



## Agenda

Title of Meeting:	<b>Rotherham Place Board: ICB Business</b>
Time of Meeting:	10.15am – 11.00am
Date of Meeting:	Wednesday 17 May 2023
Venue:	Elm Room, Oak House, Moorhead Way, Bramley S66 1YY
Chair:	<b>Chris Edwards</b> /Sharon Kemp
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> / Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

Apologies:	R Jenkins, TRFT Ben Anderson, RMBC
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	Monthly Performance Report	15 mins	CS	Enc 1
2	Quality, Patient Safety and Experience Dashboard	10 mins	SC	Enc 2
3	Place Prescribing Report (Quarter 3)	10 mins	SL	Enc 3
4	Joint Capital Resource Use Plan	5 mins	CE	Enc 4
5	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – for information	5 mins	CE	Enc 5
<b>Standard Items</b>				
6	Minutes and Action Log from 19 April 2023 Meeting	5 mins	Chair	Enc 6i & 6ii
7	Communication to Partners	5 mins	Chair	Verbal
8	Risks and Items for Escalation		Chair	Verbal
9	Future Agenda Items: Targeted Lung Health Checks (tba – JP)  Standing Items <ul style="list-style-type: none"> <li>• Rotherham Place Performance Report</li> <li>• Risk Register (<i>monthly for information, quarterly review</i>)</li> <li>• Place Prescribing Report (May)</li> </ul>			
10	Date of Next Meeting: Wednesday <b>21 June 2023</b> at 10:15am.			

## Glossary

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



**South Yorkshire**  
Integrated Care Board

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

**May 2023**

### Rotherham Place Delivery Dashboard - May 2023

Performance Comparison - Rotherham Place/FT v National

February 2023

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	8.98%	25.12%	0 out of 106	11th out of 106
RTT	92%	66.68%	58.49%	0 out of 106	15th out of 106
IAPT 6 Week Wait*	75%	96.00%	90.10%	90 out of 106	43rd out of 106

\*IAPT Figures are as at January 2023

#### 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 - May 2023

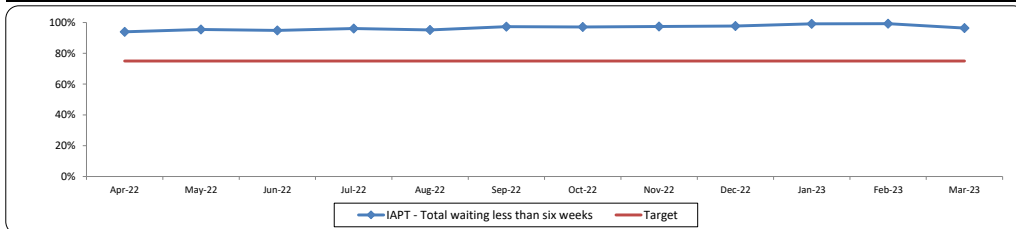
#### IAPT 6 Week Wait

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 March was 96.4%. This is above the standard of 75%. February performance was 99.3%.

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

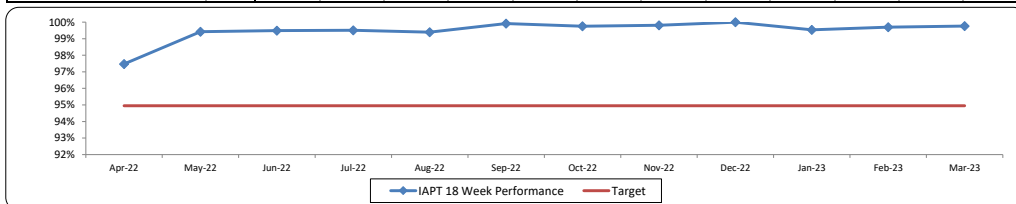
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
6 Week Waiting List Performance	Actual	94.0%	95.4%	94.9%	96.1%	95.2%	97.3%	97.1%	97.4%	97.7%	99.2%	99.3%	96.4%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



#### IAPT 18 Week Wait

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

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



#### IAPT Supporting Narrative

Local comparison (published data January 23) shows the following benchmark position against Rotherham Place 96%

- Barnsley – 92%
- Bassetlaw – 100%
- Doncaster – 88%
- Sheffield – 99%
- National – 90.1%

### Rotherham Place Delivery Dashboard - May 2023

**Cancer Waits**

In February the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 61.1% for Rotherham Place. January performance was 57.6%. 62 day performance did not meet the national standard at the Rotherham Foundation Trust with performance at 64.9% in February and 64.7% in January.

The 31 day standard was not achieved in February, with performance at 93.4% against the standard of 96%. January performance was 90.4%

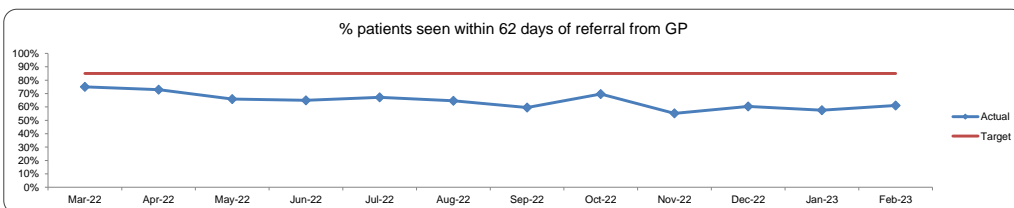
The two week wait cancer standard was not achieved in February with performance of 90.3% against the 93% standard. The two week wait standard for breast symptoms was also not achieved with performance at 82.2% against the 93% standard.

National 62 day performance in February was 58.2%.

