	16	20	22	30	34					
Year to Date Plan*	3	6	10	14	18	21	25	28	32	36	40	45

Figure comparison for NHS Rotherham CCG of CDI

The chart below shows a side by side comparison of the number of all CDI cases by years.



E Coli

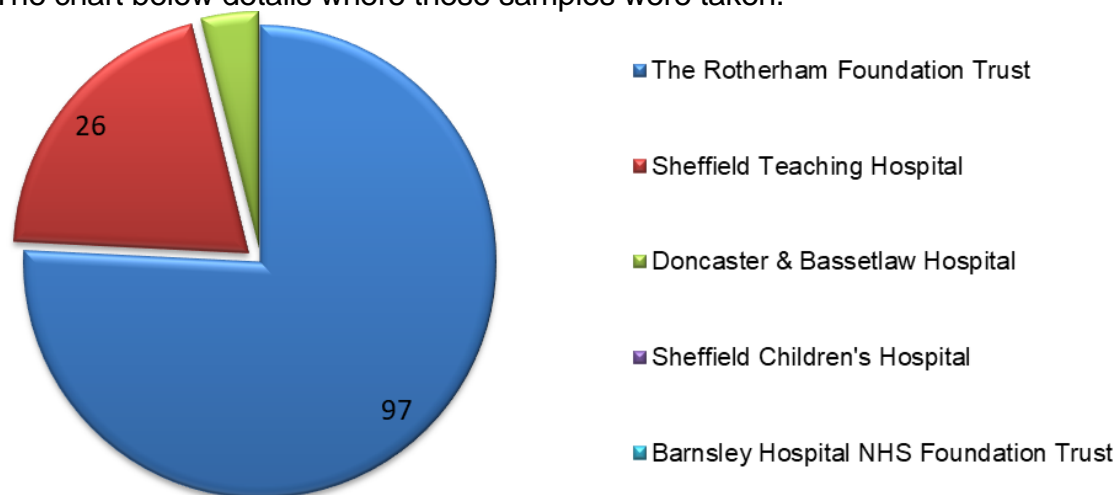
E Coli bacteraemia rates are high and have nationally increased in the last 5 years. There is a national reduction priority and local initiatives are on-going.

Based on the set trajectory monthly plans are formulated (see below)

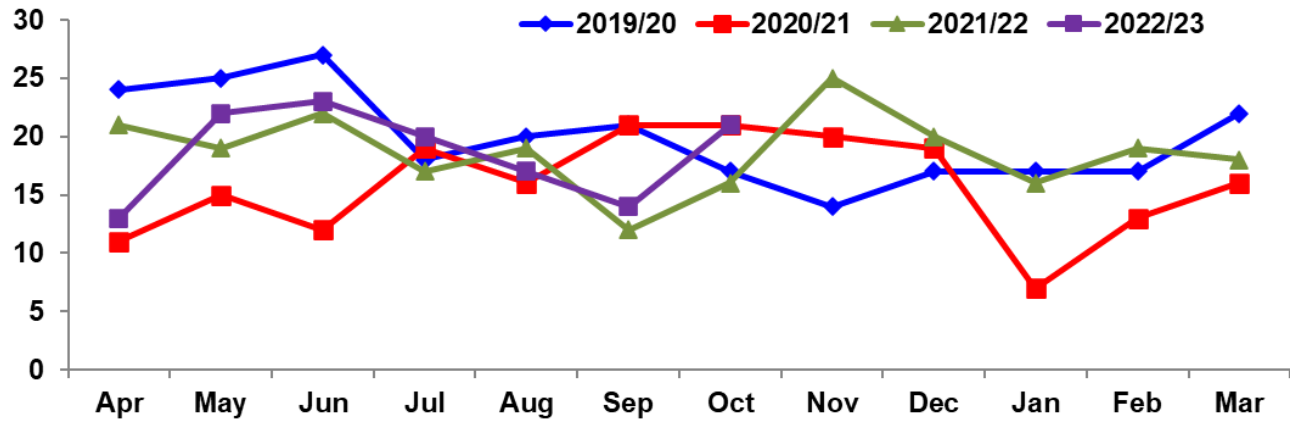
TRFT 2022/23 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	4	5	7	3	3	4					
Monthly Plan*	4	3	5	5	4	5	8	5	5	3	5	5
Year to Date	4	8	13	20	23	26	30					
Year to Date Plan*	4	7	12	17	21	26	34	39	44	47	52	57

RCCG 2022/23 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	13	22	23	20	17	14	21					
Monthly Plan*	17	18	16	19	16	18	15	18	16	12	15	15
Year to Date	13	35	58	78	95	109	130					
Year to Date Plan*	17	35	51	70	86	104	119	137	153	165	180	195

E Coli -The chart below details where these samples were taken.



E Coli - The chart below shows a monthly comparison of the number of E Coli cases in years.



Pseudomonas Aeruginosa

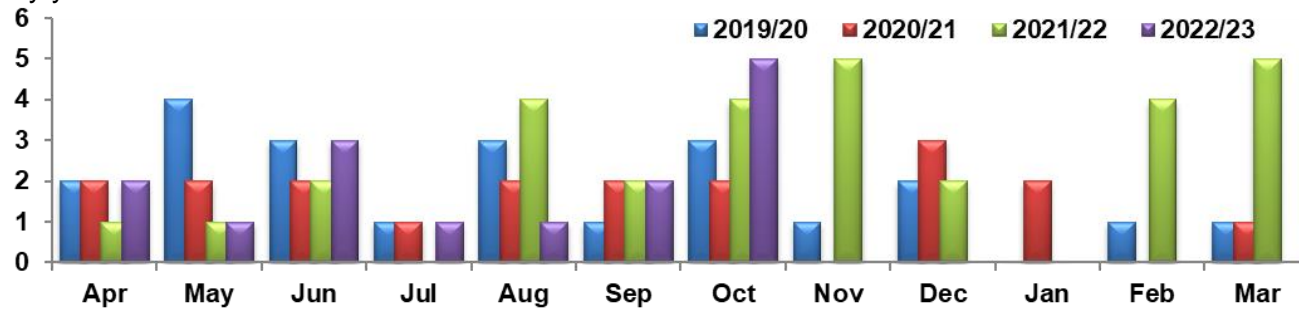
Based on the set trajectory monthly plans are formulated (see below)

TRFT for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	1	0	2	1	1	1	1					
Monthly Plan*	0	0	0	0	1	1	1	0	1	0	0	1
Year to Date	1	1	3	4	5	6	7					
Year to Date Plan*	0	0	0	0	1	2	3	3	4	4	4	5

RCCG for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	2	1	3	1	1	1	3					
Monthly Plan*	2	2	2	1	3	2	2	2	2	1	2	2
Year to Date	2	3	6	7	8	9	12					
Year to Date Plan*	2	4	6	7	10	12	14	16	18	19	21	23

Figure comparison for NHS Rotherham CCG of Pseudomonas Aeruginosa

The chart below shows a comparison of the number of all Pseudomonas Aeruginosa cases by years.



