

Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15am – 11.00am
Date of Meeting:	Wednesday 19 April 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 – April 2023	10 mins	CS	Enc 1
2	Review of ICB Risk Register (<i>Ruth Nutbrown/Alison Hague</i>)	15 mins	RN	Enc 2i & 2ii
Standard Items				
3	Minutes and Action Log from 15 March 2023 Meeting	5 mins	Chair	Enc 3i & 3ii
4	Communication to Partners	5 mins	Chair	Verbal
5	Risks and Items for Escalation	5 mins	Chair	Verbal
6	Future Agenda Items: <ul style="list-style-type: none"> • Targeted Lung Health Checks (May) Standing Items <ul style="list-style-type: none"> • Rotherham Place Performance Report • Risk Register (<i>monthly review with deep dive quarterly</i>) • Place Prescribing Report (May) 			
7	Date of Next Meeting: Wednesday 17 May 2023 at 10:15am.			

Glossary

A&E	Accident and Emergency
BAME	Black Asian and Minority Ethnic
BCF	Better Care Fund
C&YP	Children and Young People
CAMHS	Child and Adolescent Mental Health Services
CHC	Continuing Health Care
COI	Conflict of Interest
CQC	Care Quality Commission
DES	Direct Enhanced Service
DTOC	Delayed Transfer of Care
EOLC	End of Life Care
FOI	Freedom of Information
H&WB	Health and Wellbeing
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IDT	Integrated Discharge Team
JFP	Joint Forward Plan
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
KLOE	Key Lines of Enquiry
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review
LES	Local Enhanced Service
LIS	Local Incentive Scheme
LOS	Length of Stay
LTC	Long Term Conditions
MMC	Medicines Management Committee
MOU	Memorandum of Understanding
NHS LTP	NHS Long Term Plan
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OD	Organisational Development
PCN	Primary Care Network
PTS	Patient Transport Services
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
QOF	Quality Outcomes Framework
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
RHR	Rotherham Health Record
RLSCB	Rotherham Local Safeguarding Childrens Board
RMBC	Rotherham Metropolitan Borough Council
RPCCG	Rotherham Primary Care Collaborative Group
RTT	Referral to Treatment
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Officer
TRFT	The Rotherham NHS Foundation Trust
UECC	Urgent and Emergency Care Centre
VAR	Voluntary Action Rotherham
VCS	Voluntary and Community Sector
VCSE	Voluntary, Community and Social Enterprise sector
YAS	Yorkshire Ambulance Service

**South Yorkshire Integrated Care Board
Rotherham Place Performance Report for 2023/24**

April 2023

Rotherham Place Delivery Dashboard - April 2023

Performance Comparison - Rotherham Place/FT v National

January 2023

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	17.30%	30.77%	0 out of 106	25th out of 106
RTT	92%	65.83%	58.31%	0 out of 106	17th out of 106
IAPT 6 Week Wait*	75%	97.00%	89.70%	91 out of 106	34th out of 106

*IAPT Figures are as at December 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 - April 2023

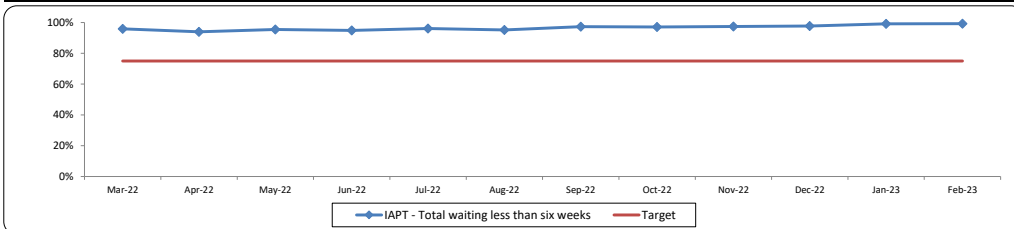
IAPT 6 Week Wait

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 February was 99.3%. This is above the standard of 75%. January performance was 99.2%.

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

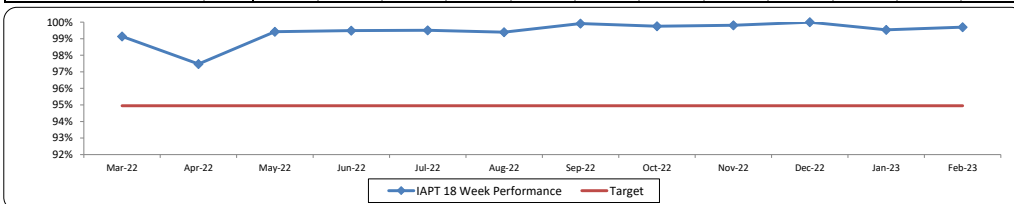
		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
6 Week Waiting List Performance	Actual	95.9%	94.0%	95.4%	94.9%	96.1%	95.2%	97.3%	97.1%	97.4%	97.7%	99.2%	99.3%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



