

Agenda

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

Apologies:	
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	Place Performance Report – March 2023	10 mins	CS	Enc 1
2	Risk Management for Rotherham Place ICB Committee (<i>Ruth Nutbrown</i>)	10 mins	CE/RN	Enc 2
3	Enhanced Access Arrangements 2023-24 (<i>J Tuffnell</i>)	5 mins	CS	Enc 3
4	Local Enhanced Services Refresh – 2023-24 (<i>J Tuffnell</i>)	5 mins	CS	Enc 4
5	Quality, Patient Safety and Experience Dashboard Report: February 2022	5 mins	SC	Enc 5
Standard Items				
6	Minutes and Action Log from 15 February 2023 Meeting	5 mins	Chair	Enc 6i & 6ii
7	Communication to Partners	5 mins	Chair	Verbal
8	Risks and Items for Escalation	5 mins	Chair	Verbal
9	Future Agenda Items: <ul style="list-style-type: none"> • Targeted Lung Checks Update (April) Standing Items <ul style="list-style-type: none"> • Rotherham Place Performance Report 			
10	Date of Next Meeting: Wednesday 19 April 2023 at 10:15am.			

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

March 2023

Rotherham Place Delivery Dashboard - March 2023

Performance Comparison - Rotherham Place/FT v National

December 2022

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	19.25%	31.30%	0 out of 106	31st out of 106
RTT	92%	66.19%	58.00%	0 out of 106	11th out of 106
IAPT 6 Week Wait*	75%	94.00%	89.10%	87 out of 106	50th out of 106

*IAPT Figures are as at November 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

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%	●▲	●▼	●▲	●
Mixed Sex Accommodation	0	●▲	●▼	●▼	●
Cancer 28 Day Faster Diagnosis	75%	●▲	●▲	●▼	●

Rotherham Place Delivery Dashboard - March 2023

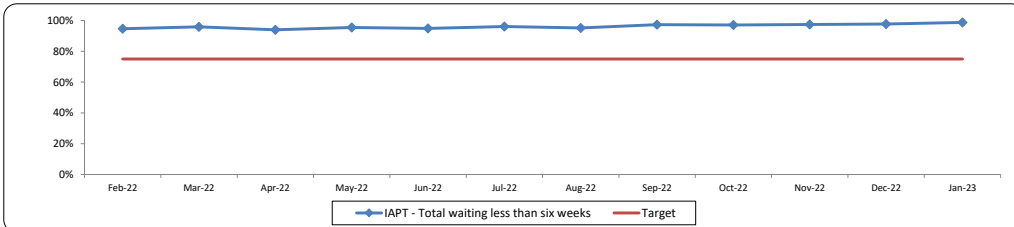
IAPT 6 Week Wait

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 January was 98.8%. This is above the standard of 75%. December performance was 97.7%.

Self-referral into the service is now established and contributing to this position.

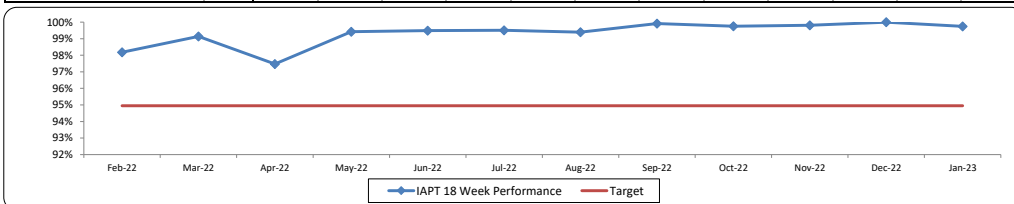
		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
6 Week Waiting List Performance	Actual	94.7%	95.9%	94.0%	95.4%	94.9%	96.1%	95.2%	97.3%	97.1%	97.4%	97.7%	98.8%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



IAPT 18 Week Wait

The 18 week waits position for the service as at end January was 99.8%. Performance is consistently meeting the 95% standard for 18 weeks.

		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
18 Week Waiting List Performance	Actual	98.2%	99.2%	97.5%	99.5%	99.5%	99.6%	99.4%	100.0%	99.8%	99.9%	100.0%	99.8%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



IAPT Supporting Narrative

Local comparison (published data November 22) shows the following benchmark position against Rotherham Place 94%

Barnsley – 98%

Bassetlaw – 99%

Doncaster – 86%

Sheffield – 99%

National – 89.1%

Rotherham Place Delivery Dashboard - March 2023

Cancer Waits

In December the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 60.4% for Rotherham Place. November performance was 55.2%. 62 day performance did not meet the national standard at the Rotherham Foundation Trust with performance at 67.6% in December and 61.4% in November.

The 31 day standard was not achieved in December, with performance at 93.2% against the standard of 96%. November Performance was 90.6%

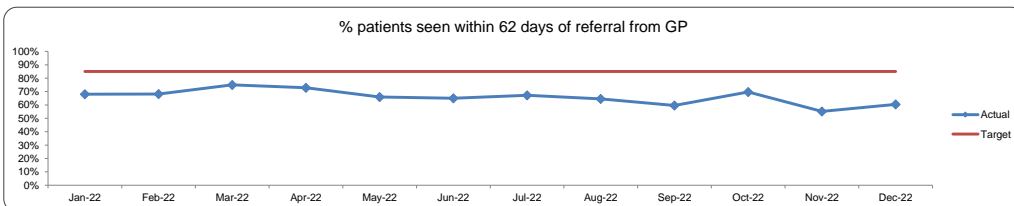
The two week wait cancer standard was not achieved in December with performance of 88.3% against the 93% standard. The two week wait standard for breast symptoms was also not achieved with performance at 88.1% against the 93% standard.

National 62 day performance in December was 61.8%.

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

Focus on - Cancer

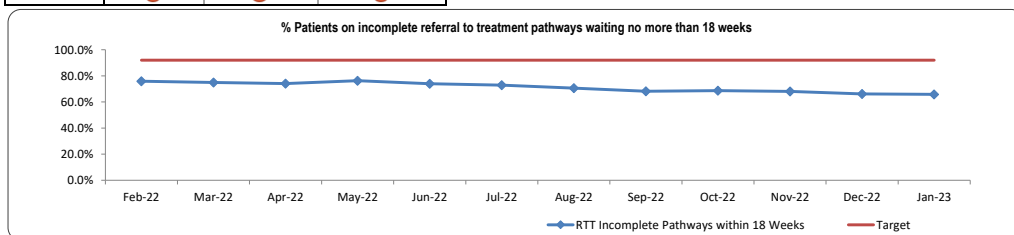
	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
% patients referred within 2 weeks of referred urgently by a GP	93%	91.0%	92.5%	90.4%	88.4%	87.1%	73.0%	69.5%	74.5%	70.5%	76.9%	84.4%	88.3%
% patients referred with breast symptoms seen within 2 weeks of referral	93%	74.6%	81.8%	87.5%	81.6%	85.2%	89.1%	89.2%	82.1%	88.5%	100.0%	93.2%	88.1%
28 Day Faster Diagnosis Standard: All Routes	75%	71.8%	76.0%	75.4%	73.5%	67.6%	68.7%	70.5%	67.9%	63.2%	68.0%	69.1%	65.5%
% patients seen within 31 days from referral to treatment	96%	92.6%	95.3%	93.4%	94.2%	92.0%	95.1%	92.8%	93.3%	91.4%	95.8%	90.6%	93.2%
% patients seen within 31 days for subsequent surgery treatment	94%	88.0%	61.5%	82.6%	62.5%	77.8%	63.6%	77.8%	95.0%	72.2%	80.0%	55.6%	64.7%
% patients seen within 31 days for subsequent drug treatment	98%	90.3%	100.0%	97.8%	90.9%	96.9%	96.0%	96.8%	87.1%	100.0%	93.5%	95.2%	95.7%
% patients seen within 31 days for subsequent radiotherapy treatment	94%	97.7%	91.7%	90.2%	90.0%	95.0%	92.9%	88.1%	87.5%	75.0%	70.3%	87.9%	95.3%
% patients seen within 62 days of referral from GP	85%	68.0%	68.1%	75.0%	72.9%	65.9%	65.0%	67.2%	64.6%	59.6%	69.6%	55.2%	60.4%
% patients seen from referral within 62 days (screening service - breast, bowel and Cervical)	90%	53.8%	100.0%	91.3%	100.0%	70.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% patients seen within 62 days (referral Consultant)		83%	81%	86%	85%	70%	87%	83%	83%	77%	80%	82%	85%



Rotherham Place Delivery Dashboard - March 2023

Referral to Treatment	
RTT Incomplete Pathways did not meet the 92% standard in January at 65.8%, based on provisional data. The position for December was 66.2%.	
There were 582 waiters over 52 weeks in January;	
242 at Rotherham NHS Foundation Trust,	
231 at Sheffield Teaching Hospitals NHS Foundation Trust,	
58 at Sheffield Children's NHS Foundation Trust,	
29 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust,	
3 at Chesterfield Royal Hospital NHS Foundation Trust, 2 at Manchester University NHS Foundation Trust, 2 at Liverpool University Hospitals NHS Foundation Trust, 2 at Hull University Teaching Hospitals NHS Trust, 2 at Mid and South Essex NHS Foundation Trust, 2 at Leeds Teaching Hospitals NHS Trust, 2 at Nottingham University Hospitals NHS Foundation Trust, 1 at Park Hill Hospital, 1 at University Hospitals Birmingham NHS Foundation Trust, 1 at United Lincolnshire Hospitals NHS Trust, 1 at Royal National Orthopaedic Hospital NHS Trust, 1 at University Hospitals of North Midlands NHS Trust, 1 at St Hugh's Hospital, 1 at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	

	Nov-22	Dec-22	Jan-23
18 week wait	●	●	●
52 week wait	●	●	●
65 Week Wait	●	●	●
78 week wait	●	●	●
104 week wait	●	●	●



	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
RTT Incomplete Pathways within 18 Weeks	92%	75.9%	75.0%	74.1%	76.3%	73.9%	72.9%	70.5%	68.1%	68.7%	68.0%	66.2%	65.8%
RTT Incomplete Pathways over 52 Weeks	0	237	264	282	311	377	409	470	496	529	542	548	582
RTT Incomplete Pathways over 65 Weeks	0	96	87	105	106	117	132	153	174	180	189	194	185
RTT Incomplete Pathways over 78 Weeks	0	39	28	36	40	37	47	51	51	59	62	78	72
RTT Incomplete Pathways over 104 Weeks	0	9	8	7	5	2	4	1	1	1	1	3	3

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

	% Over 13 Weeks	Oct-22	Nov-22	Dec-22	Jan-23	Target
All specialities - total incomplete	47.2%	68.7%	68.0%	66.2%	65.8%	92%
Cardiology	42.0%	71.8%	74.1%	72.5%	70.2%	92%
Cardiothoracic Surgery	43.8%	78.3%	79.5%	75.3%	76.0%	92%
Dermatology	59.4%	58.2%	54.3%	53.1%	53.2%	92%
Ear, Nose & Throat (ENT)	36.8%	79.1%	79.6%	77.0%	82.3%	92%
Gastroenterology	23.2%	77.9%	81.3%	83.6%	85.1%	92%
General Medicine	25.0%	81.8%	83.9%	87.8%	87.5%	92%
General Surgery	52.5%	65.1%	64.7%	60.8%	59.8%	92%
Geriatric Medicine	9.8%	99.0%	97.4%	97.4%	97.5%	92%
Gynaecology	53.5%	63.3%	60.4%	57.8%	60.6%	92%
Neurology	63.7%	62.1%	61.0%	52.3%	49.3%	92%
Neurosurgery	56.7%	56.1%	56.2%	54.0%	58.1%	92%
Ophthalmology	54.6%	67.4%	64.9%	61.9%	57.1%	92%
Other - Medical Services	38.6%	81.9%	79.2%	77.9%	75.6%	92%
Other - Mental Health Services	0.0%	50.0%	0.0%	100.0%	100.0%	92%
Other - Paediatric Services	43.8%	66.7%	66.8%	66.9%	68.9%	92%
Other - Surgical Services	38.8%	72.7%	74.6%	74.4%	74.1%	92%
Other - Other Services	20.0%	86.1%	89.4%	86.4%	88.2%	92%
Plastic Surgery	50.7%	69.2%	66.0%	60.3%	63.3%	92%
Rheumatology	8.9%	92.0%	94.5%	94.3%	96.5%	92%
Thoracic Medicine	32.7%	78.4%	81.9%	81.5%	79.8%	92%
Trauma & Orthopaedics	60.4%	58.1%	56.7%	54.6%	52.3%	92%
Urology	35.6%	78.4%	79.2%	78.6%	78.7%	92%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham Place	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Number of Pathways	26134	26069	26159	26279	27874	29072	29268	29706	30282	29953	29794	30174
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	9315	9250	9340	9460	11055	12253	12449	12887	13463	13134	12975	13355

RTT Supporting Narrative

Latest provisional data for January shows 19 specialities under the 92% standard, with just Geriatric Medicine (97.6%) and Rheumatology (96.5%) 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 December (66.2%):

Barnsley - 75.7% / Bassetlaw - 63.8% / Doncaster - 62.1% / Sheffield - 65.2% / National - 58%

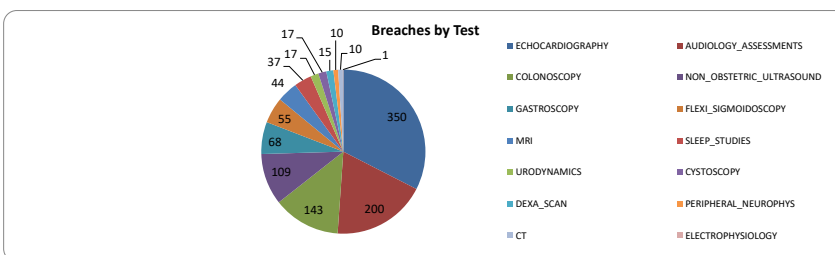
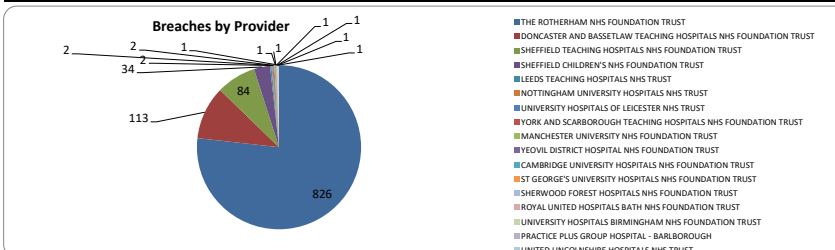
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information. Further guidance on waiting list size is expected following the COVID outbreak.