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

**Focus on - Cancer**

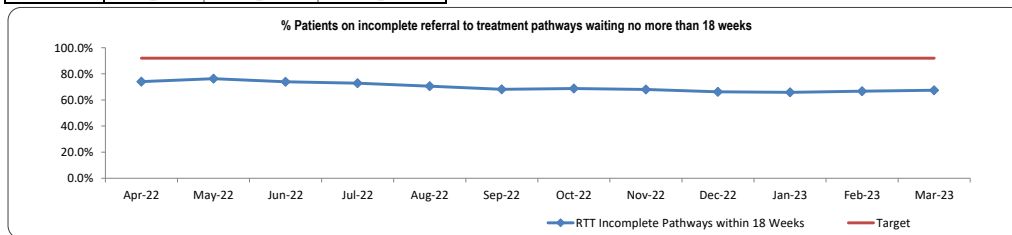
	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
% patients referred within 2 weeks of referred urgently by a GP	93%	90.4%	88.4%	87.1%	73.0%	69.5%	74.5%	70.5%	76.9%	84.4%	88.3%	89.4%	90.3%
% patients referred with breast symptoms seen within 2 weeks of referral	93%	87.5%	81.6%	85.2%	89.1%	89.2%	82.1%	88.5%	100.0%	93.2%	88.1%	89.8%	82.2%
28 Day Faster Diagnosis Standard: All Routes	75%	75.4%	73.5%	67.6%	68.7%	70.5%	67.9%	63.2%	68.0%	69.1%	65.5%	67.7%	74.8%
% patients seen within 31 days from referral to treatment	96%	93.4%	94.2%	92.0%	95.1%	92.8%	93.3%	91.4%	95.8%	90.6%	93.2%	90.4%	93.4%
% patients seen within 31 days for subsequent surgery treatment	94%	82.6%	62.5%	77.8%	63.6%	77.8%	95.0%	72.2%	80.0%	55.6%	64.7%	81.0%	62.5%
% patients seen within 31 days for subsequent drug treatment	98%	97.8%	90.9%	96.9%	96.0%	96.8%	87.1%	100.0%	93.5%	95.2%	95.7%	81.8%	94.1%
% patients seen within 31 days for subsequent radiotherapy treatment	94%	90.2%	90.0%	95.0%	92.9%	88.1%	87.5%	75.0%	70.3%	87.9%	95.3%	41.4%	63.2%
% patients seen within 62 days of referral from GP	85%	75.0%	72.9%	65.9%	65.0%	67.2%	64.6%	59.6%	69.6%	55.2%	60.4%	57.6%	61.1%
% patients seen from referral within 62 days (screening service - breast, bowel and Cervical)	90%	91.3%	100.0%	70.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	85.7%
% patients seen within 62 days (referral Consultant)		86%	85%	70%	87%	83%	83%	77%	80%	82%	85%	86%	82%



### Rotherham Place Delivery Dashboard - May 2023

Referral to Treatment	
RTT Incomplete Pathways did not meet the 92% standard in March at 67.4%, based on provisional data. The position for February was 66.7%.	
There were 593 waiters over 52 weeks in March;	
255 at Sheffield Teaching Hospitals NHS Foundation Trust,	
245 at Rotherham NHS Foundation Trust,	
48 at Sheffield Children's NHS Foundation Trust,	
22 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust,	
4 at Manchester University NHS Foundation Trust, 3 at Park Hill Hospital, 2 at Mid Yorkshire Hospitals NHS Trust, 2 at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, 2 at Liverpool University Hospitals NHS Foundation Trust, 2 at Leeds Teaching Hospitals NHS Trust, 1 at University Hospitals of North Midlands NHS Trust, 1 at Chesterfield Royal Hospital NHS Foundation Trust, 1 at Bedfordshire Hospitals NHS Foundation Trust, 1 at Hull University Teaching Hospitals NHS Trust, 1 at United Lincolnshire Hospitals NHS Trust, 1 at Nottingham University Hospitals NHS Foundation Trust, 1 at Claremont Private Hospital, 1 at Nuffield Health Leeds Hospital	

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



	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
RTT Incomplete Pathways within 18 Weeks	92%	74.1%	76.3%	73.9%	72.9%	70.5%	68.1%	68.7%	68.0%	66.2%	65.8%	66.7%	67.4%
RTT Incomplete Pathways over 52 Weeks	0	282	311	377	409	470	496	529	542	548	582	572	593
RTT Incomplete Pathways over 65 Weeks	0	105	106	117	132	153	174	180	189	194	185	173	127
RTT Incomplete Pathways over 78 Weeks	0	36	40	37	47	51	51	59	62	78	72	65	34
RTT Incomplete Pathways over 104 Weeks	0	7	5	2	4	1	1	1	1	3	3	4	1

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

	% Over 13 Weeks	Dec-22	Jan-23	Feb-23	Mar-23	Target
All specialities - total incomplete	42.9%	66.2%	65.8%	66.7%	67.4%	92%
Cardiology	42.9%	72.5%	70.2%	72.6%	68.4%	92%
Cardiothoracic Surgery	40.2%	75.3%	76.0%	72.6%	72.8%	92%
Dermatology	50.7%	53.1%	53.2%	56.5%	59.3%	92%
Ear, Nose & Throat (ENT)	35.0%	77.0%	82.3%	79.6%	79.5%	92%
Gastroenterology	18.2%	83.6%	85.1%	88.1%	88.1%	92%
General Medicine	6.7%	87.8%	87.5%	88.1%	95.6%	92%
General Surgery	52.0%	60.8%	59.8%	59.4%	60.4%	92%
Geriatric Medicine	23.4%	97.4%	97.5%	96.8%	91.7%	92%
Gynaecology	51.0%	57.8%	60.6%	60.2%	58.5%	92%
Neurology	59.7%	52.3%	49.3%	48.1%	48.5%	92%
Neurosurgery	59.8%	54.0%	58.1%	55.1%	52.7%	92%
Ophthalmology	43.9%	61.9%	57.2%	59.0%	64.4%	92%
Other - Medical Services	32.0%	77.9%	75.6%	79.2%	78.0%	92%
Other - Mental Health Services	100.0%	100.0%	100.0%	100.0%	100.0%	92%
Other - Paediatric Services	41.8%	66.9%	68.9%	71.3%	71.5%	92%
Other - Surgical Services	36.4%	74.4%	74.1%	72.8%	72.2%	92%
Other - Other Services	21.7%	86.4%	88.2%	92.1%	90.8%	92%
Plastic Surgery	40.3%	60.3%	63.3%	57.9%	64.7%	92%
Rheumatology	11.0%	94.3%	96.5%	96.5%	94.8%	92%
Thoracic Medicine	26.0%	81.5%	79.8%	81.9%	83.2%	92%
Trauma & Orthopaedics	55.5%	54.6%	52.3%	52.7%	54.0%	92%
Urology	37.8%	78.6%	78.7%	78.1%	75.7%	92%

#### Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham Place	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of Pathways	26159	26279	27874	29072	29268	29706	30282	29953	29794	30177	30410	30356
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	9340	9460	11055	12253	12449	12887	13463	13134	12975	13358	13591	13537

#### RTT Supporting Narrative

Latest provisional data for March shows 19 specialities under the 92% standard, with just General Medicine (95.6%), Rheumatology (94.8%) 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 February (66.7%): Barnsley – 74% / Bassetlaw – 65.4% / Doncaster – 64.3% / Sheffield – 67.3% / National – 58.5%

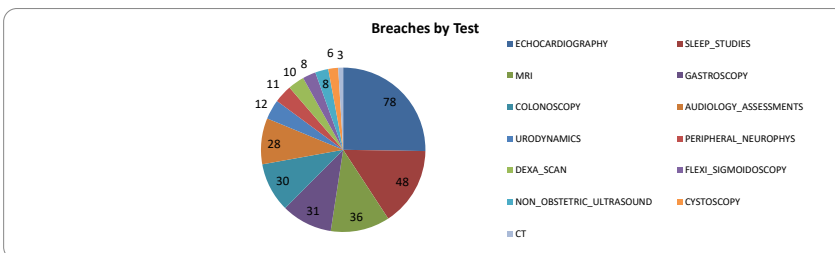
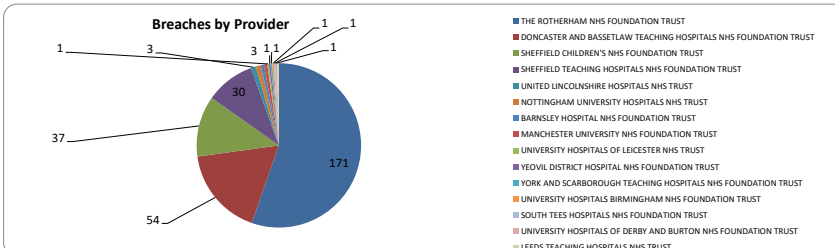
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information. Further guidance on waiting list size is expected following the COVID outbreak.

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 - May 2023

Diagnostic Waiting Times	
Provisional performance in March of 5.1% exceeds the <1% standard.	
309 Breaches occurred in March:	
171 at The Rotherham NHS Foundation Trust (70 Echocardiography, 29 Sleep Studies, 27 Colonoscopy, 16 Gastroscopy, 14 Audiology_Assessments, 6 Flexi_Sigmoidoscopy, 6 Cystoscopy, 3 Urodynamics)	
54 at Doncaster And Bassetlaw Teaching Hospitals NHS Foundation Trust (19 MRI, 13 Audiology_Assessments, 10 Dexa_Scan, 4 Non_Obstetric Ultrasound, 3 Echocardiography, 2 Flexi_Sigmoidoscopy, 2 Gastroscopy, 1 Colonoscopy)	
37 at Sheffield Children's NHS Foundation Trust (17 Sleep_Studies, 7 Gastroscopy, 6 Urodynamics, 4 MRI, 1 Colonoscopy, 1 Audiology_Assessments, 1 Echocardiography)	
30 at Sheffield Teaching Hospitals NHS Foundation Trust (11 Peripheral_Neurophys, 4 Non_Obstetric_Ultrasound, 4 MRI, 3 Urodynamics, 3 Gastroscopy, 3 CT, 2 Sleep_Studies)	
3 at United Lincolnshire Hospitals NHS Trust (2 Echocardiography, 1 MRI)	
3 at Nottingham University Hospitals NHS Trust (2 MRI, 1 Echocardiography)	
2 at Manchester University NHS Foundation Trust (2 MRI)	
2 at Barnsley Hospital NHS Foundation Trust (1 Gastroscopy, 1 Colonoscopy)	
1 at Yeovil District Hospital NHS Foundation Trust (1 Echocardiography)	
1 at University Hospitals of Derby and Burton NHS Foundation Trust (1 MRI)	
1 at University Hospitals of Leicester NHS Trust (1 Gastroscopy)	
1 at South Tees Hospitals NHS Foundation Trust (1 Gastroscopy)	
1 at York and Scarborough Teaching Hospitals NHS Foundation Trust (1 MRI)	
1 at Leeds Teaching Hospitals NHS Trust (1 MRI)	
1 at University Hospitals Birmingham NHS Foundation Trust (1 MRI)	

	Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	11.2%	11.4%	12.8%	14.2%	17.1%	15.7%	12.5%	12.3%	19.3%	17.3%	9.0%	5.1%



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

#### March-23 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	755	36	4.77%
Computed Tomography	898	3	0.33%
Non-obstetric ultrasound	1917	8	0.42%
Barium Enema	0	0	0.00%
DEXA Scan	206	10	4.85%
Audiology - Audiology Assessments	308	28	9.09%
Cardiology - echocardiography	807	78	9.67%
Cardiology - electrophysiology	0	0	0.00%
Neurophysiology - peripheral neurophysiology	38	11	28.95%
Respiratory physiology - sleep studies	237	48	20.25%
Urodynamics - pressures & flows	28	12	42.86%
Colonoscopy	314	30	9.55%
Flexi sigmoidoscopy	84	8	9.52%
Cystoscopy	82	6	7.32%
Gastroscopy	416	31	7.45%
<b>Total Diagnostics</b>	<b>6090</b>	<b>309</b>	<b>5.07%</b>