IAPT 18 Week Wait

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

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



IAPT Supporting Narrative

Local comparison (published data December 22) shows the following benchmark position against Rotherham Place 97%

- Barnsley – 96%
- Bassetlaw – 99%
- Doncaster – 85%
- Sheffield – 99%
- National – 89.7%

Rotherham Place Delivery Dashboard - April 2023

Cancer Waits

In January the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 57.6% for Rotherham Place. December performance was 60.4%. 62 day performance did not meet the national standard at the Rotherham Foundation Trust with performance at 64.7% in January and 67.6% in December.

The 31 day standard was not achieved in January, with performance at 90.4% against the standard of 96%. December performance was 93.2%

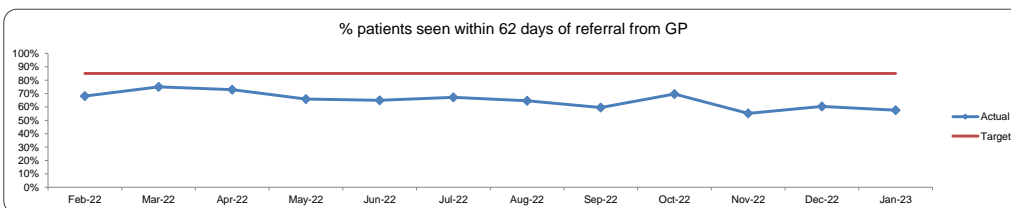
The two week wait cancer standard was not achieved in January with performance of 89.4% against the 93% standard. The two week wait standard for breast symptoms was also not achieved with performance at 89.8% against the 93% standard.

National 62 day performance in January was 54.4%.

	Nov-22	Dec-22	Jan-23
2 week wait	●	●	●
28 Day	●	●	●
31 day	●	●	●
62 day	●	●	●

Focus on - Cancer

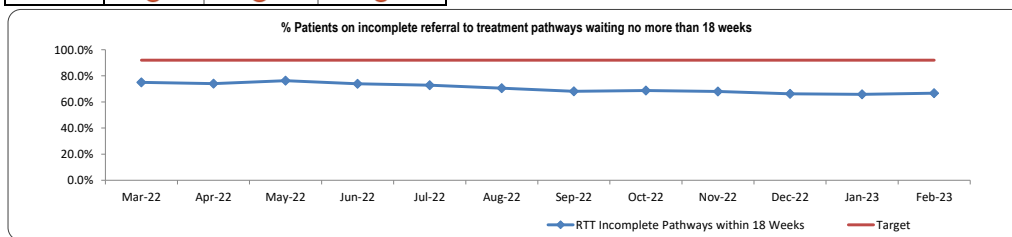
	Target	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
% patients referred within 2 weeks of referred urgently by a GP	93%	92.5%	90.4%	88.4%	87.1%	73.0%	69.5%	74.5%	70.5%	76.9%	84.4%	88.3%	89.4%
% patients referred with breast symptoms seen within 2 weeks of referral	93%	81.8%	87.5%	81.6%	85.2%	89.1%	89.2%	82.1%	88.5%	100.0%	93.2%	88.1%	89.8%
28 Day Faster Diagnosis Standard: All Routes	75%	76.0%	75.4%	73.5%	67.6%	68.7%	70.5%	67.9%	63.2%	68.0%	69.1%	65.5%	67.7%
% patients seen within 31 days from referral to treatment	96%	95.3%	93.4%	94.2%	92.0%	95.1%	92.8%	93.3%	91.4%	95.8%	90.6%	93.2%	90.4%
% patients seen within 31 days for subsequent surgery treatment	94%	61.5%	82.6%	62.5%	77.8%	63.6%	77.8%	95.0%	72.2%	80.0%	55.6%	64.7%	81.0%
% patients seen within 31 days for subsequent drug treatment	98%	100.0%	97.8%	90.9%	96.9%	96.0%	96.8%	87.1%	100.0%	93.5%	95.2%	95.7%	81.8%
% patients seen within 31 days for subsequent radiotherapy treatment	94%	91.7%	90.2%	90.0%	95.0%	92.9%	88.1%	87.5%	75.0%	70.3%	87.9%	95.3%	41.4%
% patients seen within 62 days of referral from GP	85%	68.1%	75.0%	72.9%	65.9%	65.0%	67.2%	64.6%	59.6%	69.6%	55.2%	60.4%	57.6%
% patients seen from referral within 62 days (screening service - breast, bowel and Cervical)	90%	100.0%	91.3%	100.0%	70.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%
% patients seen within 62 days (referral Consultant)		81%	86%	85%	70%	87%	83%	83%	77%	80%	82%	85%	86%