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 - March 2023

Diagnostic Waiting Times	
Provisional performance in January of 17.3% exceeds the <1% standard.	
1076 Breaches occurred in January:	
826 at The Rotherham NHS Foundation Trust (341 Echocardiography, 190 Audiology_Assessments, 138 Colonoscopy, 60 Gastroscopy, 54 Flexi_Sigmoidoscopy, 23 Sleep Studies, 15 Cystoscopy, 5 Urodynamics)	
113 at Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust (46 Non_Obstetric Ultrasound, 28 MRI, 13 Dexa_Scan, 10 Audiology_Assessments, 6 CT, 4 Echocardiography, 4 Colonoscopy, 1 Flexi_Sigmoidoscopy, 1 Peripheral_Neurophys)	
84 at Sheffield Teaching Hospitals NHS Foundation Trust (61 Non_Obstetric_Ultrasound, 9 Peripheral_Neurophys, 6 MRI, 3 Urodynamics, 2 Cystoscopy, 2 CT, 1 Dexa_Scan)	
34 at Sheffield Children's NHS Foundation Trust (14 Sleep_Studies, 9 Urodynamics, 6 Gastroscopy, 4 MRI, 1 Colonoscopy)	
3 at Leeds Teaching Hospitals NHS Trust (1 Non_Obstetric_Ultrasound, 1 CT, 1 Electrophysiology)	
2 at York and Scarborough Teaching Hospitals NHS Foundation Trust (1 MRI, 1 Non_Obstetric_Ultrasound)	
2 at University Hospitals of Leicester NHS Trust (1 Gastroscopy, 1 Dexa_Scan)	
2 at Manchester University NHS Foundation Trust (2 MRI)	
2 at Nottingham University Hospitals NHS Trust (1 MRI, 1 Echocardiography)	
1 at Royal United Hospitals Bath NHS Foundation Trust (1 CT)	
1 at Cambridge University Hospitals NHS Foundation Trust (1 Echocardiography)	
1 at University Hospitals Birmingham NHS Foundation Trust (1 MRI)	
1 at Sherwood Forest Hospitals NHS Foundation Trust (1 Echocardiography)	
1 at Yeovil District Hospital NHS Foundation Trust (1 Echocardiography)	
1 at Practice Plus Group hospital - Barlborough (1 MRI)	
1 at United Lincolnshire Hospitals NHS Trust (1 Echocardiography)	
1 at St Georges's University Hospitals NHS Foundation Trust (1 Gastroscopy)	

	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	10.7%	9.3%	11.2%	11.4%	12.8%	14.2%	17.1%	15.7%	12.5%	12.3%	19.3%	17.3%



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

January-23 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	698	44	6.30%
Computed Tomography	847	10	1.18%
Non-obstetric ultrasound	1644	109	6.63%
Barium Enema	1	0	0.00%
DEXA Scan	157	15	9.55%
Audiology - Audiology Assessments	451	200	44.35%
Cardiology - echocardiography	1011	350	34.62%
Cardiology - electrophysiology	1	1	100.00%
Neurophysiology - peripheral neurophysiology	34	10	29.41%
Respiratory physiology - sleep studies	199	37	18.59%
Urodynamics - pressures & flows	28	17	60.71%
Colonoscopy	427	143	33.49%
Flexi sigmoidoscopy	140	55	39.29%
Cystoscopy	134	17	12.69%
Gastroscopy	449	68	15.14%
Total Diagnostics	6221	1076	17.30%

Rotherham Place Delivery Dashboard - March 2023

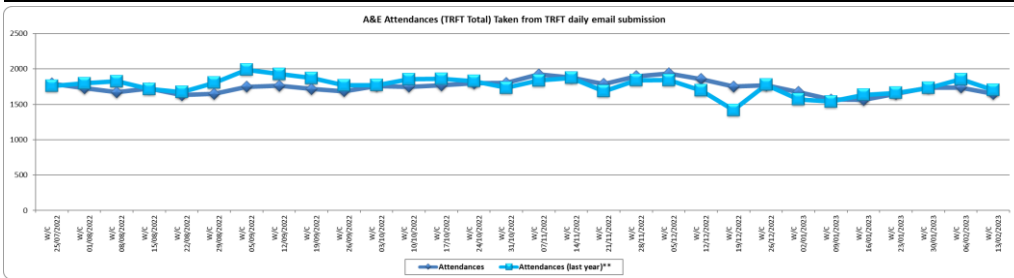
Eliminating Mixed Sex Accommodation													
There were 2 breaches of this standard in December 2022.													
	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Number of mixed sex accommodation breaches (commissioner)	0%	8	0	0	2	0	2	0	1	2	0	1	2

Incidence of C.diff			
Performance for Rotherham Place overall in January was 9 cases. 8 cases in January occurred at Rotherham FT. In the YTD there have been a total of 50 cases.			
Rotherham FT performance for January is 5 cases and 27 in the YTD.			
	Nov-22	Dec-22	Jan-23
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	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
Cancelled operations re-booked within 28 days (Breaches)	0							6	9	6	7	11

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 13th February 2023 was 1647 which is 3.2% less than during the same period last year.												



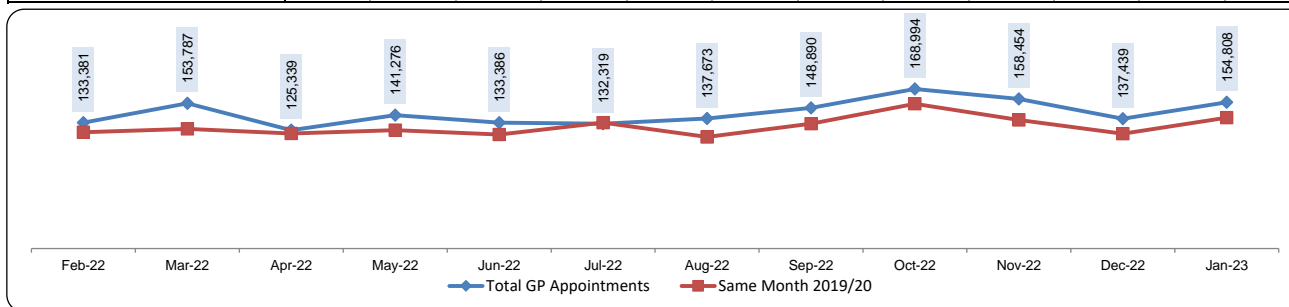
YAS												
Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight minute response time for category 1 incidents no longer exists.												
YAS as an organisation achieved a mean of 8 minutes 26 seconds for category 1 calls in January. The position in December was 11 minutes 19 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)												
	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Category 1	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	00:08:26
Category 2	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	00:25:12
Category 3	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	02:25:46
Category 4	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	03:00:28

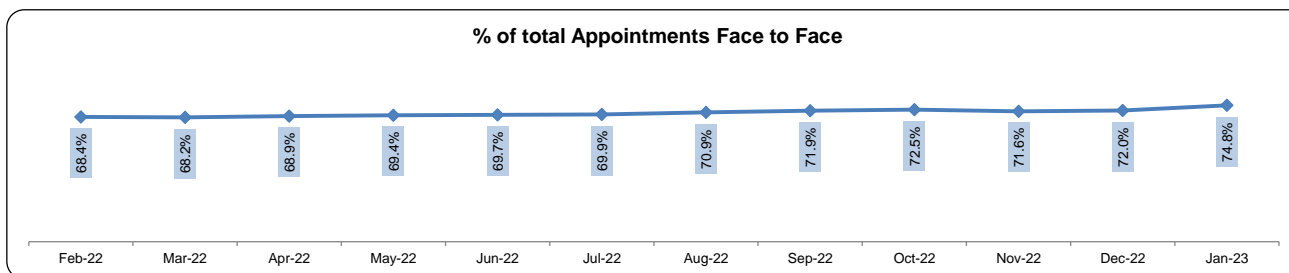
Handovers at TRFT												
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
% Handovers WITHIN 15 minutes	41.4%	42.1%	41.1%	43.7%	43.6%	45.3%	37.8%	39.4%	37.1%	34.6%	55.4%	48.1%
% Handovers OVER 30 minutes	29.1%	26.2%	26.8%	23.6%	25.7%	23.7%	34.2%	31.0%	38.3%	43.4%	18.3%	24.8%
% Handover OVER 60 minutes	14.8%	11.9%	12.3%	9.8%	10.4%	9.8%	19.0%	15.5%	21.1%	29.0%	8.8%	12.9%
Number of ambulance handovers OVER 60 minutes (RFR)	270	201	226	170	186	169	314	257	358	507	145	202

GP Appointments

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Total GP Appointments	133,381	153,787	125,339	141,276	133,386	132,319	137,673	148,890	168,994	158,454	137,439	154,808
Same Month 2019/20	123,200	126,624	121,841	125,288	120,679	133,262	118,209	132,295	153,265	136,082	121,642	138,604
Variance to same month 2019/20	10181	27163	3498	15988	12707	-943	19464	16595	15729	22372	15797	16204



	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
% of total Appointments Face to Face	68.4%	68.2%	68.9%	69.4%	69.7%	69.9%	70.9%	71.9%	72.5%	71.6%	72.0%	74.8%



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	Oct-22	Nov-22	Dec-22	Jan-23	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	77.80%	78.20%	78.00%	77.90%	66.70%
Protecting People From Avoidable Harm	Nov-22	Dec-22	Jan-23	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)	3	4	9	50	Actual
	3	4	4	45	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	2	2	5	27	Actual
	2	2	3	19	Plan
Mental Health: Monthly Indicators	Nov-22	Dec-22	Jan-23	2022/23 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	14.0%	15.6%	17.2%	17.2%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	56.72%	55.45%	53.13%	55.26%	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 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	Target
Proportion entering treatment waiting two weeks or less	90%	67%	80%	73%	60.0%
Care Program Approach (CPA)	Oct-22	Nov-22	Dec-22	Jan-23	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100%	100%	83%	88%	95.0%

Health Outcomes

CYP Access (1+ contacts)	Aug-22	Sep-22	Oct-22	Nov-22	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4700	4715	4705	4740	4250

Perinatal Access (No. of Women)	Aug-22	Sep-22	Oct-22	Nov-22	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	240	240	240	240	TBC

Discharges follow up in 72 hours	Aug-22	Sep-22	Oct-22	Nov-22	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	84%	83%	97%	83%	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)	Aug-22	Sep-22	Oct-22	Nov-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)	2655	2545	2515	2505	TBC

Individual Placement Services					
Place holder - content TBC					

Learning Disability Annual Health Checks	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Checks	82	105	128	106	224
Register	1739	1739	1739	1739	1739
Trajectory	60	103	103	103	140

2 Hour Urgent Community Response	Sep-22	Oct-22	Nov-22	Dec-22	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	88%	77%	76%	66%	70%

Virtual Ward					
Place holder - content TBC					

BCF

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

ACS Admissions		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Number of Ambulatory Care Sensitive Admissions	Actual	225	239	270	268	262
	Target	232	243	228	211	246
Discharges to Usual Place of Residence		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
% Discharged to Usual Place of Residence	Actual	94.4%	93.9%	93.0%	94.1%	92.9%
	Target	93.4%	93.8%	93.8%	93.8%	94.0%

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.