### Rotherham Place Delivery Dashboard - May 2023

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

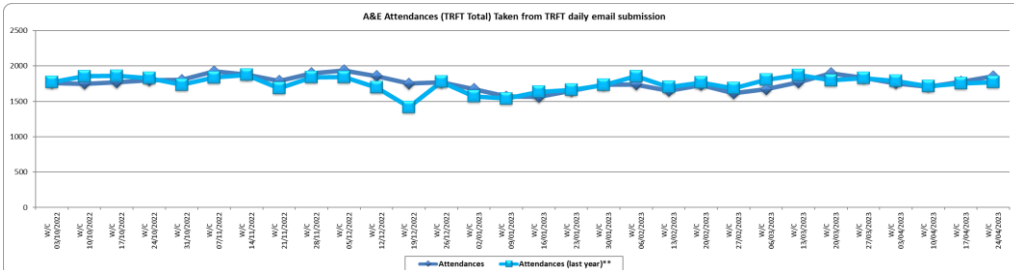
Incidence of C.diff													
Performance for Rotherham Place overall in March was 8 cases. 8 cases in March occurred at Rotherham FT. In the YTD there have been a total of 65 cases.													
Rotherham FT performance for March is 2 cases and 31 in the YTD.													

	Jan-23	Feb-23	Mar-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	Q4 2022/23
Cancelled operations re-booked within 28 days (Breaches)	0									6	9	6	7

Wheelchairs for Children													
The Children's wheelchair waiting time standard is now being achieved under the new provider.													
	Target	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 24th April 2023 was 1853 which is 4.7% More than during the same period last year.													



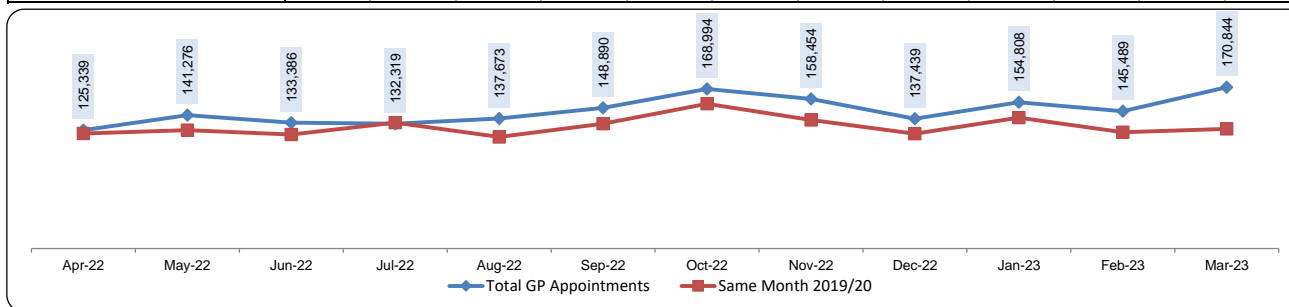
YAS													
Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight minute response time for category 1 incidents no longer exists.													
YAS as an organisation achieved a mean of 9 minutes 1 seconds for category 1 calls in March. The position in February was 8 minutes 25 seconds.													
15 Minute Turnaround for The Rotherham NHS Foundation Trust in April was 61.3% a decrease from March performance at 62.8%.													
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)													
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
Category 1	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	00:09:01	
Category 2	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	00:34:35	
Category 3	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	04:04:56	
Category 4	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	04:29:32	

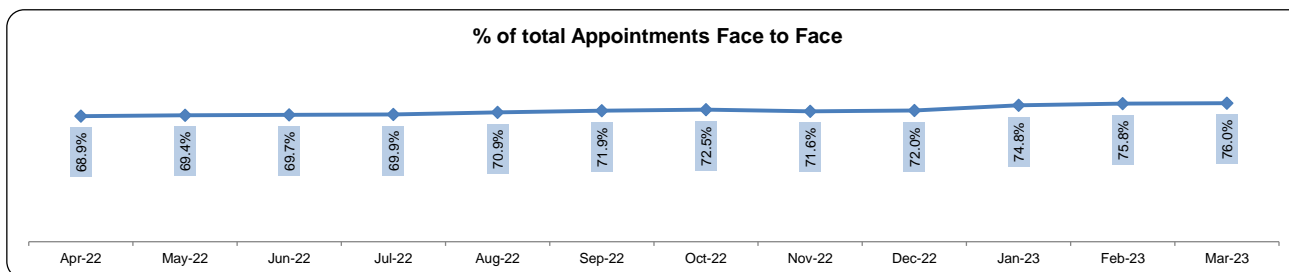
Handovers at TRFT													
	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
% Handovers WITHIN 15 minutes	41.1%	43.7%	43.6%	45.3%	37.8%	39.4%	37.1%	34.6%	55.4%	48.1%	62.8%	61.3%	
% Handovers OVER 30 minutes	26.8%	23.6%	25.7%	23.7%	34.2%	31.0%	38.3%	43.4%	18.3%	24.8%	15.0%	13.6%	
% Handover OVER 60 minutes	12.3%	9.8%	10.4%	9.8%	19.0%	15.5%	21.1%	29.0%	8.8%	12.9%	4.9%	5.2%	
Number of ambulance handovers OVER 60 minutes (RFR)	226	170	186	169	314	257	358	507	145	202	95	99	

## GP Appointments

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Total GP Appointments	125,339	141,276	133,386	132,319	137,673	148,890	168,994	158,454	137,439	154,808	145,489	170,844
Same Month 2019/20	121,841	125,288	120,679	133,262	118,209	132,295	153,265	136,082	121,642	138,604	123,200	126,624
Variance to same month 2019/20	3498	15988	12707	-943	19464	16595	15729	22372	15797	16204	22289	44220