Klebsiella Spp

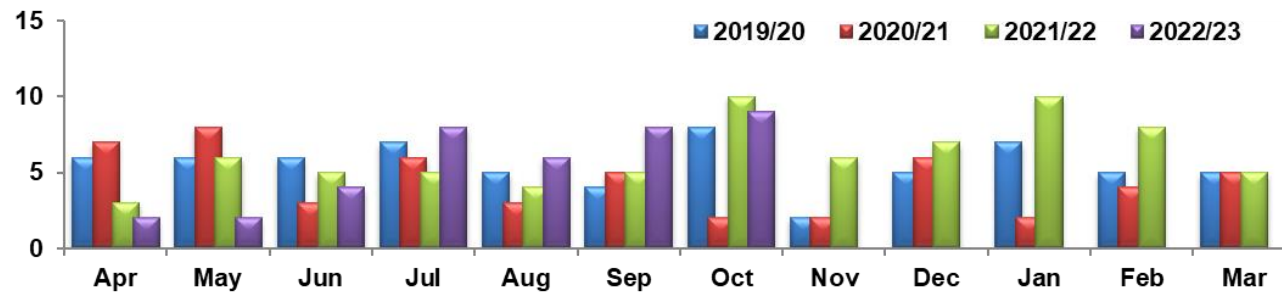
Based on the set trajectory monthly plans are formulated (see below)

TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	0	0	4	2	0	2	6					
Monthly Plan*	0	1	2	1	1	2	1	1	1	1	1	0
Year to Date	0	0	4	6	6	8	14					
Year to Date Plan*	0	1	3	4	5	7	8	9	10	11	12	12

RCCG for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	2	2	4	8	6	8	9					
Monthly Plan*	5	5	5	5	6	6	4	3	5	4	4	5
Year to Date	2	4	8	16	22	30	39					
Year to Date Plan*	5	10	15	20	26	32	36	39	44	48	52	57

Figure comparison for NHS Rotherham CCG of Klebsiella Spp

The chart below shows a side by side comparison of the number of all Klebsiella Spp cases by years.



2. MORTALITY RATES

The Trust's HSMR remains in the "as expected" range (data for June 2022) at 101.10 and the SHMI has reduced further (data for May 2022) at 104.81. The coding team continues to improve the accuracy of the coding. A business case has been agreed for a review of the way in which TRFT completes the structured Judgement reviews.

3. SERIOUS INCIDENTS AND NEVER EVENTS

SI's and Never Events continue to be logged and managed as per the Serious Incident Framework, which will be replaced with PSIRF by Autumn 2023. The top three themes for TRFT are Falls, Pressure Ulcers and Delayed treatment/diagnosis whilst RDaSH's is Unexpected death.

The Healthcare Safety Investigation Branch (HSIB) is going through organisational transformation to become the Health Services Safety Investigations Body (HSSIB). At the same time its maternity investigations programme will be formed into a separate organisation, the Maternity and New-born Safety Investigations Special Health Authority (MNSI). Both organisations are expected to be operational in April 2023. You can read more about these changes and the new organisations on the [HSIB website](#).

SI Position 01.09.2022 to 06.10.2022	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Open at start of period	47	15	1	10	2	0
Closed during period	5	2	0	1	0	0
De-logged during period	4	0	0	0	0	0
New during period	10	2	0	1	0	0
Of the above number that are New NE	0	0	0	0	0	0
Total Open at end of period	48	15	1	9	2	0
Of the above the number that are NE	0	0	0	0	0	0
Final Report Status	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Final Reports awaiting additional information	5	5	0	0	0	0
**Investigations 'On Hold'	2	1	0	0	0	0
CCG approved Investigations above 60 days	0	0	0	N/A	N/A	0
Investigations above 60 days without approval	27	3	0	N/A	N/A	0
Final Reports due at next SI Meeting	2	3	0	N/A	N/A	0

**Out of Area: Performance Managed by responsible CCG. Final Reports are discussed by committee for comment/closure agreement upon receipt as response is time sensitive. **'On Hold' pending investigation undertaken by Police or Healthcare Safety Investigation Branch (HSIB)*

4. SAFEGUARDING VULNERABLE CLIENTS

Weekly Safeguarding hotspots report to NHS England. This information will be shared in this report.

SAFEGUARDING AREA OF INTEREST	IN ROTHERHAM:
Any pressures re safeguarding alerts/referrals	<ul style="list-style-type: none"> • Concerns regarding sudden deaths of 2 children from separate families – with ?respiratory problems – Noted one case relatives have reported issues to local press. JAR meetings held for both children. No safeguarding concerns related to siblings • Concerns regarding a gentleman who was deemed to have capacity living in squalid conditions where self-neglect was a factor. • Death of a child from inhalation of a notice board pin. Discussed at a Rapid Review Meeting – National Panel notified.
Initial Health Assessments – LAC	Nil to report October
High Profile Cases & Media Interest	29.11.22 Joint Agencies Meeting held, as part of the CDOP process for a 5-year-old who died (suffered from asthma, believed to be pneumonia) at Sheffield Children’s Hospital. – Coroner has released the body, and the child has been buried according to their religious beliefs. There has been significant local media interest surrounding this tragic event. There were no safeguarding concerns regarding the care of the child or his siblings.
Care Homes – Quality & Safeguarding Concerns Could link to discharges, access etc	Two Older peoples Care homes (a number have single figure bedroom refurbishments ongoing and one has restricted admissions until the 18 th December) and one Specialist Care Homes closed due to embargo/covid/norovirus outbreak. Dom care provision under increasing pressure and lack of LD provision locally, regional, and nationally.
Volume DHRs, SARs, learning reviews, CSPRs etc	06.12.22 - 1 new SAR, 1 new DHR.
Hidden Harms – any insight, emerging issues, concerns	Rotherham Public Health alerted to the sudden death of 2 children for ?respiratory causes.
Positive actions	NHS SY have submitted an expression of interest to become a pathfinder on the programme for children leaving care, securing a pathway into meaningful employment.