		22-Jan	29-Jan	05-Feb	12-Feb
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	South Yorkshire and Bassetlaw	14.2%	15.0%	14.3%	15.7%
	Barnsley Hospital NHS Foundation Trust	5.3%	6.4%	14.5%	12.9%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	18.2%	20.3%	16.3%	17.3%
	Sheffield Teaching Hospitals NHS Foundation Trust	15.7%	16.5%	14.5%	16.2%
	The Rotherham NHS Foundation Trust	11.7%	10.6%	10.6%	14.0%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	South Yorkshire and Bassetlaw	18.9%	23.7%	24.5%	30.4%
	Barnsley Hospital NHS Foundation Trust	0.0%	0.0%	30.2%	36.5%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	11.1%	16.3%	9.1%	11.1%
	Sheffield Teaching Hospitals NHS Foundation Trust	29.4%	34.0%	36.4%	41.7%
	The Rotherham NHS Foundation Trust	0.0%	7.3%	2.3%	18.6%
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	465	476	427	477
	Barnsley Hospital NHS Foundation Trust	40	36	21	48
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	118	141	130	139
	Sheffield Teaching Hospitals NHS Foundation Trust	249	243	224	231
	The Rotherham NHS Foundation Trust	58	57	53	60

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 EXECUTIVE TEAM

Risk Management for Rotherham Place Board (ICB Committee Business) 24th February 2023

Author(s)	Ruth Nutbrown – Head of Governance & Risk ICB
Sponsor Executive	Mark Janvier – Director of Corporate Governance & Board Secretary
Purpose of Paper:	
To inform and discuss with members the development of the ICB Risk Management Framework as it relates to the Rotherham Place Board (ICB Committee Business) and Rotherham Place Partners.	
Background:	
The ICB has had a risk management framework in place since the 1 st July 2023. This has included the development of the Board Assurance Framework (BAF) Risk Register (RR) and Issue Log (IL).	
Analysis of key issues and of risks	
<p>The current BAF, RR and IL (attached as appendix 1) is a standing agenda item on the Place Partnership ICB Committee at each meeting as set out in the ICB Risk Management Framework the Rotherham Place ICB Committee will consider Risk and the BAF at each meeting. Reports will be on an exceptions-only basis, unless a deep dive is programmed into the agenda (which at this point is time is expected to happen on a quarterly basis). Rotherham risks can be added, amended or deleted at any time by contact a member of the risk management team, it doesn't have to wait for a meeting.</p> <p>We recognise that we will need to 'learn by doing' in this process – and partners may feel slightly worried about sharing their risks with the ICB; this is understandable, and partners may need to go through a governance process in their own organisations to allow this to happen. We believe sharing our collective experience of risks - as they pertain to the Partnership – will greatly support , building the shared understanding and strengthen relationships. Clear baselines and transparency should benefit the common purpose of the partnership and the intended outcomes for the local population¹. Hopefully risk sharing will generate open and constructive discussions around the not inherently undesirable strategy risks that need to be managed to capture the potential gains from service developments and other shared ventures. The ICB may not be able to prevent some risks occurring, but the identification of these risks and mitigation of impact within the partnership must be the focus of the discussions².</p>	

¹ Better Care Fund, August 2019, <https://www.scie.org.uk/integrated-care/better-care/guides/sharing-risks-benefits/creating>

² Harvard Business Review, Managing Risks: A New Framework June 2012
<https://hbr.org/2012/06/managing-risks-a-new-framework>

Governance

The Governance for Risk Management at Place is via the Executive Place Director, as shown in the diagram below:



The Executive Place Director is a member of, and accountable to, the unitary Board and ICB Place Committee.

Risks

There has been some debate in relation to risks on the ICB Risk Management Framework which are not under the control of the ICB. This is where the RACI model comes into play.



This allows the ICB to understand where the authority for control of the risk lies, specifically in relation to risks that belong to other partners but will impact the ICB in any form e.g., financial pressures, patient flow, capacity etc.

These risks will be added to the ICB Risk register and presented to the assurance committees and Board of the ICB as appropriate.

Patient, Public and Stakeholder Involvement:

This development of risk management into place (partnership) boards will ensure stakeholder involvement in the ICB risk management framework.
Equality Impact:
N/A
Financial Implications:
N/A at this stage
Human Resource Implications:
N/A
Procurement:
N/A
Data Protection Impact Assessment
N/A
Approval history:
The ICB Risk Management Framework was approved by Board on the 1 st July 2022
Recommendations:
This paper is for information and discussion prior to presentation of the Risk Management framework documents (BAF/RR/IL) relating to Rotherham at the Rotherham Place Board (ICB Committee Business) in March.
Paper is for Discussion

Rotherham Place Board – 15 March 2023

Changes to enhanced access arrangements in Rotherham

Author(s)	Jacqui Tuffnell, Head of Commissioning, Rotherham Place				
Sponsor Director	Anthony Fitzgerald, Executive Place Director, Doncaster				
Purpose of Paper					
To approve the Primary Care Network Plans for enhanced access from 1 April 2023 – 31 March 2024.					
Key Issues / Points to Note					
<p>Rotherham GP practices currently provide over 1.5m appointments per year. In addition to this, since 2017 additional capacity has been added into the system in the form of additional extended access and has been providing 27426 appointments per annum.</p> <p>In June 2022, Primary Care Committee in Rotherham CCG approved the enhanced access arrangements from October 2022, whilst plans have to be approved by commissioners, the responsibility for commissioning enhanced access is with Primary Care Networks as it is part of the PCN Network DES.</p> <p>All six proposals were reviewed and excluding ‘other hours’ equate to 286.75 hours per week therefore 60 minutes per 1000 patient is achieved and additional capacity beyond this is proposed to support access in Rotherham. The summary of the arrangements is detailed below:</p>					
Primary Care Network	Registered population	Proposed total hours	Enhanced hours	Hours required	Plus/minus
Health Village	42,677	68	48	42.7	5.3
Rother Valley South	56,797	56.75	48 + 8.75 supported	56.75	0
Raven	44,807	60	45	44.8	0.2
Wentworth	52,094	75	60	52	8
Maltby/Wickersley	35,820	54	39	35.8	3.2
Rotherham Central North	34,898	53	38	34.9	3.1
Total	267,093	357.25	286.75	266.95	
<p>We are advised that for 2023/24, five of the PCNs are not changing their arrangements from those outlined above but are changing the venue for delivery of same day services from Ridgeway practice to the vacant premises within Rawmarsh Health Centre. These are the only clinical premises available within Rotherham. Rother Valley South is however amending their plan as they were providing enhanced access with a mixture of Federation delivery and PCN delivery, they are proposing that from April all 56.25 will be delivered by the Federation with same day 28.25 hours delivered Monday-Friday by the PCN in their locality, not the centralised arrangement. As RVS practices are in the remote areas of Rotherham it is considered sensible to provide the additional capacity closer to patients. The arrangements are detailed below.</p>					

Primary Care Network	Registered population	Proposed total hours	Enhanced hours	Hours required	Plus/minus
Rother Valley South	56,797	84.5	56.25	56.75	0

This will increase the total number of enhanced access hours from 357.25 to 385 hours per week for Rotherham. As access continues to be a significant issue nationally, this is extremely positive news for Rotherham patients as well as supporting practices with capacity issues.

In terms of risks, patients are now used to attending Ridgeway medical centre and a change to location may initially create issues with patients attending the wrong premises, the appointments will state clearly where they now are but this is a small risk.

Ridgeway will need to fully reopen as a branch site, this issue will be dealt with separately from the same day access arrangements.

There is significant work for the Federation to organise the change of location by 1 April and in particular calibrating equipment, however they have provided assurance that this can be achieved. As this falls at a weekend, the move will take place over the weekend of 1 & 2 April with the service reopening as normal on Monday 3 April.

Primary Care Delegation Responsibility:

Does this paper relate to SYICB or delegated business?

SYICB	
Delegated	X
Both SYICB and delegated	

Please indicate which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS, PMS and APMS contracts including taking contractual action	
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	
Managing practices with CQC/quality concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	X
Assurance to the governing body on the quality and safety of PMCS	

Is your report for Approval/Consideration/Noting

Approval

Recommendations/Action Required by the Board

The ICB are asked to approve Rother Valley South proposal to change its enhanced access arrangements and to note the change of location for same day access for the remaining five PCNs from Ridgeway to Rawmarsh medical centre.

Rotherham Place Board **to note** for information.

Rotherham Place Board – 15 March 2023

Rotherham Local Enhanced Services (LES) 2023-24 – Revision to Service Specifications

Author(s)	Sara Hartley, Senior Contracts & Delivery Manager
Sponsor Director	Anthony Fitzgerald, Executive Place Director, Doncaster
Purpose of Paper	
To approve the revisions to the Rotherham Local Enhanced Service Specifications for commissioning in 2023/24.	
Key Issues / Points to Note	
<p>All 16 GP Local Enhanced Service Specifications, two Pharmacy Local Enhanced Service Specifications and two Optometry Local Enhanced Service Specifications are reviewed annually. NHS Rotherham Place works in conjunction with the LMC, LPC and LOC around changes in relation to re-commissioning the LES Specifications. Below are the details of the changes made to the specifications for 2023/24. All specifications can be shared upon request.</p> <p><u>General Practice Local Enhanced Services</u></p> <p>Changes made to all LES Specifications:</p> <ul style="list-style-type: none"> • Throughout each document, where Rotherham CCG has been referenced, this has been replaced with Rotherham Place • Each document has also been changed to follow the same order as indicated below: <ul style="list-style-type: none"> ○ Reporting Achievement ○ Patient Satisfaction ○ Remuneration ○ Audit ○ Termination of Agreement • Commissioner Lead/s – GP has been changed from Dr Avanthi Gunasekera to Dr Sophie Holden • Period – Dates on all LES’ amended to 1 April 2023 to 31 March 2023 • Read codes – Any specifications with Read codes inserted are being reviewed by the Data Quality team for inclusion of SNOMED codes where appropriate. • Patient Satisfaction Section – The link to each survey has been included in the relevant specification. <p>Anticoagulation Service Specification</p> <ul style="list-style-type: none"> • Section 3.4 training – Link to BMJ Learning module has been included. 	

- **Section 3.10 Indications for treatment** - updated reference to refreshed TRFT policy. Section also updated to include the new system (LFPSE) where practices report all INRs above 8.

- **Section 3.15 Data Returns and key performance indicators** – Updated to include when poorly controlled anticoagulation should be reassessed.

Anticoagulation Appendices 2023-24 - Quick Reference on anticoagulation with warfarin document has been refreshed with changes made to the following sections:

- **Opening paragraph** – updated to include the link to the Anticoagulation/VTE Policy for adults. AC2 Oral Anticoagulants paragraph removed and wording removed under Oral Anticoagulant imbedded document.
- **Initiation of warfarin therapy** – updated to reference to refreshed TRFT policy. BMJ learning module link has also been included.
- **Clinical Indication, Target INR and duration of therapy** – updated to include Anticoagulation VTE policy for adults.
- **Appendix 1** – Updated to include “TRFT Anticoagulation VTE Policy for adults document” wording.

Anticoagulation Appendix A - Requirements of the Provider Standard Operating Procedure (SOP)

- **Training** – BMJ Learning module link has been included.

Aural Care – Impacted Earwax Referral

- **References section** – NIC Clinical Knowledge Summary. Scenario: Ear Irrigation link has been included.

Aural Care Service Specification

- **Section 3.1 Overview** – Updated to exclude Manual Ear Syringing.

Case Management - This specification is being reviewed separately.

CEA Specification

- **Section 3.2 Example discharge letter** – This section has been moved to appendix 2.
- **Section 4.4 Monitoring** – Read V2 and CTV has been moved to appendix 3.

Dementia Specification

- This specification remains under review at this time.

DVT Minimum dataset read codes – No changes made.

DVT Specification – No changes made.

EHCH Additional Services Scheme

- **Section 3.2 Service description/Care Pathway** – Date changed to 31 March 2023.

- **Section 3.4 Population covered** – updated to include CQC registered.
- **Section 4.1 Reporting** – Date changed to October 2023 and April 2024
- **Section 4.4 Termination of agreement** – Updated to include three months' notice paragraph.

IUCD for HMB-HRT Specification

- **Section 3.3 Accreditation and Training** – Time scale paragraph removed.

Minor Surgery Specification

- **Section 3.1 Aims and Objectives of service** – Updated to include the requirements under the NHS Evidence Based Interventions Policy, including a hyperlink to the policy. CCG exclusions criteria removed, including Dermatology Life Quality Index.
- **Section 3.3 Population covered** – Updated to include patients aged 18 and over
- **Section 4.3 Remuneration** – Updated to include practices should not exceed activity caps.
- **Section 4.5 Termination of agreement** – Updated to include three months' notice paragraph.
- **Appendix A** – Insertion of Evidence Based Intervention policy requirements

Phlebotomy Specification

- **Section 4.3 Remuneration** – Updated to include practices should not exceed activity caps.
- **Section 4.5 Termination of agreement** – Updated to include three months' notice paragraph.

PSA Specification

- **Section 3.6 Example discharge letter** – This section has been moved to Appendix A.
- **Section 3.9 Monitoring** – Read V1 and CTV3 Table has been moved into Appendix B.
- **Section 3.11 Training** – This has been moved within the document to Section 3.12.

Shared Care Drugs Specification

- **Section 1. Population Needs** – Shared Care Protocol link updated.
- **Section 3.1 Service Outline** – Shared Care Protocol link included.
- **Section 3.2 Serious Adverse Events** – Updated to include LFPSE.
- **Section 4.5 Termination of agreement** – Updated to include three months' notice paragraph.

SMI Health Check Specification

- This specification remains under review at this time.

Suture Removal Specification

- **Section 3.4 Quality Standards** – Removed “Incorporating all known information relating to significant events”
- **Section 3.8 Clinical Governance Requirements** – This has been moved within the document to Section 3.5. Also removed negotiations with secondary care within this section.
- **Section 3.9 Training** – This has been moved within the document to section 3.6
- **Section 3.11 Termination of agreement** – Investment and Evolution paragraph removed.