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% of total Appointments Face to Face	68.9%	69.4%	69.7%	69.9%	70.9%	71.9%	72.5%	71.6%	72.0%	74.8%	75.8%	76.0%



## Health Outcomes

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

Enhancing Quality of Life	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	Jan-23	Feb-23	Mar-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)	9	7	8	65	Actual
	4	4	5	45	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	5	2	2	31	Actual
	3	2	1	19	Plan
Mental Health: Monthly Indicators	Jan-23	Feb-23	Mar-23	2022/23 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	17.4%	18.8%	20.3%	20.3%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	53.10%	62.71%	55.39%	55.72%	50.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Urgent Cases	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Target
Percentage of CYP with ED that start treatment within one week of referral	100.0%	100.0%	-	100%	95.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Non-Urgent Cases	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Target
% Non-urgent cases seen within 4 weeks (inc' exceptions)	84.2%	100.0%	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)	Dec-22	Jan-23	Feb-23	Mar-23	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 7 days of discharge	83%	88%	96%	93%	95.0%

## Health Outcomes

CYP Access (1+ contacts)	Oct-22	Nov-22	Dec-22	Jan-23	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4705	4740	4675	4660	4250

Perinatal Access (No. of Women)	Oct-22	Nov-22	Dec-22	Jan-23	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	240	240	235	225	TBC

Discharges follow up in 72 hours	Oct-22	Nov-22	Dec-22	Jan-23	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	97%	83%	94%	92%	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 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end)	1000	1005	1101	1041	1197
Target (Local)				918	918

Community Mental Health (MH) Access (2+ contacts)	Oct-22	Nov-22	Dec-22	Jan-23	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)	2515	2505	2465	2415	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	Nov-22	Dec-22	Jan-23	Feb-23	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	76%	74%	87%	81%	70%

Virtual Ward					
Place holder - content TBC					

## **BCF**

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

ACS Admissions		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Number of Ambulatory Care Sensitive Admissions	Actual	269	272	289	268	286
	Target	228	211	246	243	210
Discharges to Usual Place of Residence		Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% Discharged to Usual Place of Residence	Actual	93.0%	94.1%	93.0%	94.1%	95.5%
	Target	93.8%	93.8%	94.0%	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.

		02-Apr	09-Apr	16-Apr	23-Apr
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	<b>South Yorkshire and Bassetlaw</b>	<b>12.7%</b>	<b>11.3%</b>	<b>13.6%</b>	<b>12.4%</b>
	Barnsley Hospital NHS Foundation Trust	7.2%	7.7%	4.6%	3.4%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	11.3%	10.5%	16.0%	15.3%
	Sheffield Teaching Hospitals NHS Foundation Trust	16.4%	16.1%	16.8%	15.4%
	The Rotherham NHS Foundation Trust	7.8%	0.0%	8.8%	6.8%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	<b>South Yorkshire and Bassetlaw</b>	<b>32.7%</b>	<b>28.7%</b>	<b>30.1%</b>	<b>31.1%</b>
	Barnsley Hospital NHS Foundation Trust	0.0%	0.0%	0.0%	0.0%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	5.7%	4.8%	8.4%	7.1%
	Sheffield Teaching Hospitals NHS Foundation Trust	48.0%	39.8%	42.1%	48.0%
	The Rotherham NHS Foundation Trust	12.5%	-	31.4%	6.9%
Number of patients who did not meet the criteria to reside in hospital but continued to reside (7 day average) (all LOS)	<b>South Yorkshire and Bassetlaw</b>	<b>483</b>	<b>441</b>	<b>504</b>	<b>483</b>
	Barnsley Hospital NHS Foundation Trust	59	70	77	67
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	109	109	122	125
	Sheffield Teaching Hospitals NHS Foundation Trust	272	262	258	248
	The Rotherham NHS Foundation Trust	43	-	47	43

Rotherham Place Board (ICB Committee) – Meeting 17<sup>th</sup> May 2023

**NHS SY ICB (Rotherham Place)  
Quality, Patient Safety and Experience Dashboard Report May 2023**

<b>Lead Executive</b>	Sue Cassin, Chief Nurse
<b>Lead Officer</b>	Kirsty Leahy, Head of Quality

<b>Purpose</b>
To update Rotherham Place Board on business activity up to April 2023 covering the Rotherham Quality Agenda.
<b>Background</b>
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.
<b>Analysis of key issues and of risks</b>
Analysis of key risks and issues are contained within the report.
<b>Patient, Public and Stakeholder Involvement</b>
None. Business reporting.
<b>Financial Implications</b>
None.
<b>Approval history</b>
NHS SYICB Rotherham Place Quality Team 02/05/2023. NHS SYICB Rotherham Place Executive Team 04/05/2023.
<b>Recommendations</b>
Note and discuss content of report.

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

May 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 March 2023.

The following RAG ratings and descriptor have been applied

	Indicates a significant risk <b>and/or</b> concern to place <b>and/or</b> the wider SY ICB – Enhanced Surveillance <b>and/or</b> monitoring required at place and oversight by PLACE Board with escalation to the ICB Board.
	Indicates a risk or concern at place – Surveillance <b>and/or</b> 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	March 23	May 23	CQC Overall Rating
<b>NHS Foundation Trusts</b>			
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Requires Improvement
The Rotherham NHS Foundation Trust	Routine	Routine	Requires Improvement
<b>Non Foundation Trusts</b>			
Yorkshire Ambulance Service (Sheffield Place ICB)	Routine	Routine	Good
<b>Independent Providers/Specialised Mental Health Providers</b>			
Bluebell Wood Children Hospice (Sheffield Place ICB)	Enhanced	Enhanced	Good
Rotherham Hospice	Routine	Routine	Good
<b>Primary Care</b>			
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