Safeguarding News/Information

Guideline for advocacy services for adults with health and social care needs



NICE have published easy read guidelines for advocacy services for adults with health and social care needs: [NG227 Advocacy services for adults with health and social care needs \(EasyRead version\) \(nice.org.uk\)](https://www.nice.org.uk/guidance/ng227)

Professional Nurse advocates

Providers are required to set out how they will roll out the accredited Professional Nurse Advocate (PNA) role across all clinical settings; with identified PNAs providing restorative clinical supervision and career conversations for all nursing staff in line with the Professional Nurse Advocate A-EQUIP Model

<https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/professional-nurse-advocate/>

For context this is referenced in the NHS Standard as a national requirement to develop. Conversations with RDaSH and TRFT are taking place on how this will be achieved.



The Sleep Charity have resources and support for families with under 2 year olds that are really useful. There are also some useful sleep links on the website for infants, children and adults. The charity will accept referrals from health professionals for distribution of essential sleep equipment for those in the highest need.

<https://thesleepcharity.org.uk/get-involved/sleep-poverty/>



Safety Alert issued for baby self-feeding pillows

[Urgent Safety Alert issued for baby self-feeding pillows - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/urgent-safety-alert-issued-for-baby-self-feeding-pillows)

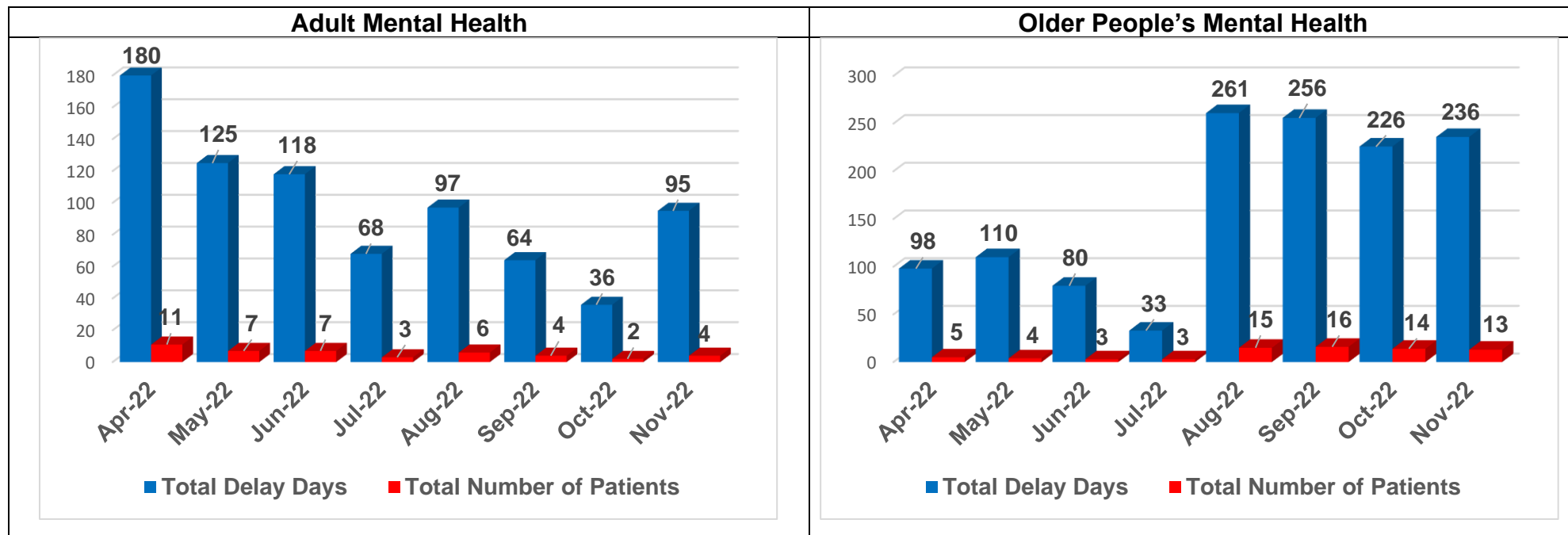
The short message is – these are dangerous and have risks of choking and aspiration pneumonia.



!7 minute briefing
Asthma Neglect Hakeem

7 minute briefing around Asthma and Neglect following the very sad case review for Hakeem, a 7 year old boy who died alone in his garden from an asthma attack. Please do share with your colleagues and be alert to the risk of medical neglect.

5. DELAYS IN TRANSFER OF CARE (DTC)



DTOC meetings held weekly. Chair now changed so that we can get more 'buy in' from the wards in order to progress discharges and identify issues earlier. Impact of lack of care home agencies and nursing placements have resulted in greater waiting times for older adults. For younger people, lack of and complexities around housing and out of area social workers appear to lead to the longest delays. These issues are raised at the DTOC meetings and escalated. Also noted complexity of current patient cohort has increased.

6. ADULT CONTINUING HEALTH CARE

Quality Standards

The table below identifies that we have continued to significantly increase the number of assessments completed in 28 days. A small number of referrals continue to exceed 28 days by more than 12 weeks an action plan remains in place and we continue to monitor our progress as we strive to ensure all standards are achieved.

Quality CHC Standards	Quarter 1 2022/23	Quarter 2
Percentage of cases meeting the 28 days metric > 80%	72%	85%
No incomplete referral's exceeding 28 days by > 12 weeks +	4	3

7. PRIMARY CARE

The table below indicates the current Care Quality Commission (CQC) rating for each of the 28 practices in Rotherham as at 01.10.22.