Transgender LES Specification

- **Section 3.2 Service description/care pathway** – Bullet point added to include previously private patient.
- **Section 3.3 Shared Care Prescribing Guidelines** – Both links have been updated.
- **Section 3.10 Termination of Agreement** – Investment and Evolution Paragraph removed.

Wound Care LES

- **Section 3.2 Patient Eligibility** – Infected post-surgical wounds removed. NICE CKS guidance also included.
- **Section 3.7 Staff Skills** – ABPI Machine has been added in.
- **Section 3.9 Reporting Achievement** – Examples of Predominant wound type included.
- **Section 3.13 Termination of Agreement** – Investment and Evolution Paragraph removed.

Pharmacy Local Enhanced Service Specifications

The Local Pharmaceutical Committee (LPC) will receive the following Local Enhanced Service (LES) specification for information and these will be contracted as per Rotherham Place process for 2023/24.

Amendments made – dates have been amended to reflect the 2023/24 contracting timeframe. Drug Tariff prices have also been amended to reflect the latest prices.

- Over the counter labelling scheme
- Provision of Palliative Care Drugs

Optometry Local Enhanced Service Specifications

The Local Optometry Committee (LOC) will receive the following Local Enhanced Service (LES) specifications for information and these will be contracted as per Rotherham Place process for 2023/24.

Amendments made – dates have been amended to reflect the 2023/24 contracting timeframe, Commissioner Lead has been amended and any reference to Rotherham CCG has been amended to NHS SY ICB.

- Cataract Direct Referral Service
- Ocular Hypertension Service

Primary Care Delegation Responsibility:

Does this paper relate to SYICB or delegated business?

SYICB	
Delegated	
Both SYICB and delegated	X

Please indicate which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS, PMS and APMS contracts including taking contractual action	
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	X
Managing practices with CQC/quality concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	
Assurance to the governing body on the quality and safety of PMCS	

Is your report for Approval/Consideration/Noting

Approval

Recommendations/Action Required by the Board

The ICB are asked to approve the proposed changes and continued commissioning of the services into 2023/24.

Rotherham Place Board **to note** for information.

Rotherham Place Board (ICB Committee) – Meeting 15th March 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 Board 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 02.03.2023.
Recommendations
Note and discuss content of report.

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

March 2023

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 February 2023.

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	January 23	March 23	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	Change from Inadequate to Requires Improvement No longer in contract default. Recommend removing as will remain as Inadequate until CQC re inspected.
Rother Valley View (Provider Christal Care Ltd) Rotherham	Enhanced	Enhanced	Inadequate – Special Measures Awaiting rating consider removing if appropriate.
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 including mitigating actions and escalation	Good practice
Main Provider Services		
TRFT	<ul style="list-style-type: none"> Pressures across the trust have improved over the last few weeks with the trust working at level 2 for most of the time. Safeguarding training compliance has improved significantly across the trust. A retrospective review of ERCP services is being undertaken in response to issues raised – NHSE leading to provide update. Further CPE cases identified with ongoing investigations across the trust with support and oversight/guidance from ICB Rotherham, NHSE and UKHAS. Nationally there are significant issues with cancer waiting times, TRFT therefore are not outlying in relation to 2ww and 62 day. 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. The above work has seen improvements across cancer waiting times. The End-of-Life core service has received the final Audit Report from the Trust Internal Auditors – 360 Assurance. The Report, which as expected, recorded limited assurance, has provided the baseline and framework for the ongoing improvement work. Two workshops with colleagues from the acute and community sectors of the Trust have been facilitated by the Trust Head of Quality Improvement. The workshops aim to address some of the issues identified within the Report but also to set out the End-of-Life Strategy for the organisation. 	<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>
TRFT Safeguarding/ Media Interest Cases	<p>An independent investigation has been commissioned via NHSE for a child death and the start-up meeting was held on the 3rd February 2023. NHSE 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 is linked in to NHSE for assurance about the process. TRFT, STH and YAS are joined parties. TRFT have submitted all the relevant documentation requested by NHSE.</p>	

<p>RDaSH</p>	<p>There were 78 Must do and Should do actions identified by CQC in the Well-led inspection (covering the whole Trust footprint). The inspection was conducted in October/November 2019 and reported on in February 2020.</p> <p>As at January 2023, there are 3 remaining actions. The remaining actions are all currently rated as Amber:</p> <ul style="list-style-type: none"> • Audit process – action re-opened and further clarity to be provided at the next CQC Readiness meeting in order to confirm closure. • Recording of seclusion – Further work undertaken regarding recording seclusion onto the system and training and awareness session have taken place. Re audit underway and outcome will be reported to the next CQC Readiness meeting. • MCA Community Health – dip sampling extract data and resource identified. Audit being undertaken and outcome to be reported to the next CQC Readiness meeting. 	<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>
<p>Independent Providers/Specialised Mental Health Providers</p>		
<p>Bluebell Wood Children Hospice</p>	<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>	
<p>Layden Court, Rotherham</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. Will be removed from the next report.</p>
<p>Rother Valley View (Provider Christal Care Ltd) Rotherham</p>	<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. Will be removed from the next report.</p>
<p>Primary Care</p>		
<p>Crown Street Surgery, Rotherham</p>	<p>Last inspected May 22. RI overall (safe, effective and well-led). Breach Reg 12.</p>	<p>Primary Care support continues.</p>
<p>Shakespeare Road PMS, Rotherham</p>	<p>Last inspected May 22. RI overall (RI safe, effective & well-led). Breach Reg 12</p>	<p>Primary Care support continues.</p>
<p>Swallownest Heath Centre, Rotherham</p>	<p>Last inspected Oct 21. RI overall – all KLOEs. Breach of Reg 12, 15 & 17</p>	<p>Primary Care support continues along with national accelerated programme.</p>

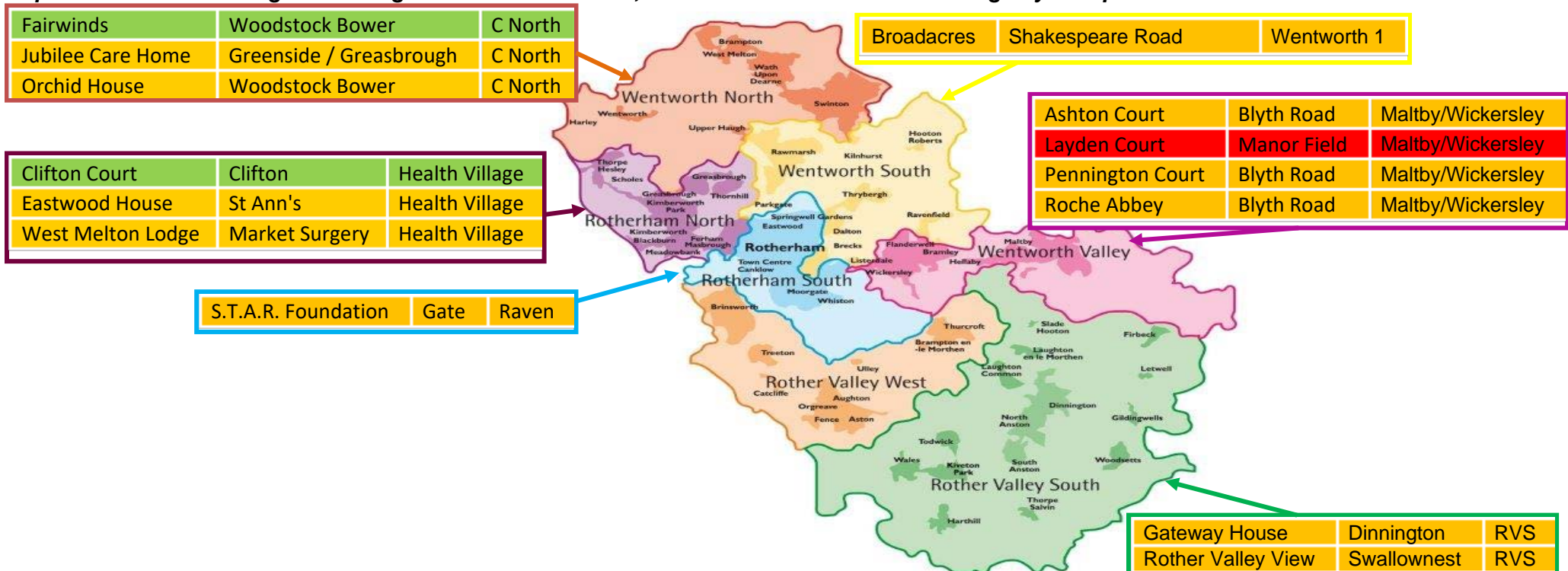
Primary Care CQC	Rotherham's 28 General Practices CQC ratings:		
	Outstanding	1	The Gate
	Good	24	
	Requires Improvement	3	Crown Street, Shakespeare Road, Swallownest
	Inadequate	0	

Care Homes CQC	Rotherham's Adult Residential/Nursing care home CQC ratings	
	<p>A pie chart illustrating the distribution of CQC ratings for Rotherham's Adult Residential/Nursing care homes. The chart is divided into four segments: a large green segment for 'Good' (61), a yellow segment for 'Requires Improvement' (12), a small green segment for 'Outstanding' (3), and a very small red segment for 'Inadequate' (1). A legend at the bottom identifies the colors: green for Outstanding, light green for Good, yellow for Requires Improvement, and red for Inadequate.</p>	<p>Rotherham's Adult Residential/Nursing care home CQC ratings</p> <p>Care Home Contract Concerns In December 2022, there were a total of 31 contract concerns raised against Adult Residential/Home Care/Nursing providers, involving 24 providers. 6 concerns have been substantiated, 3 unsubstantiated with the remaining 22 still being investigated. The 3 main themes for these concerns are: Medication and Safeguarding.</p> <p>Contract Defaults There are currently no services in a contract default position.</p>

New CQC Reports published in January 2023	Name	Provider	Rating	Publication	URL
	Sense- Community Services and Supported Living Services (North)	Sense	Requires improvement	10/01/2023	http://www.cqc.org.uk/location/1-11686273345
	West Melton Lodge	Stephen Oldale and Susan Leigh	Requires improvement	10/01/2023	http://www.cqc.org.uk/location/1-118344061
	York Road Surgery	Dr Sarada Padma Bhanu Garapati	Good	11/01/2023	http://www.cqc.org.uk/location/1-11817957205

CQC Ratings Rotherham Care Homes		
Outstanding	3	Clifton Court, Fairwinds, Greenside Court
Good	61	
Requires Improvement	12	1. Rother Valley View 2. Orchid House 3. Ashton Court Residential Home 4. Pennington Court 5. Jubilee Care Home 6. Roche Abbey Care Home 7. The S.T.A.R. Foundation 8. Broadacres Care Home 9. Eastwood House Care Home 10. West Melton Lodge 11. Kingdom House 12. Gateway House
Inadequate	1	Layden Court

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



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	Having experienced a very challenging few months, primary care activity appears to be returning to more manageable levels. CQC inspections have been temporarily stood down to allow providers the room they need to respond, but those practices listed as RI remain on the priority list for re-inspection. All three RI practices have been visited by the Primary Care Team to ensure progress against the action, and to review performance overall. 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	<ul style="list-style-type: none"> • ‘Plan’s outside the home’ raised again at the NNDHP, continued concerns related to local authorities wanting to use these as an alternative for young people who are identified as at risk of child exploitation. Identified via NNDHP that CP-IS have not accepted being able to identify this cohort on children at the latest round of decision making, and possible not the next. • SY ICB are working in partnership with maternity services regarding identifying fathers, who are not registered at the same GP of the mother of the unborn infant, and how information can be inclusive of the father, and any safeguarding issues. NHS SY ICB are working in partnership with maternity services to find a resolution. • Rotherham Place, have completed an assurance piece of work related to the recommendations from the National Review of star and Arthur in partnership with providers (The Rotherham Foundation Trust and Rotherham Doncaster and South Humber NHS Foundation Trust). Assurance was provided against these recommendations. This also included an earlier assurance exercise against Rotherham Multi-agency Safeguarding Hub (MASH). Significant assurance was provided. • SY ICB have invited 360 Assurance to review whether the ICB has robust oversight arrangements in place for safeguarding children and adults and meeting its responsibilities.
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 December 2022 and January 2023	<ul style="list-style-type: none"> • The 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 remained an issue over the Christmas period, particularly primary care and dentistry, and continues to be referenced frequently, especially with the NHS pressures dominating news feeds; alongside this concern over the impact of strikes. • The last few months have seen an increasing number of face to face meetings, with many organisation seeking to return to face to face for either regular or occasional meetings (such as AGMs); or community drop ins. However for many of these attendance remains lower than pre-pandemic levels; there is a general feeling that people have become used to what was for two years the new ‘normal’.
CHC and Independent Placements	<ul style="list-style-type: none"> • CHC are continuing to face significant challenges from the LA regarding a number of issues including Safeguarding responsibilities, which clearly do not fit under our remit and the percentage split and commissioning of Joint packages of care. A meeting is being arranged to discuss the complexities associated with safeguarding enquiries. • Disputes on eligibility outcomes has increased significantly with over 15 cases in dispute at the present time, this in turn is impacting on the CHC National Standard of 80% of cases completed within 28 days and no case over 12 weeks (see section 6 below) The CHC team are working in partnership with RMBC to develop and provide joint benchmarking and training to staff

	<p>working at all levels across CHC which in turn will raise awareness and knowledge of the National framework and reduce variations in outcomes.</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, CHC continue to work with partner organisations 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, CHC continue to work with RMBC and ICB colleagues to address this issue and source appropriate care provisions.
<p>117/LD and Independent Placements</p>	<ul style="list-style-type: none"> • Limited hospital placements (three main providers) have led to a reactive policy where they let us know how much a bed will be. Contracts manager has spoken to others across the ICB but a framework for costings was not felt to be required across the ICB. However, we could still look at a Rotherham based framework with RMBC, RDASH and CHC. • Capacity issues remain. Identified that funding savings could be explored if capacity permitted. • CQC report received for an out of area placement. No concerns raised by the CPN (Community Psychiatrist Nurse) however safe and well checks will be completed as per process. • Lack of LD and Autism provision and placements for all ages, continues to impact service along with inappropriate placements/environments. System/ nationwide issues. 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. Several new providers for placements have been identified, but are not yet open or are in the early stages.