Issue	Key Status/ Risks / Concerns including mitigating actions and escalation	Good practice
<b>Main Provider Services</b>		
<b>TRFT</b>		
Previous issues raised ERCP	<p>A retrospective review of ERCP services is being undertaken in response to issues raised – NHSE leading to provide update.</p> <p>Two cases heard at Doncaster Coroners Court February 2023. Summary of the verdict:</p> <ul style="list-style-type: none"> <li>- ERCP not completely causative but some missed opportunities around care.</li> <li>- No Regulation 28 restrictions.</li> <li>- No media coverage.</li> </ul> <p>The service remains suspended with TRFT looking at how to reintroduce. Concerns regarding patient delays with transfers to Sheffield had been highlighted. A Gastroenterologist at TRFT is a ERCP practitioner and is continuing to work.</p> <p>TRFT continues to work through actions and checking for any additional harm to patients. Reviewing other cases by the practitioner concerned and whether Duty of Candour needed to be made to other patients and families continues.</p>	<p>Feedback awaited from NHSE.</p> <p>Standard agenda item at CQM (Contract Quality Meeting).</p>
Further CPE cases identified	The cleaning programme continues and will focus on surgical wards next. Systems in place to manage patients with CPE, but gaps and risk have been identified and are being addressed.	Ongoing investigations across the trust with support and oversight/guidance from ICB Rotherham, NHSE and UKHAS.
CQC Sanctions	CQC have removed all sanctions from TRFT as of the end of March 2023. This will be a significant event as it will be the first time since 2014, they will be sanction free.	
<b>RDASH</b>		
There were 78 Must do and Should do actions identified by CQC in the Well-led inspection (covering the whole Trust footprint).	<p>As at February 2023, there are 2 remaining actions. The remaining actions are all currently rated as Amber:</p> <ul style="list-style-type: none"> <li>• Recording of seclusion – Further work undertaken regarding recording seclusion onto the system and training and awareness</li> </ul>	Work is on-going, positive feedback from CQC and progress demonstrated in implementing recommendations.

	<p>session have taken place. Re audit underway and outcome will be reported to the next CQC Readiness meeting.</p> <ul style="list-style-type: none"> <li>MCA Community Health – dip sampling extract data and resource identified. Audit being undertaken and outcome to be reported to the next CQC Readiness meeting.</li> </ul>	Updates on the position for their CQC action plan are reported at Contract Quality meetings
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**Independent Providers/Specialised Mental Health Providers**

Bluebell Wood Children Hospice (Sheffield Place)	<i>Re opened December for clinical respite with oversight from Sheffield ICB</i>	
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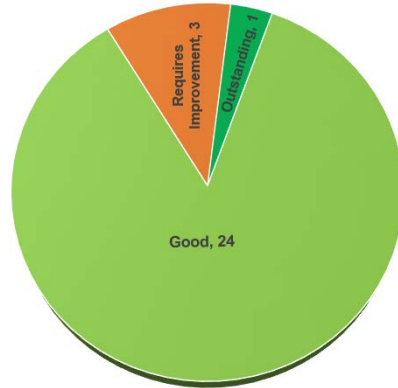
**Primary Care**

Crown Street Surgery, Rotherham	Last inspected May 22. RI overall (safe, effective and well-led). Breach <a href="#">Reg 12</a> .	Primary Care support continues.
Shakespeare Road PMS, Rotherham	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach <a href="#">Reg 12</a>	Primary Care support continues.
Swallownest Heath Centre, Rotherham	Last inspected Oct 21. RI overall – all <a href="#">KLOEs</a> . Breach of <a href="#">Reg 12, 15 &amp; 17</a>	Primary Care support continues along with national accelerated programme.

<b>Primary Care CQC</b>	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**



No update received from RMBC April 2023.

**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.

**Contract Defaults**

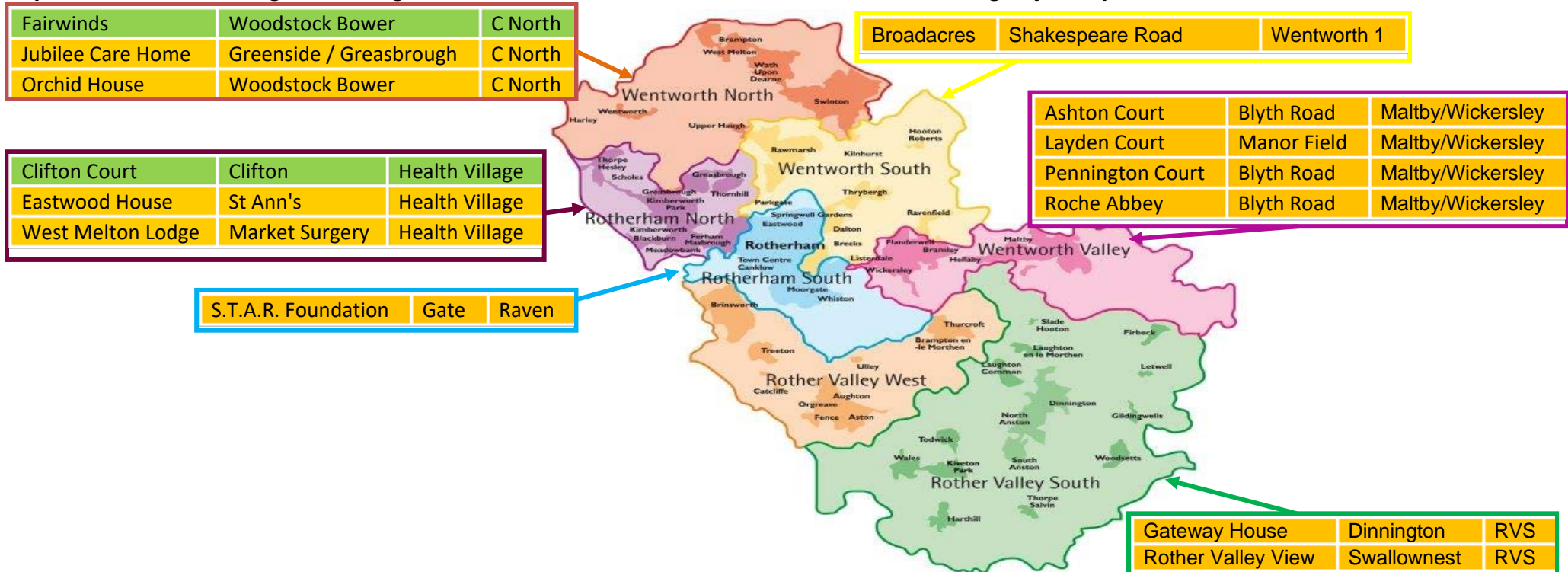
There are currently no services in a contract default position.