	Report	Inspection	Overall	Safe	Effective	Caring	Responsive	Well Led
Blyth	12.09.16	21.07.16	Good	Good	Good	Good	Good	Good
Braithwell Road	19.08.22	12.07.22	Good	Good	Good	Good	Good	Good
Brinsworth	09.05.17	14.03.17	Good	Good *	Good	Good	Good	Good
Broom Lane	29.09.17	09.08.17	Good	Good *	Good	Good	Good	Good
Clifton	24.03.17	20.02.17	Good	Good *	Outstanding	Good	Good	Good
Crown Street	04.07.22	16.05.22	Req Imp	Req Imp	Req Imp	Good	Good	Req Imp
Dinnington	16.01.18	22.11.17	Good	Good	Good	Good	Good	Good
The Gate	22.06.17	17.03.17	Outstanding	Good *	Good	Outstanding	Outstanding	Good
Greasbrough	11.04.17	15.02.17	Good	Good *	Good	Good	Good	Good
Greenside	13.12.18	31.10.18	Good	Good	Good	Good	Good	Good
High Street	17.08.17	17.07.17	Good	Good *	Good	Good	Good	Good
Kiveton	24.03.17	20.02.17	Good	Good *	Good	Good	Outstanding	Good
Magna	06.09.17	27.07.17	Good *	Good *	Good	Good	Good	Good *
Manor Field	02.02.18	05.12.17	Good	Good *	Good	Good	Outstanding	Good
Market	28.01.16	18.11.15	Good	Good	Good	Good	Good	Good
Morthen Road	02.06.17	19.04.17	Good	Good *	Good	Good	Good	Good
Parkgate	13.08.20	13.07.20	Good	Good	Good	Good	Good	Good
Rawmarsh	01.12.16	21.09.16	Good	Good	Good	Good	Good	Good
Shakespeare Road	10.06.22	28.04.22	Req Imp	Req Imp	Req Imp	Good	Good	Req Imp
St Ann's	04.05.20	10.03.20	Good	Good	Good	Good	Good	Good
Stag	10.08.17	27.06.17	Good	Good *	Good	Good	Good	Good
Swallownest	02.12.21	15.10.21	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp	Req Imp
Thorpe Hesley	04.12.18	23.10.18	Good	Good	Good	Good	Good	Good
Treeton	13.02.19	05.12.18	Good	Good	Good	Good	Good	Good
Village	06.03.17	24.01.17	Good	Good *	Good	Good	Good	Good
Wickersley	18.10.18	13.09.18	Good	Good	Good	Good	Good	Good
Woodstock	13.02.19	12.12.18	Good	Good	Good	Good	Good	Good
York Road	07.07.21	11.06.21	Good	Good	Good	Good	Good	Good

8. FRACTURED NECK OF FEMUR INDICATOR

No update.

9. CQUIN UPDATE

TRFT - TRFT has submitted Q2 data as required by the deadline of 27 November 2022, except for CCG 5 Treatment of community acquired pneumonia in line with BTS care bundle due to sickness within the team. TRFT is checking if this can be submitted in Q3. Performance is based on the entirety of the relevant period for each indicator. For most indicators this is Q1-Q4 in 2022/3. The deadline for submission for Q3 is 27 February 2023.

RDaSH - CQUIN Performance is reported quarterly - with a period following the end of quarter to allow data to be validated and verified. Q1 CQUIN reporting shows positive performance against four of the five CQUINs. CCG 1 Flu Vaccinations commenced in October and therefore cannot yet be measured. Areas for improved reporting identified for perinatal mental health routine outcome monitoring recording.

10. COMPLAINTS AND COMPLIMENTS

Via TRFT - There were 76 formal complaints received in Q2 – This gives a rolling average of 23.42 complaints a month using Statistical Process Control (SPC). 19 of complaints were upheld and 19 partly upheld, 29 were not upheld and nil had no outcome recorded, and 2 Divisional presentations were heard through the Patient Experience Group (PEG) this quarter from the Divisions of Medicine and Surgery. Complaint response times this quarter were 100%. No complaints this year have gone to the Parliamentary and Health Service Ombudsman. There were 4093 responses for the Friends and Family Test (FFT) in quarter one. Of these responses, 3984 were positive and 55 were negative. The detail of the FFT data is shared at the Patient Experience Group. There were 743 compliments received in Q2 and work is ongoing to include these in the patient experience dashboard on Datix web, so the reporting mirrors complaints and concerns.

Via Rotherham Place

- An issue has been raised regarding the number of nappies provided to a toddler, this has arisen due to interpretation of the contract between RMBC and TRFT. ONGOING
- A patient in receipt of a RMBC funded package of care has complained that a breach in care has occurred and that RMBC and the ICB were in dispute around this. Investigation revealed that this patient is not known to the ICB CHC service, therefore, no dispute exists. CLOSED
- A patient who is in receipt of jointly funded Direct Payments between RMBC 50% and the ICB 50%. complained about the delay in decision making by both parties when the patient requested an increase in funding for the pay of their PAs wage. Investigation revealed that RMBC agreed to the increase prior to consultation with the ICB, after the relevant information was provided, the ICB agreed to the increase. The complaint was upheld. Learning: Steps are being taken to improve communication between decision makers. CLOSED
- The parent of a patient complained that steps to accommodate children with autism/learning difficulties whilst receiving a COVID-19 vaccination have been overlooked. While Investigation was taking place, the patient received their vaccination in a setting suitable for them. Investigation revealed that appointments had been offered but had not been convenient for them to attend. CLOSED
- A complaint has been received regarding a patient lack of support for her child with an eating disorder. Investigation is underway. ONGOING

11. ELIMINATING MIXED SEX ACCOMMODATION

RDaSH/Hospice – there have been no recent breaches.	TRFT - there have been no breaches to date for 2022-23.
--	--

12. ASSURANCE REPORTS

<p>UECC</p>	<p>Demands on urgent care were particularly challenging, with TRFT being on level OPEL 4 for a prolonged period following the additional bank holiday on the 19th September. As a result of the ongoing operational pressures, the Trust declared an internal business continuity on Tuesday 27th September, which was ongoing until Thursday 6th October. Within this period the Trust declared 10 separate 12 hour trolley waits due to the significant challenges in bed availability and flow out of the UECC.</p> <p>The difficulties experienced with flow have been driven by challenges in discharging patients with the number of patients in hospital without a right to reside remaining high and consistently around 60-70 patients. Regular meetings with partners including social care have taken place, to escalate key issues and take action to address the challenges. Related to this, the number of super-stranded patients (21 day+ length of stay) remained high.</p> <p>The increased challenges with flow through the organisation led to another difficult two months regarding ambulance handover delays over 60 minutes, particularly in September where we exceeded 300 'black breaches'. A trajectory for improvement in the second half of the year has been submitted to NHS England and the Trust has now agreed to implement a cohorting approach with Yorkshire Ambulance Service (YAS) following the pilot earlier in the year. Given all these challenges, the proportion of patients waiting over 12 hours in A&E also increased in September.</p> <p>These figures demonstrate the intense challenges experienced in the Trust in this month, through the combination of high demand at the front door, the ongoing Covid-19 demand and high levels of staff sickness due to the prevalence of Covid-19 in the community, with sickness rates now statistically out of control for the last several months. With the changes in IPC guidance implemented within the Trust in late April, and the new national Covid-19 sickness reporting in place from September, we had expected to see pressures ease given the reduced need for additional cohorting but, the changes haven't been significant enough to affect these core metrics.</p>
<p>Cancer Standards</p>	<p>The number of patients waiting over 62 days has almost doubled in the last 3 months and taken TRFT above its submitted national trajectory. For the most part, this deterioration sits within the Lower GI tumour site, following a perfect storm of capacity constraints and demand increases in the last 4 months, including a gap in consultant workforce for a 3-month period (from a team of 4), the peak annual leave season and a 28% increase in referrals in the last two months which has stretched the full cancer pathway. A Lower GI pathway review workshop has been set up for 10th November, with colleagues from across the Trust due to come together to identify solutions.</p> <p>62-day performance improved in the most recent months, but this is not driven by a sustained change to delivery. TRFT continues to see more patients waiting longer for their treatment due to being unfit, or due to poor engagement in their pathway, as well as high numbers of patients now wanting to wait for their appointments or diagnostics due to holidays in recent weeks.</p> <p>The Faster Diagnosis Standard (FDS) was not met for another month, driven by challenges in Lower GI, Upper GI and Skin in particular. The medical workforce in Dermatology has fallen to just one substantive consultant which has led to under-performance in FDS, although a new consultant has now joined the team. 2ww performance relates to this, although the challenges in Lower GI and Skin are expected to resolve in Q3.</p>
<p>18wws</p>	<p>The RTT position has deteriorated significantly over the last 9 months, driven in part by capacity challenges within a few of the larger specialties and the constraints on our elective capacity for a number of weeks due to the closure of the Orthopaedic elective ward across August and the continued pressures on general surgical elective beds.</p>