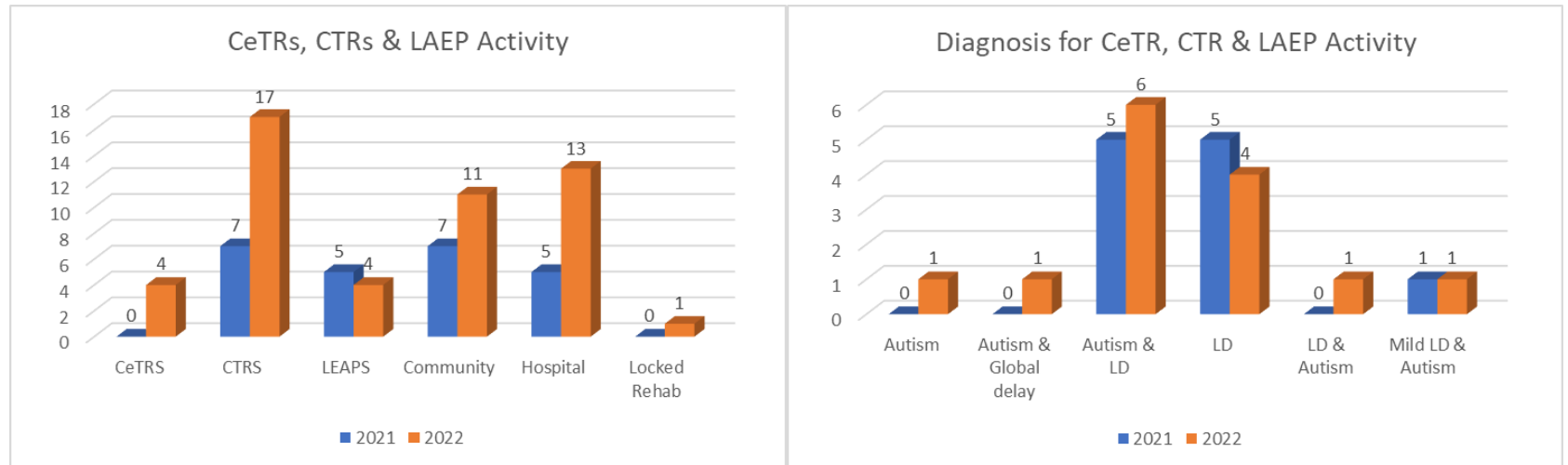
C(e)TR

From September 2022 to the end of February the following reviews have been undertaken. Work is ongoing with RDASH to identify patient with a diagnosis of Autism and/or learning disability in a timely fashion in order to complete CTRs as per process. Head of Complex Case Management had some CETR training and is able to chair. However, now that the [new guidance](#) has been published, she will be able to attend formal training.

Work is ongoing to revise the contract with RANSS who provide us with an expert by experience. Concerns were raised that they had not had the relevant training so expectation are also to be included in the contract. The clinical expert will also need a contract for the delivery of his expertise, and has agreed a reduction in pricing to be formalised.

The new [Dynamic support register and Care \(Education\) and Treatment Review Policy and guidance](#) was published in January 2023 and will be embedded into practice across the ICB.

2021 & 2022 data for comparison:



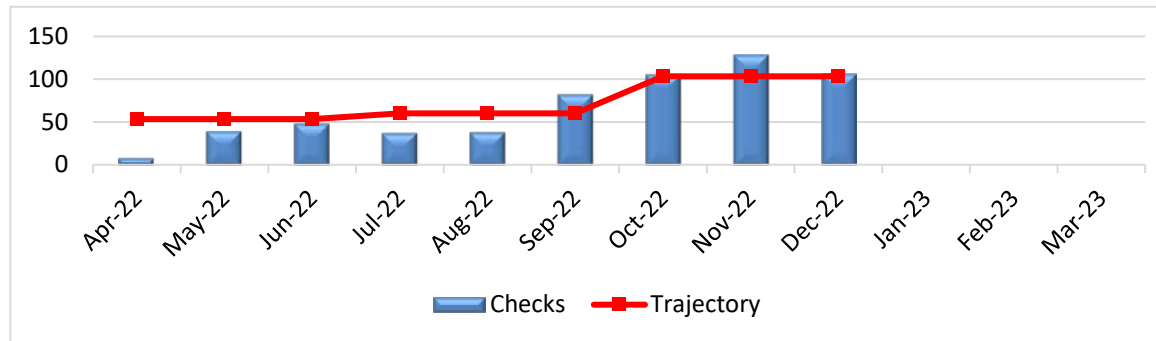
In addition to the graphs above, NHS SY ICB Rotherham would have also received 10 further requests for CTRs etc, however, the patients were discharged before we were made aware.

LeDeR

NHS SY ICB (Rotherham) have 28 active cases. 23 of 28 are initial reviews and 5 of 28 are focussed reviews with 2 of these on hold. 5 of 28 relate to CDOP. Resource at both PLACE, NHS SY and nationally remains a challenge with the ever-increasing backlog for PLACE and reviewer commitments withdrawn from supporting the programme. Plans for a central reviewing team at ICB level are being addressed from the 1ST April with a request to address the backlog too. Remains on the ICB risk register, escalated via ICB Rotherham Quality, Patient, Safety and Experience Committee, RPET, PLACE BOARD, NHSE SQB, ICB and Transforming care agenda.

Learning Disability Annual Health Checks (AHC)

Work has been ongoing to promote the uptake of Enhanced Annual Health Checks for people with a learning disability. NHSE have set a national target of 75% uptake



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Checks	9	40	49	38	39	82	105	128	106	#N/A	#N/A	#N/A
Register	1739	1739	1739	1739	1739	1739	1739	1739	1739	#N/A	#N/A	#N/A
Trajectory	53.3	53.3	53.3	60.0	60.0	60.0	103.3	103.3	103.3	#N/A	#N/A	#N/A

Infection Prevention and Control

- Work remains ongoing around HCAI's, reviewing the processes 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. Work ongoing to look at themes and reduction strategies.
- CPE cases at TRFT continue, and there has been further cases/ additional outbreak. UKHSA involved, and aware and measures are being put in place to manage the situation.
- Diarrhoeal illness reduced following bed closures – now all beds open. Flu cases at TRFT greatly reduced and reducing numbers of patients with Covid.

PSRIF including Patient Safety Specialist

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:
 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/>
 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.
 Patient Safety Syllabus – The syllabus underpins the development of patient safety curricula for all NHS staff.

	<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/ 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>
<p>Serious Incidents and Never Events</p>	<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 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 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 latest monitoring visit took place on 16th January, feedback received on behalf of the DfE regarding the quality of your work in preparation for the formal Support and Challenge meeting 4 was positive. The documentation presented was identified as "the best set of documents I have seen in my time as an Adviser". Our ability to keep raising the bar was noted.

- 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.

On 1st January we implemented the reviewed referral packs and process and request of evidence of two school terms of suitable intervention prior to referral into the neurodiversity pathway. This reduced the number of referrals received in January to an average of 7 per week. 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. The business case to re-direct underutilised resource to increase capacity into the Post-Diagnostic Service has been agreed.

- Backlog issues are resolved relating to Health contributions for Education, health and care plans not being submitted on time. Work continues to address the lack of resilience in current arrangements (currently within TRFT) together with a sustained increase in demand.
- Successful application to 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's successful expression of interest for the DfE open application round of the Short Breaks Innovation Fund (previously called the Better Integrated Care Fund) will 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. Initial planning is underway.
- Good practice/ improvements
 - Reinvigorated Equipment Panel
 - Co-produced re-design of Local Offer

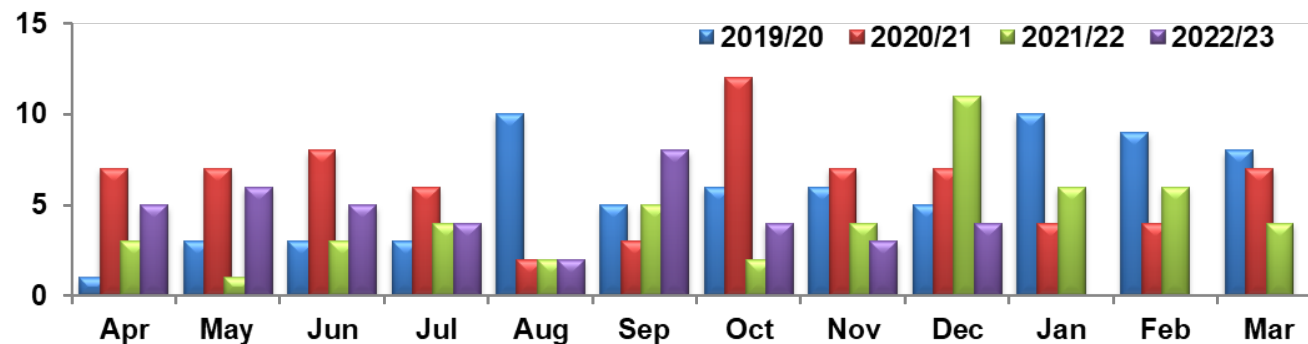
	<ul style="list-style-type: none"> ▪ Extension of Kooth digital counselling service, QUELL providing emotional wellbeing support to Rotherham young adults. ▪ Fantastic feedback received from DfE advisor regarding multi-agency work to address Written Statement of Action. ▪ Implementation of Graduated Response improving the quality of referrals for neuro-developmental assessment.
Complaints and Patient Experience	<p>TRFT Friends and Family Test (FFT) Data is reported here: https://www.england.nhs.uk/fft/friends-and-family-test-data/ (last data published December 2022)</p> <ul style="list-style-type: none"> • In quarter 3 there were 3905 responses for the Friends and Family Test. Of these responses, 3773 were positive and 65 were negative. • Patient Experience reporting in the form of Friends and Family Test is robust from TRFT, reporting on this is currently transitioning from a separate steering group to become part of overall quality work, reflecting that it is now embedded in practice. • In regard of mental health services, some aspects of patient experience form the regular dashboard reports to Quality group. Recent months have seen a much increased focus on better using experience and engagement work to inform service development and improvement. Collection of FFT data specifically from RDASH remains low, however the organisation is looking at alternative mechanisms and surveys to ensure patient voice is heard. • Primary care - FFT should now have been reinstated across primary care; however only 5 GP practices submitted data for December 2022. This will be flagged to the primary care commissioning team

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	2	2			
Monthly Plan*	1	1	2	1	1	1	2	2	2	3	2	1
Year to Date	4	4	7	10	10	14	18	20	22			
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	3	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	37	41			
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.