**New CQC Reports published in March 2023**

Name	Provider	Rating	Publication	URL
Ace Social Care Ltd	Ace Social Care	Good	10/03/2023	<a href="http://www.cqc.org.uk/location/1-2695837172">http://www.cqc.org.uk/location/1-2695837172</a>
J&J Williams Ltd	Personal Assist South Yorkshire	Good	01/03/2023	<a href="http://www.cqc.org.uk/location/1-5103752706">http://www.cqc.org.uk/location/1-5103752706</a>

CQC Ratings Rotherham Care Homes		
Outstanding	3	Clifton Court, Fairwinds, Greenside Court
Good	61	
Requires Improvement	13	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 13. Layden Court
Inadequate	0	

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

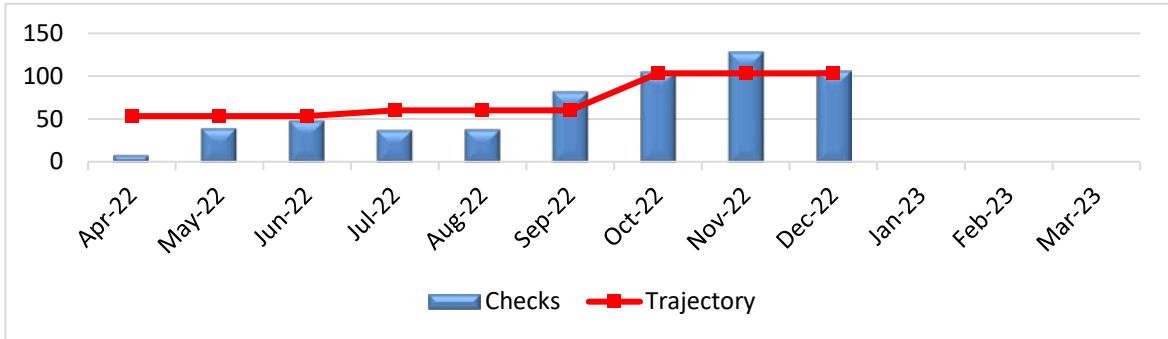
<b>Primary Care</b>	CQC inspections remain temporarily stood down to allow providers the room they need to respond to recent challenges, including the junior doctor strikes, but those practices listed as RI remain on the priority list for re-inspection. The lead Inspector for Rotherham has recently changed, but the Senior Manager for Primary Care continues to have monthly meetings to discuss concerns. All three RI practices have been visited by the Primary Care Team and remain under closer review of their performance overall. The Primary Care Team continue to provide support to all practices at this time.
<b>Rotherham Hospice</b>	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.
<b>Safeguarding Adults and children including LAC</b>	<ul style="list-style-type: none"> <li>• Pills in the post - Safeguarding briefing provided to the ICB based on the new guidance.</li> <li>• MASH - Rotherham Place attended a National Review meeting – discussion held regarding different approaches – this has prompted Bradford requesting a meeting with Rotherham MASH to understand how our model works.</li> <li>• SIRS - Related to identifying fathers/partners who are not registered with the same practice as the pregnant mothers – work ongoing to try and address this in terms of information sharing.</li> <li>• 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. Terms of reference were agreed in March 2023 and this piece of work will be commencing in April 2023.</li> </ul>
<b>Public Protection</b>	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.
<b>Patient Experience February/March 2023</b>	<ul style="list-style-type: none"> <li>• Work continues to build the SY engagement team, as new structures are developed, with a Deputy Director for engagement in post from the end of March. The place engagement manager will report into the Deputy Director, who will oversee engagement, and advise at a senior level. The SY engagement leads now meet weekly online and monthly face to face.</li> <li>• 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; this will develop from the work to inform the ICP strategy, and build into the refresh of the engagement plan (Working with people and communities), the ICB plan, and relevant place plans. The exercise completed for the ICP has also now been produced for each place.</li> </ul>
<b>CHC and Independent Placements</b>	<ul style="list-style-type: none"> <li>• 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 A meeting is being arranged to discuss the complexities associated with safeguarding enquiries.</li> <li>• Disputes on eligibility outcomes remains significant with over 12 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 working at all levels across CHC which in turn will raise awareness and knowledge of the National framework and reduce variations in outcomes.</li> <li>• Placements across the Rotherham area continue to request 1:1 to manage falls and behaviours that challenge, CHC continue to work with partner organisations to address the issues</li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Childrens Continuing care are receiving a number of referrals for preschool children which we believe may be associated with <a href="#">SEND and AP improvement plan</a> published Thursday 2<sup>nd</sup> March 2023 CHC continue to work with RMBC and ICB colleagues to address this issue and source appropriate care provisions.</li> </ul>
<b>117/LD and Independent Placements</b>	<ul style="list-style-type: none"> <li>• Capacity issues remain.</li> <li>• 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.</li> <li>• 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.</li> </ul>
<b>C(e)TR</b>	<p>During March there was one hospital CTR undertaken for a person with an autism only diagnosis. Work is ongoing with RDaSH to identify patients with a diagnosis of Autism and/or learning disability in a more timely fashion in order to complete CTRs as per process and to prevent breaches.</p> <p>DSR and C(E)TR <a href="#">new guidance</a> has been published and this will have to be implemented by 1<sup>st</sup> May 2023. Some of the pressures on the ICB will be:</p> <ul style="list-style-type: none"> <li>• Implementing the self-referral process</li> <li>• Ensuring the actions are followed up and monitored.</li> <li>• All panel members have had the required training which to date, is not yet available for people to attend.</li> <li>• An ICS scrutiny panel that will need to convene at least on a quarterly basis.</li> <li>• Greater emphasis on sharing information across partners within Place to ensure appropriate data flow.</li> <li>• Recommended fees for panel members.</li> </ul>
<b>LeDeR</b>	<p>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 1<sup>st</sup> 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.</p>