52wws	With the ongoing capacity constraints and operational pressures, TRFT has seen a further rise in the number of 52+ week waiters, which has increased by 85% in the last 3 months. TRFT has eliminated all 104 week waits for patients as per the national requirement, with 9 patients currently waiting over 78 weeks. The Trust has committed to eliminating all waits of over 78 weeks by the end of the year.
6 wk diagnostics	Diagnostic Waiting Times (DM01) is 11.90% for September 2022.
Nurse Staff	<p>Overall vacancies for Nursing & Midwifery improved slightly to just under 81 WTE, representing just under a 6% vacancy rate for this group of staff. However, there are still candidates going through the external recruitment process and newly qualified nurses/midwives who are currently awaiting confirmation of registration who have not been included in the figures.</p> <p>16 Healthcare Support Workers were recruited at the most recent recruitment event, with another recruitment round due to take place in late October. As can be seen from the Safer Staffing data, vacancies within our untrained nursing teams are currently creating the biggest gaps against roster establishments. There has been some positive recruitment to medical workforce vacancies in recent months, with three new UECC consultants starting in September and October.</p> <p>12 month rolling turnover (voluntary leavers only) for the Trust was 12% and a slight reduction from the previous month but remains at the upper end of our tolerance.</p>

13. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (September 2022)	RTT 18ww Incomplete Pathways (September 2022)	Cancer 62 wait from urgent GP referral to first definitive treatment (September 2022)	Six Week Diagnostic (September 2022)
Sheffield Teaching Hospitals NHS Foundation Trust	76.6%	67.1%	48.8%	33.13%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	69.4%	64.7%	59.6%	46.94%
Barnsley Hospital NHS Foundation Trust	65.7%	79.1%	61.5%	8.67%
Sheffield Children's Hospital NHS Foundation Trust	91.99%	56.2%	100%	25.74%

14. CARE AND TREATMENT REVIEWS

Last year we had eleven reviews (LD and/or Autism). This year to date we have had sixteen reviews with another six planned by the end of the year. We have seen an increase in Autism only reviews. This is mirrored by an increase in admission to the acute wards due to the lack of professional community support other than the crisis team. Discussions are currently underway to look at support/training for the wards in addition to Oliver McGowan training around practical application and support for people with Autism who are admitted. Further work needs to be done around hospital

avoidance and community support. Impact of increased ask is significant given arranging, chairing, minuting, completing associated statutory reports and then monthly chase on actions.

15. WINTERBOURNE SUBMISSION

Six patients currently in hospital. This is an increase from previous submissions. These individuals are historic. The oversight has now been addressed. One recent failed hospital discharge into the community. Learning identified and currently exploring a capital bid. This is expected to take over a year. Our other long stay patient has plans in place to transition into their own home January / February next year. Both these people have been in hospital for several years and discharge has been complicated by a lack of suitable placements.

Three people are expected to be discharged to community provisions over the next 3-6 months. Our final person hopes to progress to rehab in the next three months.

Oversight visits continue for all this cohort. Concerns noted at one provision / provider and are being addressed. Noted NHSE also have concerns. The patient has now been repatriated to Doncaster.

16. DYNAMIC SUPPORT REGISTER (DSR)

The DSR process has been adapted for the LD, children and young person's and Autism DSRs and is in the process of being agreed. The CYP DSR is weekly given the amount of young people currently being discussed. Services appear under resourced and there is difficulty when transitioning to adult services. Keyworkers have proved invaluable in trying to pull together services and meetings to better support young people and their families.

The LD and Autism DSRs are both fortnightly. There is embedded community support for the LD cohort which mostly deals with concerns for placement breakdown rather than hospital admission. There is the potential for increased admission due to limited community professional support. There are currently discussions happening around 'safe space' which will allow access to a bed with support not in a hospital setting.

The Children & Young People's Keyworkers have now been in post for a year and are attending and picking up working with the young people referred to the DSR. They attend all three DSRs but work only with those under 25.

17. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

NHS SY ICB (Rotherham) have 24 active cases. 4 of 23 is a focussed review with 2 of these on hold. 5 of 23 relate to CDOP. Resource at both PLACE and across NHS SY remains a challenge.

18. PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING

Engagement activity and themes October & November 2022

The impact of covid, and cost of living continue to dominate many community conversations, with impacts many, varied, and far reaching. Attendance and involvement in community meetings (both face to face and online) remains on the low side, potentially impacted by time and money constraints, and possibly individuals own energy and priorities.

Access to services remains an issue, particularly primary care and dentistry, and continues to be referenced frequently.