Rotherham Place Delivery Dashboard - April 2023

Referral to Treatment	
RTT Incomplete Pathways did not meet the 92% standard in February at 66.7%, based on provisional data. The position for January was 65.8%.	
There were 572 waiters over 52 weeks in February;	
236 at Sheffield Teaching Hospitals NHS Foundation Trust,	
228 at Rotherham NHS Foundation Trust,	
56 at Sheffield Children's NHS Foundation Trust,	
28 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust,	
3 at Manchester University NHS Foundation Trust, 2 at United Lincolnshire Hospitals NHS Trust, 2 at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, 2 at Hull University Teaching Hospitals NHS Trust, 2 at Mid Yorkshire Hospitals NHS Trust, 1 at Royal National Orthopaedic Hospital NHS Trust, 1 at Chesterfield Royal Hospital NHS Foundation Trust, 1 at St Hugh's Hospital, 1 at Bedfordshire Hospitals NHS Foundation Trust, 1 at Park Hill Hospital, 1 at Mid and South Essex NHS Foundation Trust, 1 at Spamedica Sheffield, 1 at University Hospitals of North Midlands NHS Trust, 1 at Clarendon Private Hospital, 1 at Bradford Teaching Hospitals NHS Foundation Trust, 1 at Leeds Teaching Hospitals NHS Trust, 1 at Nuffield Health Leeds Hospital, 1 at Nottingham University Hospitals NHS Foundation Trust	

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



	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
RTT Incomplete Pathways within 18 Weeks	92%	75.0%	74.1%	76.3%	73.9%	72.9%	70.5%	68.1%	68.7%	68.0%	66.2%	65.8%	66.7%
RTT Incomplete Pathways over 52 Weeks	0	264	282	311	377	409	470	496	529	542	548	582	572
RTT Incomplete Pathways over 65 Weeks	0	87	105	106	117	132	153	174	180	189	194	185	173
RTT Incomplete Pathways over 78 Weeks	0	28	36	40	37	47	51	51	59	62	78	72	65
RTT Incomplete Pathways over 104 Weeks	0	8	7	5	2	4	1	1	1	1	3	3	4

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

	% Over 13 Weeks	Nov-22	Dec-22	Jan-23	Feb-23	Target
All specialities - total incomplete	45.9%	68.0%	66.2%	65.8%	66.7%	92%
Cardiology	41.1%	74.1%	72.5%	70.2%	72.5%	92%
Cardiothoracic Surgery	43.2%	79.5%	75.3%	76.0%	72.6%	92%
Dermatology	56.6%	54.3%	53.1%	53.2%	56.5%	92%
Ear, Nose & Throat (ENT)	39.9%	79.6%	77.0%	82.3%	79.6%	92%
Gastroenterology	21.0%	81.3%	83.6%	85.1%	88.1%	92%
General Medicine	14.3%	83.9%	87.8%	87.5%	88.1%	92%
General Surgery	52.4%	64.7%	60.8%	59.8%	59.4%	92%
Geriatric Medicine	13.7%	97.4%	97.4%	97.5%	96.8%	92%
Gynaecology	51.5%	60.4%	57.8%	60.6%	60.2%	92%
Neurology	63.1%	61.0%	52.3%	49.3%	48.1%	92%
Neurosurgery	56.6%	56.2%	54.0%	58.1%	55.1%	92%
Ophthalmology	52.2%	64.9%	61.9%	57.2%	59.0%	92%
Other - Medical Services	34.5%	79.2%	77.9%	75.6%	79.2%	92%
Other - Mental Health Services	0.0%	0.0%	100.0%	100.0%	100.0%	92%
Other - Paediatric Services	43.0%	66.8%	66.9%	68.9%	71.3%	92%
Other - Surgical Services	38.2%	74.6%	74.4%	74.1%	72.8%	92%
Other - Other Services	14.5%	89.4%	86.4%	88.2%	92.1%	92%
Plastic Surgery	54.5%	66.0%	60.3%	63.3%	57.9%	92%
Rheumatology	13.5%	94.5%	94.3%	96.5%	96.5%	92%
Thoracic Medicine	28.5%	81.9%	81.5%	79.8%	81.9%	92%
Trauma & Orthopaedics	58.2%	56.7%	54.6%	52.3%	52.7%	92%
Urology	36.8%	79.2%	78.6%	78.7%	78.1%	92%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham Place	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of Pathways	26069	26159	26279	27874	29072	29268	29706	30282	29953	29794	30177	30411
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	9250	9340	9460	11055	12253	12449	12887	13463	13134	12975	13358	13592

RTT Supporting Narrative

Latest provisional data for February shows 18 specialities under the 92% standard, with just Geriatric Medicine (96.8%), Rheumatology (96.5%), Other – Mental Health Services (100%) and Other – Other Services (92.1%) meeting the Standard.

Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in January (65.8%): Barnsley – 75.3% / Bassetlaw – 64.1% / Doncaster – 63.2% / Sheffield – 66.9% / National – 58.3%

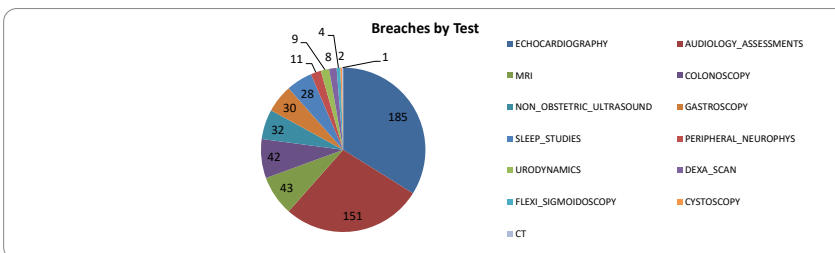
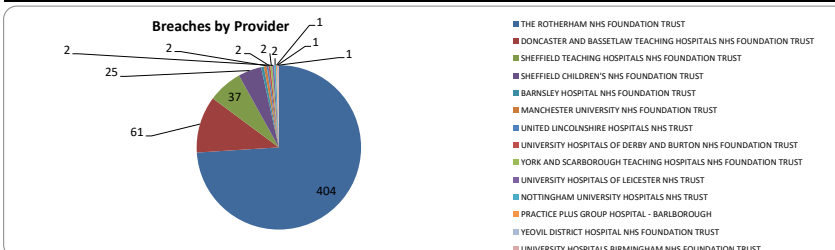
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information. Further guidance on waiting list size is expected following the COVID outbreak.

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 - April 2023

Diagnostic Waiting Times	
Provisional performance in February of 9% exceeds the <1% standard.	
546 Breaches occurred in February:	
404 at The Rotherham NHS Foundation Trust (181 Echocardiography, 139 Audiology_Assessments, 37 Colonoscopy, 23 Gastroscopy, 18 Sleep Studies, 3 Flexi_Sigmoidoscopy, 2 Cystoscopy, 1 Urodynamics)	
61 at Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust (23 MRI, 12 Non_Obstetric Ultrasound, 12 Audiology_Assessments, 8 Dexa_Scan, 2 Colonoscopy, 2 Peripheral_Neurophys, 1 Echocardiography, 1 Flexi_Sigmoidoscopy)	
37 at Sheffield Teaching Hospitals NHS Foundation Trust (18 Non_Obstetric_Ultrasound, 9 Peripheral_Neurophys, 3 MRI, 3 Urodynamics, 2 Colonoscopy, 1 Gastroscopy, 1 CT)	
25 at Sheffield Children's NHS Foundation Trust (10 Sleep_Studies, 5 Urodynamics, 5 Gastroscopy, 4 MRI, 1 Colonoscopy)	
3 at Manchester University NHS Foundation Trust (2 MRI, 1 Non_Obstetric_Ultrasound)	
3 at Barnsley Hospital NHS Foundation Trust (3 MRI)	
2 at University Hospitals of Leicester NHS Trust (1 Gastroscopy, 1 MRI)	
2 at University Hospitals of Derby and Burton NHS Foundation Trust (2 MRI)	
2 at York and Scarborough Teaching Hospitals NHS Foundation Trust (1 MRI, 1 Non_Obstetric_Ultrasound)	
2 at United Lincolnshire Hospitals NHS Trust (2 Echocardiography)	
2 at Nottingham University Hospitals NHS Trust (2 MRI)	
1 at University Hospitals Birmingham NHS Foundation Trust (1 MRI)	
1 at Practice Plus Group hospital – Barlborough (1 MRI)	
1 at Yeovil District Hospital NHS Foundation Trust (1 Echocardiography)	

	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	9.3%	11.2%	11.4%	12.8%	14.2%	17.1%	15.7%	12.5%	12.3%	19.3%	17.3%	9.0%



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

February-23 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	707	43	6.08%
Computed Tomography	953	1	0.10%
Non-obstetric ultrasound	1812	32	1.77%
Barium Enema	0	0	0.00%
DEXA Scan	193	8	4.15%
Audiology - Audiology Assessments	419	151	36.04%
Cardiology - echocardiography	977	185	18.94%
Cardiology - electrophysiology	0	0	0.00%
Neurophysiology - peripheral neurophysiology	31	11	35.48%
Respiratory physiology - sleep studies	196	28	14.29%
Urodynamics - pressures & flows	21	9	42.86%
Colonoscopy	270	42	15.56%
Flexi sigmoidoscopy	90	4	4.44%
Cystoscopy	66	2	3.03%
Gastroscopy	343	30	8.75%
Total Diagnostics	6078	546	8.98%