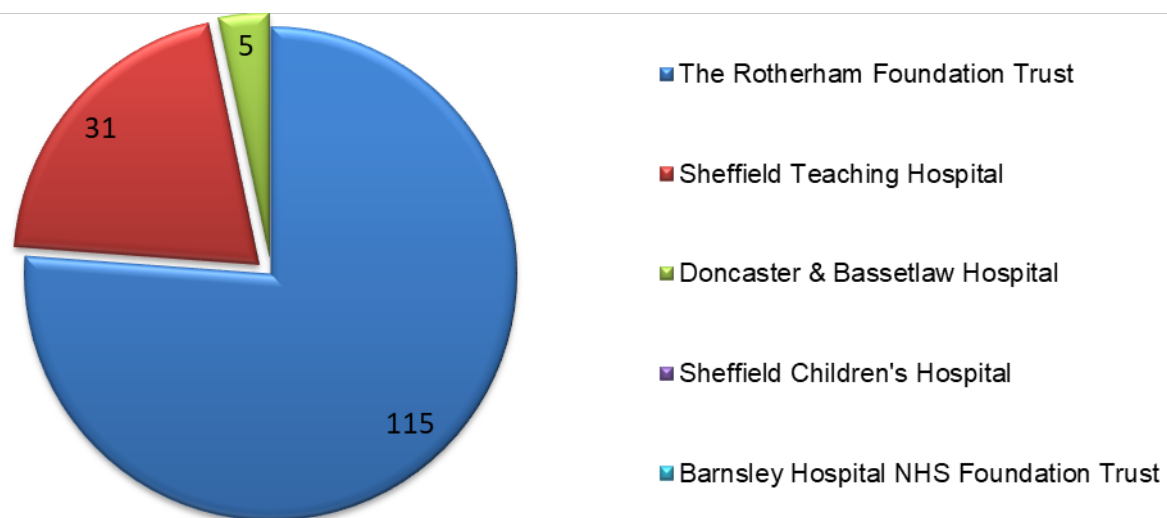
EColi

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

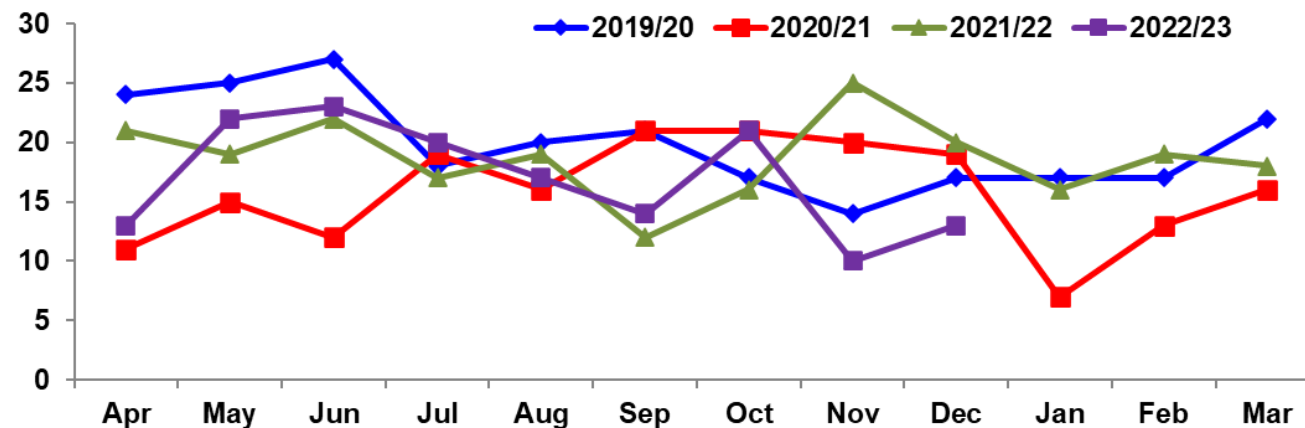
TRFT 2022/23 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	4	5	7	3	3	4	3	3			
Monthly Plan*	4	3	5	5	4	5	8	5	5	3	5	5
Year to Date	4	8	13	20	23	26	30	33	36			
Year to Date Plan*	4	7	12	17	21	26	34	39	44	47	52	57

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	10	13			
Monthly Plan*	17	18	16	19	16	18	15	18	16	12	15	15
Year to Date	13	35	58	78	95	109	130	140	153			
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

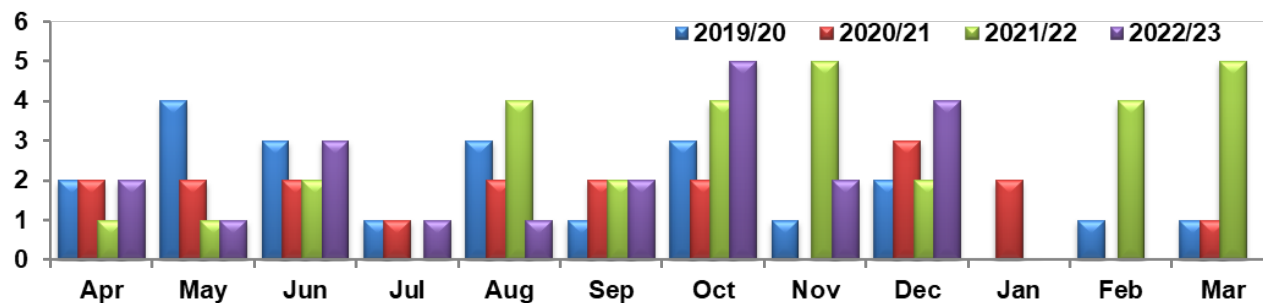
Based on the set trajectory monthly plans are formulated (see below)

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	0	0			
Monthly Plan*	0	0	0	0	1	1	1	0	1	0	0	1
Year to Date	1	1	3	4	5	6	7	7	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	2	4			
Monthly Plan*	2	2	2	1	3	2	2	2	2	1	2	2
Year to Date	2	3	6	7	8	9	12	14	18			
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

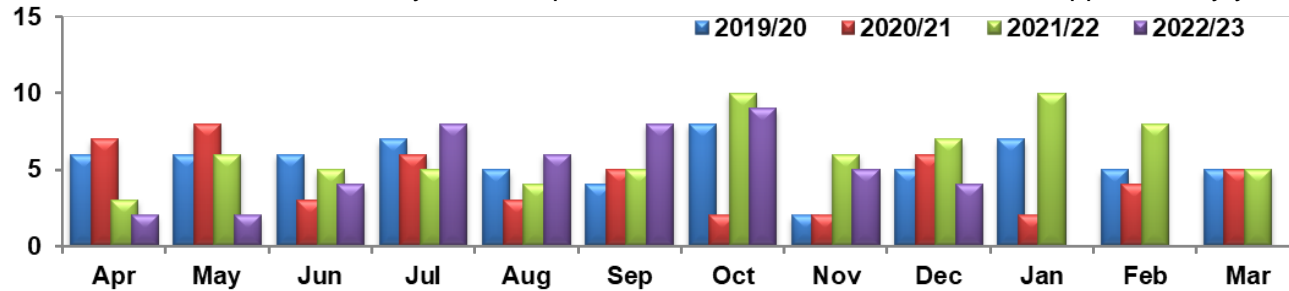
Based on the set trajectory monthly plans are formulated (see below)

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	0	1			
Monthly Plan*	0	1	2	1	1	2	1	1	1	1	1	0
Year to Date	0	0	4	6	6	8	14	14	15			
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	5	4			
Monthly Plan*	5	5	5	5	6	6	4	3	5	4	4	5
Year to Date	2	4	8	16	22	30	39	44	48			
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 latest Dr Foster data has now been updated to August 2022 for the HSMR and June 2022 for the SHMI. As per the previous position, the HSMR is currently within the 'as expected' category. However, when all Covid-19 activity is excluded from the HSMR, the figure falls to 95.3, well within the 'as expected' category. The in-month HSMR for August 2022 was 114.4, which is statistically within the 'as expected' band. If the regional HSMR values are ranked (lowest to highest) the Trust's HSMR is 7th of 21 acute, non-specialist NHS providers.

For the 12 month period there were 3 HSMR diagnosis groups that had a relative risk banded as statistically 'higher than expected' - Congestive heart failure, non-hypertensive; Other circulatory disease and Liver disease, alcohol related. There will be a review of a sample of these cases. A business case has been approved for a change to the way in which we complete and compensate our clinicians for the structured judgement reviews.

Crude mortality was 3.7% over the 12-month period, compared to 3.3% regional average (acute, non-specialist Trusts) and 3.2% national average (acute, non-specialist Trusts).

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	48	15	1	9	2	0
Closed during period	6	8	0	3	0	0
De-logged during period	3	0	0	0	0	0
New during period	10	3	0	2	2	0
Of the above number that are New NE	0	0	0	0	0	0
Total Open at end of period	49	10	1	8	4	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	4	2	0	0	0	0
**Investigations 'On Hold'	1	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	22	2	0	N/A	N/A	0
Final Reports due at next SI Meeting	3	1	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 reported to NHS England. This information will be shared in this report.

SAFEGUARDING AREA OF INTEREST	IN ROTHERHAM:
'Plan's outside the home' issues raised again at the National Network of Designated Healthcare Professionals (NNDHP), continued concerns related to local authorities seeking to use these as an alternative for young people who are identified as at risk of child exploitation and as such at risk of serious harm	Identified via NNDHP that CP-IS have not accepted being able to identify this cohort of children at the latest round of decision making, and possibly not the next.
Potential Maternity risk: identifying fathers, who are not registered at the same GP of the mother of the unborn infant, and how information can be inclusive of the father, to include safeguarding issues	NHS SY ICB are working in partnership with maternity services to find a resolution.
The murder of Arthur Labignjo-Hughes and Star Hobson led to a set of national recommendations	Rotherham Place, have completed an assurance piece of work related to the recommendations from the National Review of star and Arthur in partnership with providers (The Rotherham Foundation Trust and Rotherham Doncaster and South Humber NHS Foundation Trust). Assurance was provided against these recommendations. This also included an earlier assurance exercise against Rotherham Multi-agency Safeguarding Hub (MASH). Significant assurance was provided.
To further strengthen the governance assurance that the ICB has in place robust over sight for safeguarding	SY ICB have invited 360 Assurance to review whether the ICB has robust oversight arrangements in place for safeguarding children and adults and meeting its responsibilities.
High Profile Cases & Media Interest	Ongoing NHSE commissioned review into the death of a child at the acute trust. Media and local MP attention. NHSE have commissioned an independent service to review the circumstances across the local system
Care Homes – Quality & Safeguarding Concerns	As of 20 th February, two Older peoples Care homes and no Specialist Care Homes closed due to embargo/covid/norovirus outbreak. A number of older peoples care homes have a number of beds and or a unit closed due to ongoing work
Volume DHRs, SARs, learning reviews, CSPRs etc	One RDaSH SI, agreed as a DHR by Safer Rotherham Partnership is to be considered by NHSE against the Mental Health Homicide criteria for an independent review. This case was briefly mentioned in the media prior to Christmas. A Local Rapid Review is taking place following new information being received from toxicology regarding the death of a baby in 2021
Challenges	Local Authority challenges regarding statutory duties and expectations of the ICB

Safeguarding News/Information



Request to share flyer/poster across networks, encouraging anyone who has experienced accessing/using mental health services in Rotherham to complete a short survey. The feedback will be used to inform/support the Rotherham community mental health transformation, looking at how we align to primary care networks, remove barriers and improve access to evidence based treatments for people with severe or ongoing mental health conditions. Anyone wanting to complete the survey just needs to scan the QR code or enter the URL address into an internet browser. <https://www.surveymonkey.co.uk/r/CJVG2R>

ADS TRAINING CALENDAR

LEARNING & DEVELOPMENT



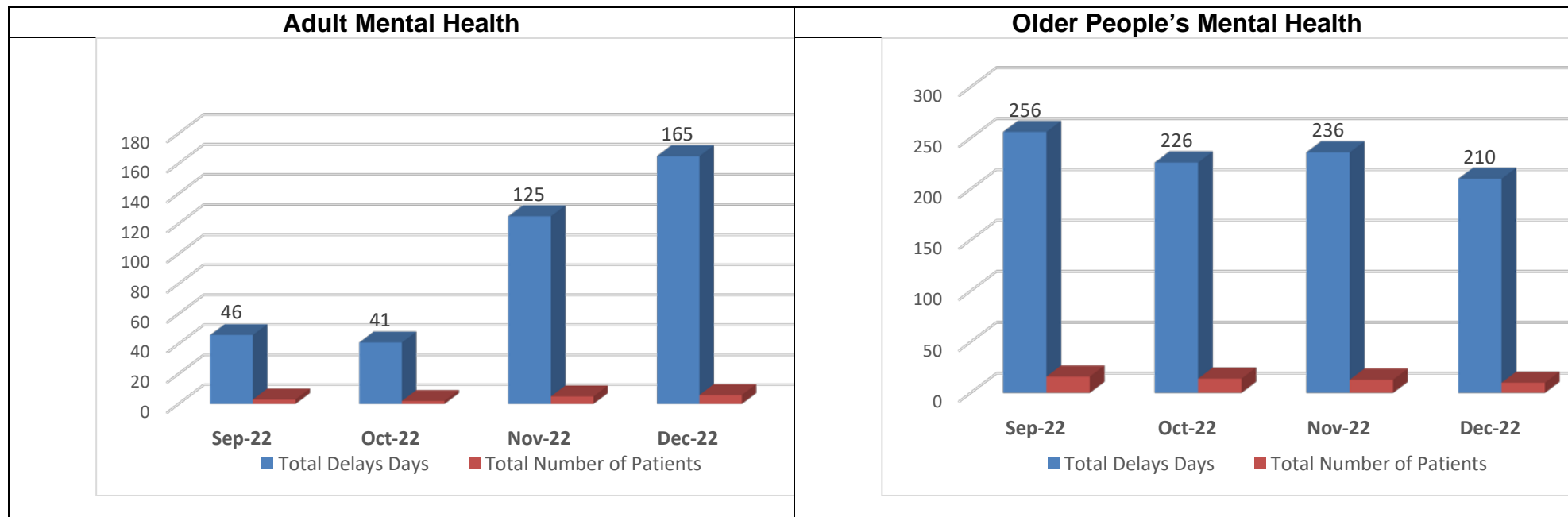
ADS Training Calendar (by date).pd



ADS Training Calendar (by course).i

Drugs and alcohol training calendar attached to be shared within local organisations. To book on any of the courses email learning-development@rotherham.gov.uk. There is also questionnaire to help Public Health gain a better understanding of training needs. The survey should only take a couple of minutes to complete: <https://forms.office.com/e/yCLKQ5YtDy>

5. CLINICALLY READY FOR DISCHARGE (CRFD)



CRFD meetings held weekly. The new associate nurse director is working with the wards to look at discharges and identify issues earlier. Continued lack of care home agencies and nursing placements result in greater waiting times for all ages. 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 CRFD meetings and escalated. Also noted complexity of current patient cohort has increased.