From an online meeting with in community groups (older/ disabled people in November)

- Support workers in the voluntary and community sector working on benefits and advocacy are currently under pressure due to demand. In addition Citizens Advice Bureau have been slow to return to face to face appointments which may impact negatively on those who do not have access
- Many of the issues are impacting disproportionately on older and disabled people.
- Employment – people being sacked when off ill; employers not understanding and not supporting people with long covid - impact also on small to medium businesses
- General cost of living issues exacerbated though people losing money when ill, people refusing sick notes as they need to work; this then impacts on rent/mortgage/housing/debt
- People 'new' to illness and the associated support systems needing information and advice to claim rights and to access entitlements, sick pay etc, and often needing real practical help - for example getting kids to school
- Described as people's lives 'imploding'
- People are being encouraged locally to complete the national advisory board call for evidence

During October and November activity has included:

Support to the ICP engagement activity which will inform the strategy. Attendance at face to face and online events discussing the question 'What matters most to you about your health and wellbeing'; and encouraging completion via the link. Generally, in the online meetings, few people have made significant comments, and conversations have been sparse and stalled, so have been directed to the online survey link. At one of the face to face meetings paper versions of the survey were passed around, but few people engaged with it initially. What worked well was kicking off discussions on the 'café' tables while people were having coffee and cakes, and encouraging people to talk generally about their health and what was important to them in the context of their health. Below are several quotes from this

- *Being SEEN*
- *Have several conditions – I can see the severe staffing issues, and the impact, been waiting months for an appt.*
- *I had an operation cancelled 3 times, a few days before. I know the impact of covid, but.....*
- *I don't feel listened to.*
- *Admitted to hospital, could have been avoided if they'd listened to me.*
- *I know there are pressures on services, services are good when they are they when you get seen. Just not enough staff, or money or resources*
- *I don't want to ask for help, staying independent is vital*
- *Knowing there is someone to get in touch with if you have a problem – and they know your issues*
- *Doing everything you want to do*
- *Achieving the best possible quality of life within the constraints of my illness*

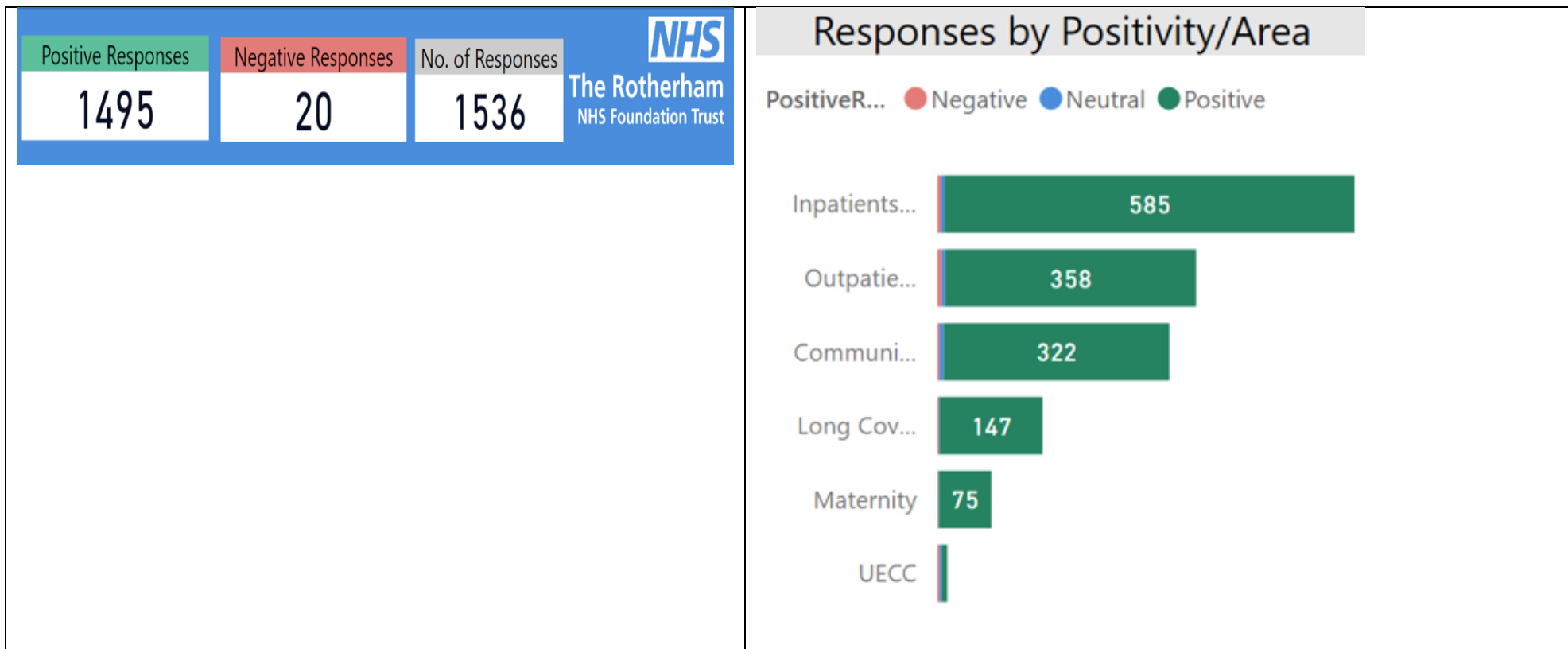
Alongside the commissioning lead, establishing links with Headway to discuss potential funding streams for them, and to consider involvement in the future provision of Neuro Rehabilitation services

- Support to medicines management projects on hydration in care homes and use of antibiotics

- Desktop exercise on falls services, looking at what data we have already locally and nationally, and an initial trawl for experiences
- Corporate activity
- Support to cross SY work on policy alignment on where engagement may be needed
- Liaison over development of Rotherham plan and embedding engagement and consultation within the workstreams, and on the plan itself
- Involvement in SY engagement and communications workshops pulling together staff to form a new SY wide team
- Participation in the national online conference 'start with people', sharing good practice and engagement priorities now and for the future

19. FRIENDS AND FAMILY TEST (FFT)

October summary data



FFT reporting in primary care has now re-started, though the timescale for restart and messages regarding this have not been clear, and not been widely promoted. Technically the suspension of FFT ended in March 2022, but practices were not mandated to submit data

immediately. Nationally, many practices have yet to re-start submitting data. However from October 2022, national data is now being published. In October 6 Rotherham practices submitted data. Full analysis will restart next month.