Rotherham Place Delivery Dashboard - April 2023

Eliminating Mixed Sex Accommodation													
There was 1 breach of this standard in January 2023.													
	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
Number of mixed sex accommodation breaches (commissioner)	0%	0	0	2	0	2	0	1	2	0	1	2	1

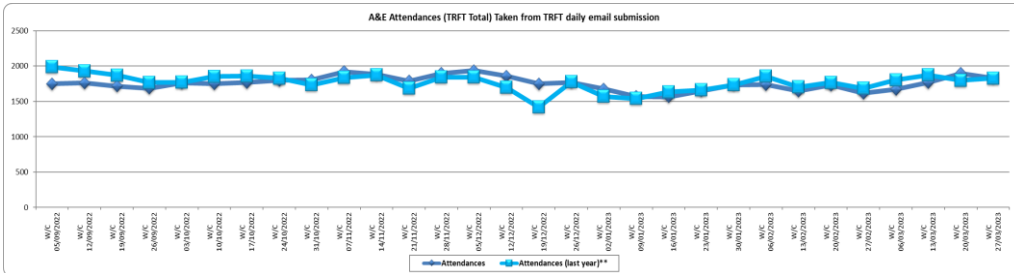
Incidence of C.diff	
Performance for Rotherham Place overall in February was 7 cases. 3 cases in February occurred at Rotherham FT. In the YTD there have been a total of 57 cases.	
Rotherham FT performance for February is 2 cases and 29 in the YTD.	

	Dec-22	Jan-23	Feb-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	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	Q4 2022/23
Percentage of equipment delivered within 18 weeks	92%	100.0%	100.0%	96.3%	100.0%	100.0%	100.0%	100.0%	98.7%	99.1%	97.9%	98.0%

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 27th March 2023 was 1830 which is 0.2% More than during the same period last year.	



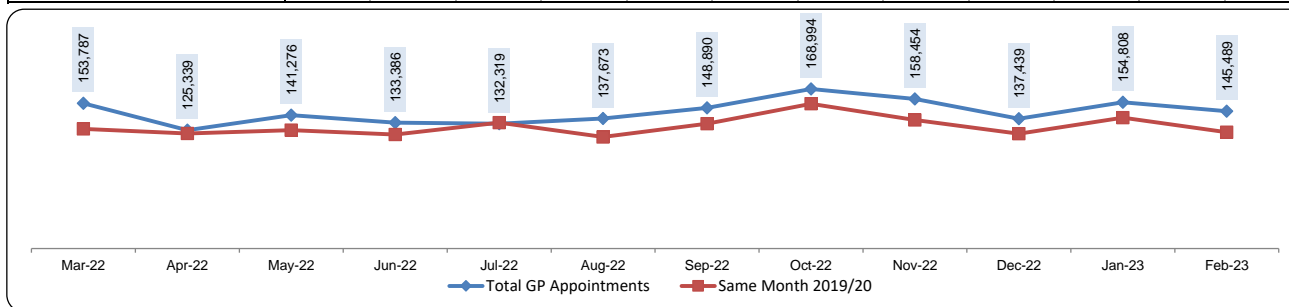
YAS		
Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight minute response time for category 1 incidents no longer exists.		
YAS as an organisation achieved a mean of 8 minutes 25 seconds for category 1 calls in February. The position in January was 8 minutes 26 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in March was 62.8% an increase from February performance at 48.1%.		
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)												
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Category 1	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	00:08:25
Category 2	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	00:27:35
Category 3	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	03:08:19
Category 4	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	03:34:22

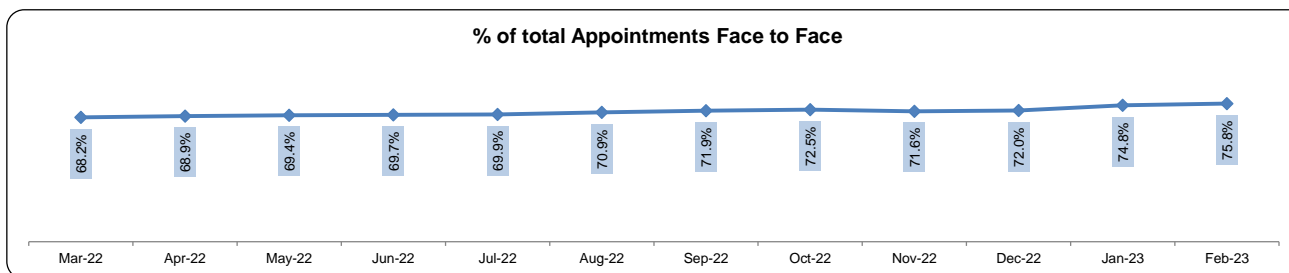
Handovers at TRFT												
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% Handovers WITHIN 15 minutes	42.1%	41.1%	43.7%	43.6%	45.3%	37.8%	39.4%	37.1%	34.6%	55.4%	48.1%	62.8%
% Handovers OVER 30 minutes	26.2%	26.8%	23.6%	25.7%	23.7%	34.2%	31.0%	38.3%	43.4%	18.3%	24.8%	15.0%
% Handover OVER 60 minutes	11.9%	12.3%	9.8%	10.4%	9.8%	19.0%	15.5%	21.1%	29.0%	8.8%	12.9%	4.9%
Number of ambulance handovers OVER 60 minutes (RFR)	201	226	170	186	169	314	257	358	507	145	202	95