6. ADULT CONTINUING HEALTH CARE

Quality Standards

The table below identifies that significantly less assessments have been completed within 28 days and the number of referrals exceeding 28 days by 12 weeks or more has also seen a slight increase. We continue to work with partnership organisations to identify the delays and address any disputes including providing system training and national benchmarking to raise awareness and knowledge regarding CHC

Quality CHC Standards	Quarter 1 2022/23	Quarter 2	Quarter 3 2022/23
Percentage of cases meeting the 28 days metric > 80%	72%	85%	64%
No incomplete referral's exceeding 28 days by > 12 weeks +	4	3	5

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

The Royal College of Physicians National Hip Fracture Database shows that there were 74 people presenting at TRFT with hip fractures between April to July (inclusive). This gives a 2022/23 outturn of 222 against an annual target of 280.

9. CQUIN UPDATE

TRFT – No further update for March. TRFT has submitted Q2 data as required by the deadline of 27 November 2002, 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. Q2 CQUIN reporting shows positive performance against three of the five CQUINs. CCG 1 Flu Vaccinations commenced in October and therefore won't be reported until Q3. CCG 10a Routine outcome monitoring in CYP and perinatal mental health services performance is 9% against a minimum target of 10%. Discussions and process are in progress to improve performance on this indicator.

10. COMPLAINTS AND COMPLIMENTS

Via TRFT

There were 63 formal complaints received in Q3 – This gives a rolling average of 22.75 complaints a month using Statistical Process Control (SPC). There were 530 concerns received in Q3. This gives a rolling average of 177 concerns a month using SPC. A similar pattern of decreased concerns is noted for December. 23 of complaints were upheld and 40 partly upheld. 23 were not upheld and nil had no outcome recorded. Three Divisional presentations were heard through the Patient Experience Group (PEG) this quarter from the Divisions of Family Health, Community Services and Urgent and Emergency Care. Complaint response times this quarter were 100%. No complaints this year have gone to the Parliamentary and Health Service Ombudsman. There were 921 compliments received in Q3. There were 3905 responses for the Friends and Family Test (FFT) in Q3. Of these responses, 3773 were positive and 65 were negative. The detail of the FFT data is shared at the FFT Steering Group and the Patient Experience Group.

Via Rotherham Place

New complaints

- (1) The parent of a child has complaint about the waiting time to get an assessment for adhd and autism, the complainant has previously complained to RDaSH. The ICB has contacted RDaSH requesting information relating to their response to the complaint. ONGOING
- (2) The parent of a child was diagnosed with Autism some years ago, 2 years ago a further diagnosis was made of Reactive Attachment Disorder which the parent disagrees with and would like a 2nd opinion. Investigation ONGOING.

Progress Update On Complaints Reported In January

- (1) 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. **Update:** A reassessment of the required need is due to take place, following this a decision will be made to ensure the number of products provided meet the child's needs. REMAINS ONGOING
- (2) 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. **Update:** While this complaint was regarded as closed the complainant has been in contact stating that they are dissatisfied with the response letter stating that discrimination has taken place against her son due to his disabilities. An offer to facilitate a further response including the GP practice and Connect for Healthcare was in part refused. Other opportunities to resolve the concern will be explored. ONGOING
- (3) A complaint has been received regarding the lack of support for her child with an eating disorder. Investigation is underway. ONGOING. **Update:** The outcome of the investigation has been provided and is being formulated into a formal response letter imminently. REMAINS ONGOING

MP contacts

From July 2022 to 16 February 2023, Rotherham Place received 14 contacts from MPs. Eleven of these related to:

Dispensing medication	Recycling of walking frames	Patient fees issue with Waterside Grange Care Home	The number of lymphedema nurses in Rotherham	Dissatisfaction with the outcome of an Individual Funding Request	Query around wound dressings once discharged from hospital
A concern was raised re a delay in referral to the Speech & Language Therapy Service for assessment.	A concern was raised regarding the delay after a request was made to collect some equipment supplied by Medequip.	Contact relating to the death of a TRFT patient which has gone on to an Independent Review	Information provided relating to how to make a Subject Access Request and to request a care review for a RDaSH patient	A query relating to a patient's registration with a Rotherham practice	

The three remaining contacts were made by MPs which were signposted to the appropriate destination.

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 in October and November, with the Trust being on level OPEL 4 for a number of weeks during this period. Whilst attendances were on a par with 2021, they were 14% up on 2019/20 and admissions were 7% higher than last year and 24% above 2019/20 levels for those two months. However, the vast majority of the increase in admissions was driven by zero length of stay activity, which demonstrates the value of the assessment units in the last few months, and the increased levels of activity they are managing.</p> <p>The numbers of long length-of-stay (21+ day) patients fell slightly in October and November, but remained at the equivalent of two wards of patients. Regular meetings with partners including social care have taken place, to escalate key issues and take action to address the challenges.</p> <p>The proportion of ambulances exceeding a one hour handover in November exceeded 21%, equating to more than 11 ambulances a day waiting more than 60 minutes in the month. It is worth noting that the Trust was still in the middle of the pack within North East and Yorkshire for ambulance handover delays despite this deterioration. The Trust implemented the cohorting approach agreed with Yorkshire Ambulance Service whenever it was appropriate. Despite all of these increased challenges, the proportion of patients waiting over 12 hours in A&E remained at similar levels to previous months.</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, new flu-demand and high levels of staff sickness. These led to increasing complexity around cohorting of patients within the Trust, in order to minimise the cross-infection risk to both staff and other patients, particularly given the two strains of Flu that we are managing for.</p>
<p>Cancer Standards</p>	<p>The performance within cancer has radically changed since the previous update to TRFT's Board, with a halving of the number of patients waiting over 62 days compared to the end of September. That has been driven by a reduction in the number of Lower GI patients waiting over 62 days, delivered through a combination of an increase in endoscopy capacity, an unwavering focus on strong PTL management with clear escalation processes in place, a new locum in place to cover the vacant consultant post and a collective commitment from the clinicians to demonstrate improvements in the number of patients waiting a long time for treatment. The Lower GI Pathway Review Workshop in early November harnessed the enthusiasm from all stakeholders and an improvement action plan has been agreed by attendees, focussed on eliminating delays in the first month of the pathway.</p> <p>The Faster Diagnosis Standard (FDS) was not met for another month, driven by challenges in Lower GI and Urology in particular. The two new Cancer Improvement Officers – funded by non-recurrent Cancer Alliance monies – are due to focus on the first half of these cancer pathways within Lower GI and Urology, as these are the two areas of greatest challenge. However, in Urology in particular there is a need to redesign the pathway and ways of working in order to meet the standard consistently, which will take a number of months to put in place following detailed review of existing processes against the national pathways.</p>
<p>18wws</p>	<p>The RTT position has deteriorated significantly over the last year, driven for the most part by capacity challenges within a few of the larger specialties as well as the constraints on elective capacity for a number of weeks due to the closure of the Orthopaedic elective ward in months where it would normally run at full capacity, and the continued pressures on general surgical elective beds leading to relatively high numbers of cancellations on the day.</p> <p>RTT Incomplete position for TRFT for November 2022 is 67.8%</p>

52wws	With the ongoing capacity constraints and operational pressures noted above, TRFT has seen a further rise in the number of 52+ week waiters, with a further 18% growth in these patients over the most recent 2 months. However, it has eliminated all 104 week waits for patients as per the national requirement, with only 5 patients currently waiting over 78 weeks. The Trust has committed to eliminating all waits of over 78 weeks by the end of the year and is in discussions with other trusts in South Yorkshire regarding provision mutual aid where they are struggling to make the same commitment.
6 wk diagnostics	Diagnostic Waiting Times (DM01) is 9.46% for November 2022.
Nurse Staff	Overall vacancies for Nursing & Midwifery deteriorated slightly to approximately 87 WTE. 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 above figures. The Trust held a Health Care Support Worker recruitment event on 30 th November and has offered 12 Health Care Support Workers a post across the Trust. The Trust has agreed a winter incentive with NHS Professionals which is due to run from 1st December 2022 to 31st March 2023, in order to support increased fill rates of shifts for clinical staff.

13. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (December 2022)	RTT 18ww Incomplete Pathways (November 2022)	Cancer 62 wait from urgent GP referral to first definitive treatment (November 2022)	Six Week Diagnostic (November 2022)
Sheffield Teaching Hospitals NHS Foundation Trust	73.6%	66.8%	43.3%	26.06%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	60.6%	64.9%	68.4%	38.55%
Barnsley Hospital NHS Foundation Trust	42.6%	80.4%	69.2%	5.99%
Sheffield Children's Hospital NHS Foundation Trust	78.2%	58.3%	NA	15.20%

14. CARE AND TREATMENT REVIEWS

There were three C(E)TRs in December and one in January. There have been no emergency LAEPs in this period. Work remains ongoing to recognise people who are at risk of admission earlier as all of the above CTRs were for inpatients. Work has commenced on increasing awareness to community teams to understand the processes and requirements.

In 2021 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.

It was hoped that the Oliver McGowan training would now be in place. However, the practical application of implementing this across the ICB is huge and is still in planning.

The ICB are looking at having a central CTR 'hub' to arrange CTRs as this is extremely time consuming. However, this is ongoing and will need financial support to enable this to happen. If monies could be found to support this, it would provide greatly needed capacity in the s117 aftercare team.

15. WINTERBOURNE SUBMISSION

Eight patients currently in hospital and three in secure services. This continues to increase and there is pressure from NHSE to look at other appropriate support. For example, a safe space or an Autism community team rather than hospital admission. The Safe space project is ongoing and it is not felt that this will be up and running in the next 12-18 months. Consideration is being made to establish if the monies for this project could be used for an Autism service. However, this funding would only be available for a short period of time if any bids were successful.

Four people are expected to be discharged to community provisions over the next 3-6 months.

Oversight visits continue for all this cohort.

16. DYNAMIC SUPPORT REGISTER (DSR)

The CYP DSR is weekly given the amount of young people currently being discussed and the Autism and learning disability DSRs are both held fortnightly. A new transition lead is now in place at RMBC as this area has previously been highlighted. .

There continues to be a lack of professional community teams to support those with Autism and talks are ongoing to look at how this can best be addressed. It is evident that this cohort are going into crisis and being admitted.

Keyworkers are now named senior navigators and have proved invaluable in trying to pull together services and meetings to better support young people and their families. They 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 28 active cases. 23 of 28 are initial reviews and 5 of 28 are focussed reviews with 2 of these on hold. 5 of 28 relate to CDOP. Resource at both PLACE, NHS SY and nationally remains a challenge with the ever-increasing backlog for PLACE and reviewer commitments withdrawn from supporting the programme. Plans for a central reviewing team at ICB level are being addressed from the 1ST April with a request to address the backlog too. Remains on the ICB risk register, escalated via ICB Rotherham Quality, Patient, Safety and Experience Committee, RPET, PLACE BOARD, NHSE SQB, ICB and Transforming care agenda.

18. PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING

Engagement activity and themes December 2022 and January 2023

The 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 remained an issue over the Christmas period, particularly primary care and dentistry, and continues to be referenced frequently, especially with the NHS pressures dominating news feeds; alongside this concern over the impact of strikes.

The last few months have seen an increasing number of face to face meetings, with many organisation seeking to return to face to face for either regular or occasional meetings (such as AGMs); or community drop ins. However for many of these attendance remains lower than pre-pandemic levels; there is a general feeling that people have become used to what was for two years the new 'normal'.