Child Exploitation (CE) Reported to Health MASH

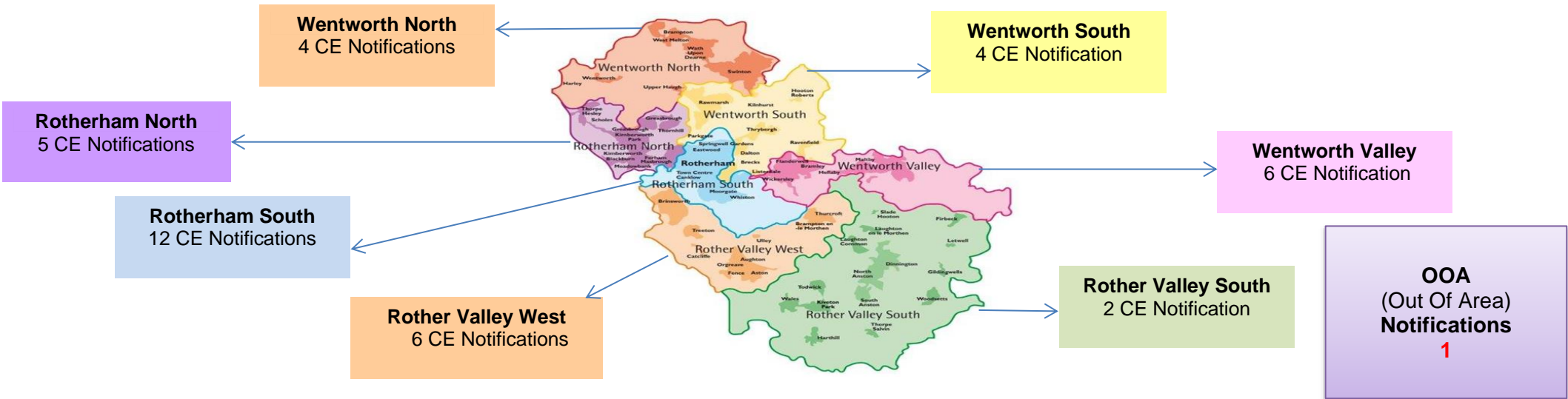
The information below has been collated by the Health MASH team and relates to notifications received from 1st August 2022 to 31st August 2022.

Number of reported CE Notifications 40	Involving 81 Children/ Unborn babies	Of which 36 are female	And 43 were male	There was also 2 expectant mothers named in the notifications
---	---	-------------------------------	-------------------------	--



Type of CE Referral
 Child Sexual Exploitation (CSE) Notifications: 15
 Child Criminal Exploitation (CCE) Notifications: 25

Source of Referral	Number of Referrals
Police	20
MASH	10
Education	1
Strategy Meeting	3
Early Help	3
Barnados	1
RMBC	1
TRFT	1



GLOSSARY

CTR	Care and Treatment Review
CETR	Care, Education and Treatment Reviews
DSR	Dynamic Support Register
DToC	Delayed Transfer of Care
ICB	Integrated Care Board
ICS	Integrated Care System
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review Programme
MASH	Multi-Agency Safeguarding Hub
TRFT	The Rotherham Foundation NHS Trust
RDaSH	Rotherham Doncaster and South Humber NHS Trust
LAEP	Local Area Emergency Protocol

UNAPPROVED

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 16 November 2022
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

Apologies:	Richard Jenkins, Chief Executive, TRFT Dr Neil Thorman, Primary Care Representative
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member

Members Present:

Chris Edwards (**CE**), (Chair), Executive Place Director – Rotherham Place, NHS South Yorkshire Integrated Care Board (ICB)
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB
 Wendy Allott (**WA**), Chief Financial Officer – Rotherham, NHS South Yorkshire ICB
 Sue Cassin (**SC**), Chief Nurse - Rotherham Place, NHS South Yorkshire ICB
 Dr Jason Page (**JP**), Medical Director, NHS South Yorkshire ICB
 Claire Smith (**CS**), Head of Commissioning, NHS South Yorkshire ICB

Participants:

Gavin Boyle (**GB**), Chief Executive, NHS South Yorkshire ICB
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
 Ben Anderson (**BA**), Director of Public Health, Rotherham Metropolitan Borough Council
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
 Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham
 Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
 Gordon Laidlaw (**GL**), Head of Communications, Rotherham, NHS South Yorkshire ICB
 Julie Thornton (**JTh**), Care Group Director, Rotherham, Doncaster & South Humber NHS Foundation Trust

In Attendance:

Wendy Commons, Place Board Support Officer - Rotherham, NHS South Yorkshire ICB

UNAPPROVED

Item Number	Discussion Items
1	<p>Cost of Living Update</p>
	<p>BA advised that this week sees the launch of the warm welcome for Rotherham residents struggling with the cost of energy bills. The Council's website will host a wealth of resources including an interactive map of all sites where warm welcome spaces can be accessed as well as energy advice, managing money tips and support for those on low incomes on how to access benefits and links to the voluntary section and accessing foodbanks.</p> <p>Energy crisis support scheme grants are also available through the Council and applications are already being received and processed.</p> <p>To provide a consistent approach across all partners, a briefing is being developed which will be shared with staff to help them identify the signs and symptoms of anyone struggling and give them information to signpost using the resources provided.</p> <p>Across SY ICB, Place Directors and Directors of Public health are working together to identify common actions to address the crisis including promoting poverty friendly services and providing information for frontline staff and their contacts to give support advice. A paper is being compiled to outline the approaches which it was agreed will also come to Rotherham Place Board in January for information.</p> <p style="text-align: right;">Action: CE</p>
2	<p>Place Performance Report: November 2022</p>
	<p>CS advised that Rotherham is in the top 20 nationally for achieving the diagnostics target. However, issues around achieving cancer targets continue to prove challenging. Overall the report reflected a challenging but positive position for November.</p> <p>As the report is in the process of further development which will include data on looked after children, Members were asked for any other areas they may wish to see included.</p> <p>Discussion followed about health inequalities metrics. Consideration will be given as to whether these will be included or reported separately.</p> <p>MW highlighted that Rotherham Hospital like other SY Trusts is experiencing difficulties discharging patients who no longer have a medical need due to delays in packages of care or bed capacity. A 'reset' week will be undertaken w/c 23 November and the discharge to access model pilot will be employed which will bring together work with the Council and the use of additional capacity across Place to transform current discharge arrangements.</p> <p>GB advised that the autumnal statement being released on 17 November by the Chancellor of the Exchequer is expected to focus on elective recovery, not only on waiting times but also on recovery of elective activity and category 2 responses making flow and discharge really important. Another area will be primary care access, not just appointment availability but also patient experience and the practical aspects of contacting GPs.</p> <p>Following discussion, it was agreed that Place Board will take the opportunity to review and deep dive into primary care performance going forward.</p>