GP Appointments

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Total GP Appointments	153,787	125,339	141,276	133,386	132,319	137,673	148,890	168,994	158,454	137,439	154,808	145,489
Same Month 2019/20	126,624	121,841	125,288	120,679	133,262	118,209	132,295	153,265	136,082	121,642	138,604	123,200
Variance to same month 2019/20	27163	3498	15988	12707	-943	19464	16595	15729	22372	15797	16204	22289



	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
% of total Appointments Face to Face	68.2%	68.9%	69.4%	69.7%	69.9%	70.9%	71.9%	72.5%	71.6%	72.0%	74.8%	75.8%



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	Nov-22	Dec-22	Jan-23	Feb-23	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	78.20%	78.00%	77.90%	78.70%	66.70%
Protecting People From Avoidable Harm	Dec-22	Jan-23	Feb-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)	4	9	7	57	Actual
	4	4	4	45	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	2	5	2	29	Actual
	2	3	2	19	Plan
Mental Health: Monthly Indicators	Dec-22	Jan-23	Feb-23	2022/23 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	15.6%	17.2%	18.4%	18.4%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	55.45%	53.10%	63.43%	55.78%	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 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	Target
Proportion entering treatment waiting two weeks or less	67%	80%	73%	56%	60.0%
Care Program Approach (CPA)	Nov-22	Dec-22	Jan-23	Feb-23	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	100%	83%	88%	96%	95.0%

Health Outcomes

CYP Access (1+ contacts)	Sep-22	Oct-22	Nov-22	Dec-22	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4715	4705	4740	4675	4250

Perinatal Access (No. of Women)	Sep-22	Oct-22	Nov-22	Dec-22	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	240	240	240	235	TBC

Discharges follow up in 72 hours	Sep-22	Oct-22	Nov-22	Dec-22	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	83%	97%	83%	94%	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)	Sep-22	Oct-22	Nov-22	Dec-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)	2545	2515	2505	2465	TBC

Individual Placement Services					
Place holder - content TBC					

Learning Disability Annual Health Checks	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Checks	105	128	106	224	172
Register	1739	1739	1739	1739	1739
Trajectory	103	103	103	140	140

2 Hour Urgent Community Response	Oct-22	Nov-22	Dec-22	Jan-23	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	77%	76%	74%	87%	70%

Virtual Ward					
Place holder - content TBC					

BCF

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

ACS Admissions		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Number of Ambulatory Care Sensitive Admissions	Actual	239	269	271	286	260
	Target	243	228	211	246	243
Discharges to Usual Place of Residence		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
% Discharged to Usual Place of Residence	Actual	93.9%	93.1%	94.1%	93.0%	94.2%
	Target	93.8%	93.8%	93.8%	94.0%	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.

		05-Mar	12-Mar	19-Mar	26-Mar
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	South Yorkshire and Bassetlaw	13.0%	14.8%	13.1%	13.7%
	Barnsley Hospital NHS Foundation Trust	11.5%	8.9%	0.0%	6.3%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	16.2%	17.5%	15.6%	12.9%
	Sheffield Teaching Hospitals NHS Foundation Trust	15.9%	18.1%	17.4%	17.4%
	The Rotherham NHS Foundation Trust	0.0%	6.2%	7.8%	9.7%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	South Yorkshire and Bassetlaw	26.2%	36.5%	31.7%	30.1%
	Barnsley Hospital NHS Foundation Trust	0.0%	0.0%	-	0.0%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	11.9%	8.5%	9.6%	5.1%
	Sheffield Teaching Hospitals NHS Foundation Trust	38.0%	57.4%	41.2%	40.7%
	The Rotherham NHS Foundation Trust	-	8.0%	25.0%	35.0%
Number of patients who did not meet the criteria to reside in hospital but continued to reside (7 day average) (all LOS)	South Yorkshire and Bassetlaw	450	510	432	520
	Barnsley Hospital NHS Foundation Trust	59	86	-	72
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	132	125	119	116
	Sheffield Teaching Hospitals NHS Foundation Trust	260	259	270	285
	The Rotherham NHS Foundation Trust	-	40	43	46