Activity

- Work ongoing to build the SY engagement team, as new structures are developed.
- Cross South Yorkshire work includes the joint work on engagement around plans and strategies, and ensuring we reach out to less heard communities and those facing barriers to both services and engagement.
- Support to medicines management projects on hydration in care homes and use of antibiotics
- Support to cross SY work on policy alignment on where engagement may be needed
 - Papers (including engagement assessment) have been submitted for Adults CHC and Childrens HC identifying no need for engagement
 - SY engagement colleagues are working on engagement plans for IVF and Gluten Free; working through the options and advising the working groups
- Liaison over development of Rotherham plan and embedding engagement and consultation within the workstreams, and on the plan itself
- The engagement manager has attended a variety community meetings and events; seeking to rebuild contacts and networks. These have included Carers Forum: Maternity Voices; Rotherham Older People's Forum; Age UK; Rotherfed Community Drop-ins; Mental Health Transformation event
- The Patient Participation Network met in late January for a longer session, as requested by attendees. Subjects included
 - Information sharing on targeted lung health check programme
 - Mental health – new developments and sharing resources for dissemination
 - Overview on wider system work
 - Primary Care estate developments; what's happening now, and forthcoming issues
 - Primary care access- table discussions on issues, experiences and solutions
- Work across Barnsley and Rotherham to seek feedback to inform the End of Life priority work; targeting less heard groups
- BAME Women & health - exploring opportunities to work with BAME women and VAR to run a series of information workshops on specific health issues effecting women

19. FRIENDS AND FAMILY TEST (FFT) TRFT JANUARY DATA

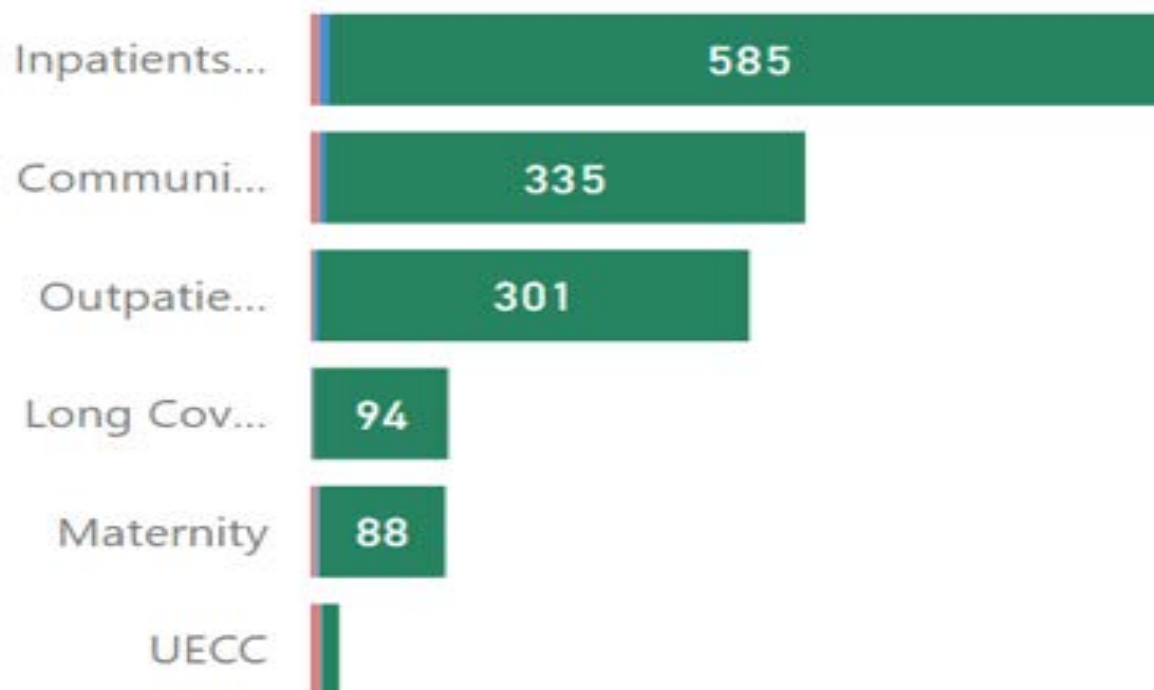
National data is reported here: <https://www.england.nhs.uk/fft/friends-and-family-test-data/>

TRFT Friends and Family Insights – Submission January 2023

Positive Responses	Negative Responses	No. of Responses
1415	26	1459

Responses by Positivity/Area

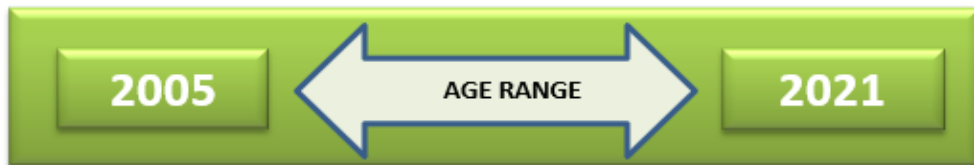
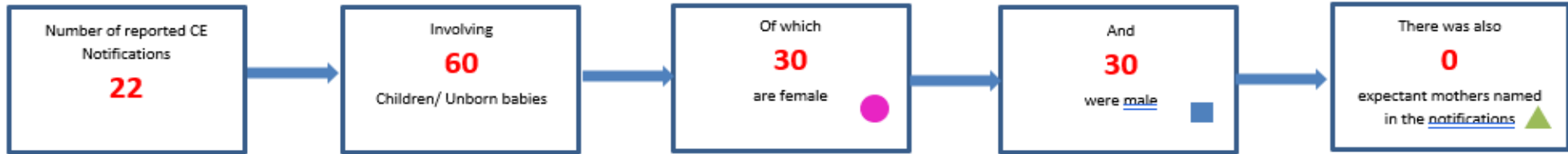
PositiveR... ● Negative ● Neutral ● Positive



Child Exploitation (CE) Reported to Health MASH

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 Jan 2023 to 31st Jan 2023.

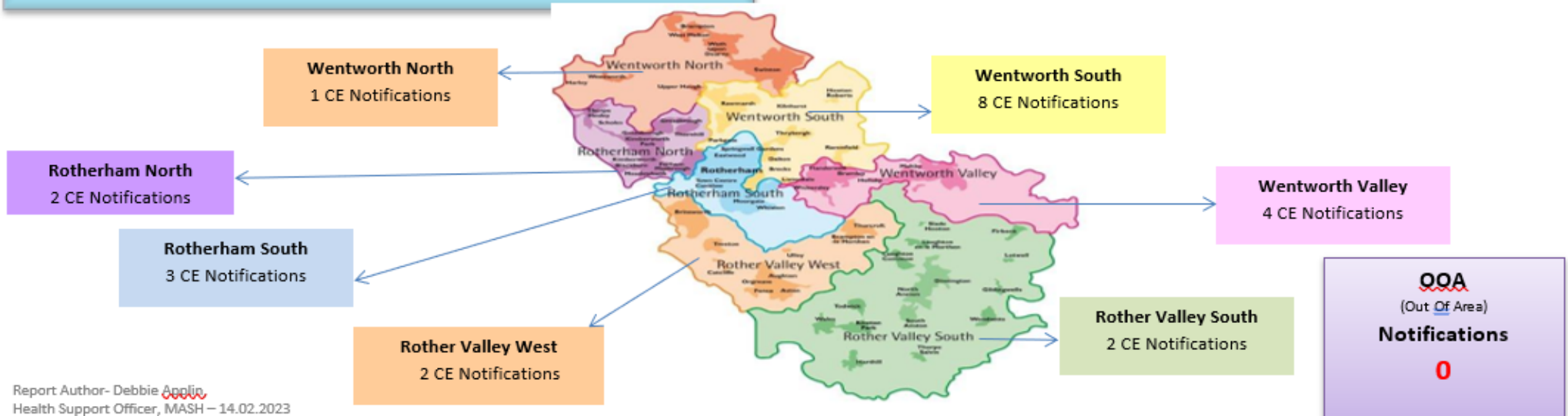


Source of Referral	Number of Referrals
Police	8
MASH	6
TRFT	1
Education	4
Evolve	3

Type of CE Referral

Child Sexual Exploitation (CSE) Notifications: 7

Child Criminal Exploitation (CCE) Notifications: 15



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:	Chris Edwards, Executive Place Director (Rotherham), NHS SY ICB Richard Jenkins, Chief Executive, TRFT Dr Jason Page, Medical Director, NHS SY ICB Ben Anderson, Director of Public Health, RMBC Julie Thornton, Care Group Director, (RDaSH) Dr Neil Thorman, Primary Care Representative Gordon Laidlaw, Head of Communications, (Rotherham), NHS SY ICB
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:

Claire Smith (**CS**), Chairing, Deputy Place Director, NHS South Yorkshire 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

Participants:

Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Sheila Lloyd (**SL**), Chief Executive, Rotherham, Doncaster & South Humber NHS Foundation Trust
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
Kirsty Littlewood (**KL**), Assistant Director, Adult Care & Integration, Rotherham Metropolitan Borough Council
Scott Matthewman (**SM**), Interim Assistant Director, Commissioning, Rotherham Metropolitan Borough Council
Stuart Lakin (**SLa**), Head of Prescribing (Rotherham), NHS SY ICB

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>Members received a paper that had been presented to the Integrated Care Board in January 2023. It highlighted that cost of living is an issue that will remain with us for some years not just across winter. The paper outlined the key actions being taken across South Yorkshire to address the rising cost of living and the measures being employed locally to support residents and staff including:</p> <ul style="list-style-type: none"> - Staff being aware and informed is important. A flyer had been produced to promote the Cost of Living Making Every Contact Count training sessions to front line staff and volunteers across Rotherham. - A Money Matters card with a QR code to access web pages and Money Matters Leaflet, plus note Money Matters Teams background for colleagues to use and share signposting to advice available through local authority webpages. - Poverty friendly services will be important and there is a need to consider the impacts cost of living will have on ability to attend appointments and comply with care, particularly where new services are developed. - Ask for consideration of funding for interventions, with a focus on advice and support in primary care/care settings targeting 20% most deprived areas in line with Core20+5 approach, support to meet energy costs of care, e.g. home dialysis or oxygen, and schemes for prescribing home improvements where quality of housing etc may impact and exacerbate conditions and increase admission risk (often called boilers on prescription or similar). <p>SH advised that some funding had been approved for supporting communities with cost of living rises. Place Board will receive an update on the outcomes.</p> <p>Following an enquiry from SS on undertaking preparatory work around price increases from April 23, WA advised that organisations would receive the usual inflationary uplift.</p> <p>In relation to increased costs for primary care, WA confirmed for AB that practice contracts are negotiated and agreed with any inflationary increases announced after that to be funded locally and likely to cause a financial pressure. Work is taking place collaboratively to look at efficiency and the impact of increasing inflation on costs with actions across Place required to mitigate risks.</p>
2	<p>Place Performance Report: February 2023</p>
	<p>CS presented the February report highlighting that we continue to perform well on Improving Access to Psychological Therapies (IAPT), although cancer remains challenging with Rotherham below national targets on the 62-day performance and 31-day standard.</p> <p>In relation to referral to treatment (RTT), we normally perform well compared to the national position but numbers dipped in December. Waiting list numbers remain more stable with 78 patients waiting over 78 weeks which is below the national position. There are currently 3 patients who have waited over 104 weeks, none of these are Rotherham hospital patients. Rotherham remains on track to eliminate waits by March.</p> <p>Place Board noted the performance report for February.</p>

UNAPPROVED

3	2022-23 Quarter 2 Prescribing Report
<p>SLa reported that Rotherham’s cost growth is 1.44% which is within the budget uplift of 2.1% and below that for England and Yorkshire and Humber. Prescribing costs have increased mainly due to No Cheaper Stock Obtainable (NCSO) issues in the first six months of this period. Other cost growth is attributed to diabetes drugs where we have seen a 14% increase in the number of patients diagnosed over the last 3 years. Oral anticoagulants continue to show strong cost growth and an increase in items whilst HRT sees strong volume growth with limited availability adding to cost growth.</p> <p>The cost efficiency programme has delivered savings of £295k, but it is proving more difficult to find areas to target. Pilot projects around diabetes and weight loss are being developed as well as developing interventions throughout pathway to look at inequity across practices.</p> <p>Dieticians are now prescribing nutritional products for those on the infant feeding pathway requiring specialist infant formula feeds and this is service model is being extended to include the management of infant reflux issues, which will also prevent endoscopies.</p> <p>The antibiotic project to work closely with six Rotherham practices that had the highest volume of antibiotic prescribing was stalled due to Strep A but continues to remain relevant and will be launched in the near future.</p> <p>Rotherham has some of the lowest costs in the country for continence and stoma products. The service led by the continence team and prevent hospital admissions.</p> <p>Work continues on the age-related macular degeneration (AMD) pathway and Rotherham hospital is understood to be the highest user of the biosimilar ranibizumab (Lucentis) in the country creating substantial savings.</p> <p>MW explained that TRFT will have a large efficiency programme next year and will embrace working collaboratively to investigate using other biosimilar options that can safely realise savings. It was also noted that further work could be considered around continence and dietetics.</p> <p>Discussion followed around how learning can be shared across South Yorkshire to achieve savings and improvement.</p> <p>Place Board noted the position, thanked SLa and his team and welcomed the excellent work being undertaken.</p>	
4	Quality, Patient Safety and Experience Dashboard – December 2022
<p>SC presented the December report for information. The report highlights key issues in the first part and more detailed information in the second section. As requested previously, it also now included a map of the borough identifying care homes.</p> <p>Members complimented the content and level of information contained which has been developed over recent months and asked that thanks be conveyed to the team.</p>	
5	Minutes and Action Log from 16 November 2022 Meeting
<p>The minutes from the November meeting were accepted as a true and accurate record.</p>	

UNAPPROVED

The action log was reviewed and up to date. It was noted that CE has asked Ruth Nutbrown to attend Place Board in March to discuss handling risk.	
6	Communication to Partners
None.	
7	Risks and Items for Escalation
A risk had been identified in the confidential session around potential changes to accessing same day GP appointments. Discussions are underway.	
8	Future Agenda Items:
<p>Future Agenda Items</p> <ul style="list-style-type: none"> - Targeted Lung Checks - Handling Place Risks – CE/RN – (Mar) <p>Standing Items</p> <ul style="list-style-type: none"> - Rotherham Place Performance Report 	
9	Date of Next Meeting
The next meeting will take place on Wednesday 15 March 2023 from 10.15am – 11am in Elm Room, Oak House, Bramley, Rotherham S66 1WB.	

UNAPPROVED

Membership

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, 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
Sheila Lloyd	Chief Executive (Acting)	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust
Lydia George	Strategy & Delivery Lead	NHS South Yorkshire Integrated Care Board
Suzanne Joyner	Director of Children's Services	Rotherham Metropolitan Borough Council
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care	Rotherham Metropolitan Borough Council
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

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 Apr 23).	JPa	Amber	Scheduled on forward agenda for March 2023
15-Feb-22			No Actions			