UNAPPROVED

<p>3</p>	<p>Development of Integrated Care Partnership Strategy</p>
<p>Members received a briefing paper on the progress made to establish the South Yorkshire Integrated Care Partnership and to develop the South Yorkshire Integrated Care Strategy for information.</p> <p>Gavin Boyle, SY ICB Chief Executive highlighted the amount of work undertaken, in a relatively short period of time, to form the SY Integrated Care Partnership bringing together NHS leaders and local authorities and other key stakeholders including the voluntary sector to provide a forum to complement place-based working and act on the wider determinants of health in local areas.</p> <p>All Integrated Care Partnerships are required to publish an interim Integrated Care Strategy by the end of December 2022, which was acknowledged as a challenging timescale, therefore initial strategies will be a starting point to evolve over time.</p> <p>Following a development session held in October to consider the vision, level of ambition, shared outcomes and priorities of the strategy, dates have been scheduled for November and December to enable review and sign off of the strategy.</p> <p>An engagement slide pack was also included to enable stakeholders and system partners to understand more about SY ICP in the context of the SY Integrated Care System, share the development of the initial strategy which is built on existing plans and in line with national guidance, communicate details of the engagement approach, share the strategy's vision co-created with ICP Members and the shared outcomes identified as well as the potential areas of focus to be more ambitious and add value from working collaboratively across South Yorkshire.</p> <p>Place Board members were asked to note the timelines outlined in the engagement pack and highlight these for progress through their governance structures to allow views and input into the development of the initial ICP strategy, noting that it will evolve over time.</p> <p>It was noted that this paper and strategy will be received by Rotherham Health and Wellbeing Board at the end of November.</p>	
<p>4</p>	<p>Medicines Management Annual Report 2021-22 and Quarter 1 2022-23 Update</p>
<p>Stuart Lakin, Head of Medicines Management joined the meeting reporting the highlights from the 2021-22 annual report. Under Rotherham Clinical Commissioning Group we had finished the year with strong cost growth and below the national average for England and Yorkshire & Humber. The trending cost increase items were outlined, some of which related to the management of diabetes where there had been an increase in diagnoses.</p> <p>Rotherham has historically been a high user of antibiotics, however this reduced during the pandemic but has bounced back again since. Work is taking place with practice prescribers to reflect and review.</p> <p>During the pandemic, the prescribing incentive scheme was remodelled to reflect the extraordinary circumstances. It will be refreshed going forward and will be linked with practice prescribing budgets.</p>	

UNAPPROVED

Delivery of the planned QIPP programme remained challenging but it was noted that total savings of almost £425k had been realised. Future programmes will focus on complete therapeutic pathways delivering improved patient care and outcomes, releasing efficiencies through the better use of medicines and potentially reduced admissions.

Quarter 1 2022-23 Prescribing Update

The Medicines Management Team (MMT) monitors and advises on all aspects of prescribing attributed to Rotherham Place. Financial performance against budget and progress on the implementation of quality initiatives are reported to Place Board quarterly.

Work undertaken on the infant feeding pathway to better diagnose babies born with a cow's milk protein allergy (CMPA) has resulted in Rotherham having the lowest spend across South Yorkshire on specialist infant formula spend.

A review of those on antidepressant drugs had identified 659 patients who no longer needed this intervention and have now stopped taking medication. Work continues via a service run virtually that provides good personalisation.

Working with Rotherham hospital and primary care, a pathway has been developed to maintain the prescribing of Lucentis (the first 'generic') for age related macular degeneration. By taking this approach a saving of £78k per month will be realised.

Members thanked SL and the medicines management team for the good work, particularly on the enteral feeding service and the antidepressant drugs service.

When the next quarterly medicines management report is received, Place Board will look to undertaking more focussed discussion on a specific aspect.

5

Quality, Patient Safety and Experience Dashboard Report

SC presented latest iteration of the report which remains flexible to allow for further development. Elements of the report will be used to supply information for the Rotherham Place Executive Team (PET), NHSE Quality Hotspot report for Surveillance Quality Group (SQG) and the SY ICB Quality, Performance, Patient Involvement and Experience Committee. It contains a high-level summary of areas of concerns and a brief overview of areas that will form more detailed discussions at relevant committees as well as being used to inform Integrated Care Board governance arrangements.

Members were asked to send comments to SC. As we develop performance arrangements for Place Board the report will be presented bi-monthly and consider focussing on specific areas if necessary.

6

Place Governance: Place Board Terms of Reference (Part 3 ICB)

Members were reminded that the terms of reference for the Rotherham Place Board had been updated to reflect the establishment of the ICB Place Committee and the dual role Place Board carries out.

Changes to the terms of reference (part 3, ICB Business) received in July reflected the addition of the Deputy Place Director (NHS South Yorkshire ICB) as a member and the Deputy Chief Executive (The Rotherham NHS Foundation Trust) as a participant.

Place Board noted Part 3 of the Place Board terms of reference being the terms of reference for the ICB Place Committee.

UNAPPROVED

7	Minutes and Action Log from 19 October 2022 Meeting
<p>The minutes from the October meeting were accepted as a true and accurate record. The action log was reviewed and up to date.</p>	
8	Communication to Partners
<p>The ICB strategy will be sent to all partners for feedback. The Council website will be key repository for cost-of-living resources.</p>	
9	Risks and Items for Escalation
<p>It was noted that a Rotherham Place based risk register is being developed. There is currently an ICB risk register. CE to consider adding risks relating to the cost-of-living crisis.</p> <p style="text-align: right;">Action: CE</p> <p>Discussion followed around proactively identifying potential risks. Place Board will hold discussions in January about how this will be handled going forward.</p> <p style="text-align: right;">Action: CE/LG for agenda</p>	
10	Future Agenda Items:
<p>Future Agenda Items</p> <ul style="list-style-type: none"> – SY Integrated Care Strategy – Cost of Living Update – Actions being taken across South Yorkshire ICB <p>Standing Items</p> <ul style="list-style-type: none"> – Rotherham Place Performance Report 	
11	Date of Next Meeting
<p>The meeting planned for Wednesday 21 December 2022 will be replaced with a development session to collectively look at priorities and gaps. Consideration will be given to inviting others as appropriate.</p>	

UNAPPROVED

Membership

Chris Edwards (Joint Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
Ian Atkinson	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Sue Cassin	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust (TRFT)
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Kathryn Singh	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Leadership Group
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust

ROTHERHAM PLACE BOARD: ICB BUSINESS ACTION LOG - July 2022 - Mar 2023

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
19-Oct-22	1	Lung Health Checks	JPa to give an update on progress with the programme in 6 months (on forward agenda for March 23).	JPa	Amber	Scheduled on forward agenda for March 2023
16-Nov-22	1	Cost of Living Update	A paper outlining the approaches being taken across SY to the Cost of living crisis will be shared at January Place Board along with a Rotherham update.	BA/CE	Green	
16-Nov-22	9	Risks & Escalation	CE to consider whether cost of living risks relating to Rotherham should be added to the ICB risk register.	CE	Amber	
16-Nov-22	9	Risks & Escalation	Place Board will hold discussions around how to handle proactively identifying potential risks in future.	CE/LG for agenda	Amber	