Glossary

A&E	Accident and Emergency
ACS	Ambulatory Care Sensitive
BCF	Better Care Fund
CPA	Care Programme Approach
CT	Computed Tomography (Scan)
C&YP	Children and Young People
ED	Eating Disorder
EIP	Early Intervention and Psychosis
GP	General Practitioner
HCAI	Health Care Associated Infection
IAPT	Improving Access to Psychological Therapies
LOS	Length of Stay
MH	Mental Health
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus Aureus
NHS	National Health Service
OAP	Out of Area Placements
PH SMI	Physical Health Checks for people with serious mental health illness
RFT	Rotherham Foundation Trust
RP	Reporting period
RTT	Referral to Treatment
TBC	To Be Confirmed
TRFT	The Rotherham Foundation Trust
UCR	Urgent Community Response
YAS	Yorkshire Ambulance Service
YDT	Year to Date

ROTHERHAM PLACE BOARD

Risk Management for Rotherham Place Board (ICB Committee Business) 19 April 2023

Author(s)	Ruth Nutbrown – Head of Governance & Risk ICB
Sponsor Executive	Mark Janvier – Director of Corporate Governance & Board Secretary
Purpose of Paper:	
To review and discuss with members the first “deep dive” 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 2022. 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. This is the first programmed deep dive on 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 review and discussion
Paper is for Review and Discussion

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Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 15 March 2023
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:	Wendy Allott, Chief Finance Officer – (Roth), NHS SY ICB Shafiq Hussain, Chief Executive, VAR Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RPCCG Cllr David Roche, Joint Chair, Health & Wellbeing Board, RMBC Dr Neil Thorman, Primary Care Representative Julie Thornton, Care Group Director (Roth), RDaSH
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. As a primary care services provider, a <i>specific interest</i> was declared by Dr Anand Barmade in relation to <i>Item 3 Enhanced Access Arrangements & Item 4 Local Enhanced Services Refresh</i> .
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member

Members Present:

Chris Edwards (**CE**), Chairing, Executive Place Director - Rotherham, NHS South Yorkshire Integrated Care Board (ICB)

Sue Cassin (**SC**), Chief Nurse - Rotherham, NHS South Yorkshire ICB

Dr Jason Page (**JPa**), Medical Director, NHS SY ICB

Shahida Siddique (**SS**), Independent Non Exec Member, NHS South Yorkshire, ICB

Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS South Yorkshire ICB

Participants:

Ben Anderson (**BA**), Director of Public Health, RMBC

Dr Anand Barmade (**AB**), Medical Director, Connect Healthcare Rotherham

Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB

Gordon Laidlaw (**GL**), Head of Communications (Roth), NHS SY ICB

Shahida Siddique (**SS**), Independent Non-Executive Member, NHS South Yorkshire ICB

Ian Spicer (**IS**), Strategic Director of Adult Care, RMBC

Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust

Ruth Nutbrown (**RN**), Head of Governance and Risk, NHS South Yorkshire ICB (Item 2)

Alison Hague (**AH**), Corporate Services Manager, NHS South Yorkshire ICB (Item 2)

Jacqui Tuffnell (**JT**), Head of Commissioning, NHS South Yorkshire ICB (Item 3 & 4)

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In Attendance:

Leonie Weiser, Policy & Partnerships Officer, RMBC

Nick Simkins, Client Manager, 360 Assurance

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

Item Number	Discussion Items
1	<p>Place Performance Report: March 2023</p>
	<p>CS gave highlights from this month's performance report.</p> <p>Strong performance continues with Improving Access to Psychological Therapies (IAPT) with Rotherham performance around 98/99% against the national target of 75% for the 6-week waiting time for treatment. Although significant actions are being taken to improve access to this service.</p> <p>Cancer times remain challenging with a dip in the 28-day faster diagnosis but improvement has been seen from the December position for 62 days. Referral to treatment has been a little more challenging but Rotherham remains above the national position. Diagnostics also worsened for a while with echo and endoscopy being the areas of challenge.</p> <p>JP reported that across South Yorkshire the urology pathway was most pressured with changes for improvement being implemented. There were also issues with non-surgical oncology. Place Board will be kept updated.</p> <p>Noting a drop in the discharge rates in January, MW advised that work is being undertaken collectively to improve the position. Acknowledging the additional investment from NHS England, it will be important to ensure the Trust can achieve the required 92% bed occupancy rates. For assurance, it was noted that the Urgent and Emergency Care Board is looking at how we will use the monies for delivery and capacity and command services to use across health and social care.</p> <p>CS advised that the performance report will be expanded to include virtual wards and readmission figures going forward. SC highlighted that looking at readmission rates alongside discharge processes will be important and is a good quality indicator.</p> <p>The performance report was well received. Going forward Place Board will see virtual ward indicators and readmission rates as well as work undertaken on key national indicators. Noting the acronyms contained within the report which is shared in the public domain it was agreed that a glossary should be added in future. Consideration will also be given to adding a glossary as a routine part of the Place Board agenda.</p> <p style="text-align: right;">Action: CS/LG</p>
2	<p>Risk Management for Rotherham Place</p>
	<p>RN explained that work has been undertaken to bring together risks from the former South Yorkshire Clinical Commissioning Groups and to develop a risk assurance framework for the ICB. A full register of risks and an issues log will be provided, some of which will specifically relate to Rotherham. Place Board members (except SS) had previously reviewed and discussed the documents in detail.</p>

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It was noted that not all four places have the same risks. Risks relative to Rotherham, including risk scores, will be reviewed at place level and will be a standing item on the ICB session of Place Board on a monthly basis with a deep dive undertaken quarterly.
Action: RN/LG (for agenda)

CE thanked RN and AH for attending. Place members still have the opportunity to review the proposed framework and feedback to the ICB. CE advised that Place Board would welcome an update on comments received from the other Place Boards that inform future iterations.

RN & AH left the meeting at this point.

3	Enhanced Access Arrangements 2023-24
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JT advised that from October 2022, the responsibility for commissioning enhanced access is with Primary Care Networks as it is part of the PCN Direct Enhanced Services, however plans are still required to be approved by commissioners. In Rotherham the requirement is 267 hours per week. The proposals made exceeded the requirement and will see 286.75 hours per week thereby achieving 60 minutes per 1000 patients.

Five PCNs are proposing to change location for the delivery of same day access services from Ridgeway to Rawmarsh Health Centre and with an increase in hours for Rother Valley South, delivery hours will increase to 385 hours per week.

JT highlighted the small risk that patients may initially attend the wrong premises as they are now used to attending Ridgeway medical centre, however timely communication to patients is planned to mitigate this possibility.

Members welcomed the positive news in increasing appointments for Rotherham patients and that the services will be delivered from more modern and accessible premises, as well as supporting practices with capacity issues. Changes will commence from 3 April 2023.

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

In the meantime, GL is liaising with and advising practices on how best to communicate the changes with patients.

Noting a conflict of interest for Dr Anand Barmade as a current primary care provider in Rotherham, AB took no part in the discussion but remained in the room.

4	Local Enhanced Services (LES) Refresh – 2023-24
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JT advised members that an annual review of contracts had taken place of all local enhanced service contracts. These are additional to core practice work. In Rotherham there are 16 GP LES contracts, two optometry and two pharmaceutical. Following the review and discussions with the local LMC, LPC and LOC changes were agreed to the specifications which will support relieving pressure on secondary care services.

The primary care delivery group supported the changes and the Integrated Care Board subsequently approved them.

Members noted the agreed changes for information.

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<i>Noting a conflict for Dr Anand Barmade as a current primary care provider in Rotherham, AB took no part in the discussion but remained in the room.</i>	
5	Quality, Patient Safety and Experience Dashboard Report – Feb 23
<p>SC presented the report of business activity covering the quality agenda.</p> <p>Members noted the contents of this month’s report and as discussed earlier in the meeting it was agreed that this report would benefit from the addition of a glossary in future.</p> <p style="text-align: right;">Action: SC</p>	
6	Minutes and Action Log from 15 February 2023 Meeting
<p>The minutes from the February meeting were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date.</p>	
7	Communication to Partners
None.	
8	Risks and Items for Escalation
None.	
9	Future Agenda Items:
<p>Future Agenda Items</p> <ul style="list-style-type: none"> – Targeted Lung Checks (Apr) – ICP Strategy – for information (Apr) <p>Standing Items</p> <ul style="list-style-type: none"> – Rotherham Place Performance Report – Risk Register (Monthly) 	
10	Date of Next Meeting
<p>The next meeting will take place on Wednesday 19 April 2023 from 10.15am – 11am in Elm Room, Oak House, Bramley, Rotherham S66 1WB.</p>	

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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 May 2023
15-Mar-22	1	Place Performance Report	A glossary of acronyms will be added to the report	CS/LG	Green	
15-Mar-22	2	Risk Register	The ICB Risk Register will be a monthly standing agenda item with a deep dive into Rotherham specific risks undertaken quarterly.	RN	Green	Scheduled on forward agenda
15-Mar-22	5	Quality, Patient Safety & Experience Report	A glossary of acronyms to be added to the report	SC	Green	