**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
<b>Checks</b>	9	40	49	38	39	82	105	128	106	#N/A	#N/A	#N/A
<b>Register</b>	1739	1739	1739	1739	1739	1739	1739	1739	1739	#N/A	#N/A	#N/A
<b>Trajectory</b>	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**

- HCAI's - Work remains ongoing around HCAI's, reviewing the processes and the themes and trends in order to enable improvement and reduction strategies.
- Gram negative blood stream infections - Work looking at themes and reduction strategies. There are some improvement projects in process/ development based on the surveillance data.
- 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 required. Some themes identified and in the process of planning improvement and potential reduction projects.
- CPE cases - at TRFT continue, and there has been further cases/ additional outbreak. UKHSA involved, and continued measures are being put in place to manage the situation.

**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.



	<p>Patient Safety Syllabus – The syllabus underpins the development of patient safety curricula for all NHS staff.</p> <p>Patient Safety Incident Response Framework (PSIRF) – Roll out now, by Autumn 2023. Will replace the current Serious Incident Framework with updated guidance on how NHS organisations should respond to patient safety incidents, and how and when a patient safety investigation should be conducted. See <a href="https://www.england.nhs.uk/patient-safety/incident-response-framework/">https://www.england.nhs.uk/patient-safety/incident-response-framework/</a></p> <p>Rotherham PLACE across health and the wider ICS are working at pace to ensure implementation for the Autumn deadline via a network of Patient Safety Specialist.</p>
<p><b>Serious Incidents and Never Events</b></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 <a href="#">HSIB website</a>.</p>
<p><b>Complaints and Patient Experience</b></p>	<p><b>TRFT Friends and Family Test (FFT)</b></p> <p>Data is reported here: <a href="https://www.england.nhs.uk/fft/friends-and-family-test-data/">https://www.england.nhs.uk/fft/friends-and-family-test-data/</a> (last data published December 2022)</p> <ul style="list-style-type: none"> <li>• 1455 responses were received in February 2023, a similar number to January 2023, and of these only 23 were negative</li> <li>• 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.</li> <li>• 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.</li> <li>• Primary care - FFT should now have been reinstated across primary care; however only 7 GP practices submitted data for January 2023. This will continues to be monitored.</li> </ul>

## SEND

### **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.

Support and Challenge meeting 4 took place on 30<sup>th</sup> April, feedback received on behalf of the DfE was positive. Again the documentation presented was identified as best practice and our evidence challenge panel process commended. It was suggested that preparation for Support and Challenge meeting 5 (our last meeting) should focus in impact, the activity undertaken is significant however this needs to link to demonstrable impact.

#### **Waiting times for neurodevelopmental assessment.**

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. In addition the service has implemented a pre-screening model to ensure an efficient screening process. Further service development has taken place to create a digital offer within RDaSH. These changes have reduced the number of referrals received since January to an average of 10 per week (from an average of 35 per week during the previous six months). This has reduced the time from referral to screening for some children. Work to reduce the number of children waiting for screening has been successfully delivered. Recruitment to increase capacity into the Post-Diagnostic Service in line with the agreed business case is underway.

#### **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. Implementation of the project began on 1<sup>st</sup> April and planning is underway for the first children.

#### **Good practice/ improvements**

- Co-produced Local Offer now live!
- Draft Schools Accessibility Strategy and Funding Policy progressing for consultation
- Positive initial impact of changes to the neuro-development screening pathway
- Improved timeliness of Health submissions for EHCPs



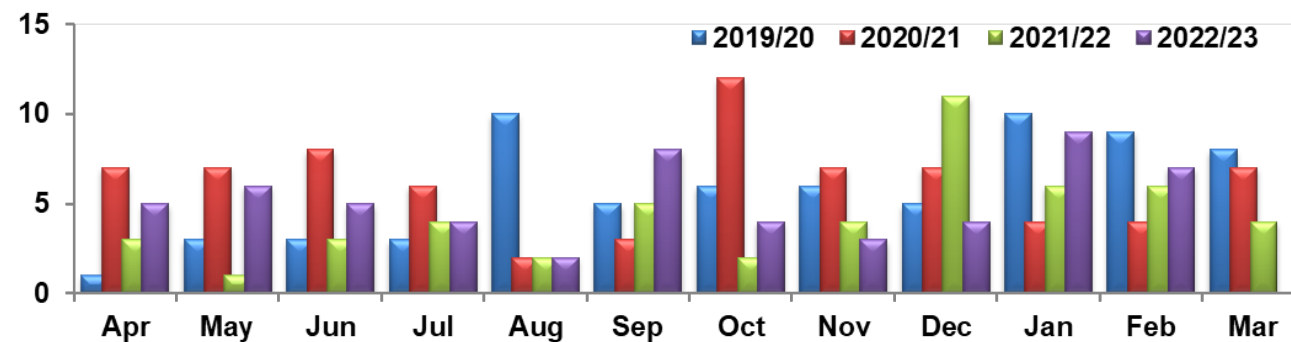
TRFT 2022/23 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	0	3	3	0	4	4	2	2	5	2	
Monthly Plan*	1	1	2	1	1	1	2	2	2	3	2	1
Year to Date	4	4	7	10	10	14	18	20	22	27	29	
Year to Date Plan*	1	2	4	5	6	7	9	11	13	16	18	19

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	9	7	
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	50	57	
Year to Date Plan*	3	6	10	14	18	21	25	28	32	36	40	45

Figure comparison for NHS Rotherham Place of CDI

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



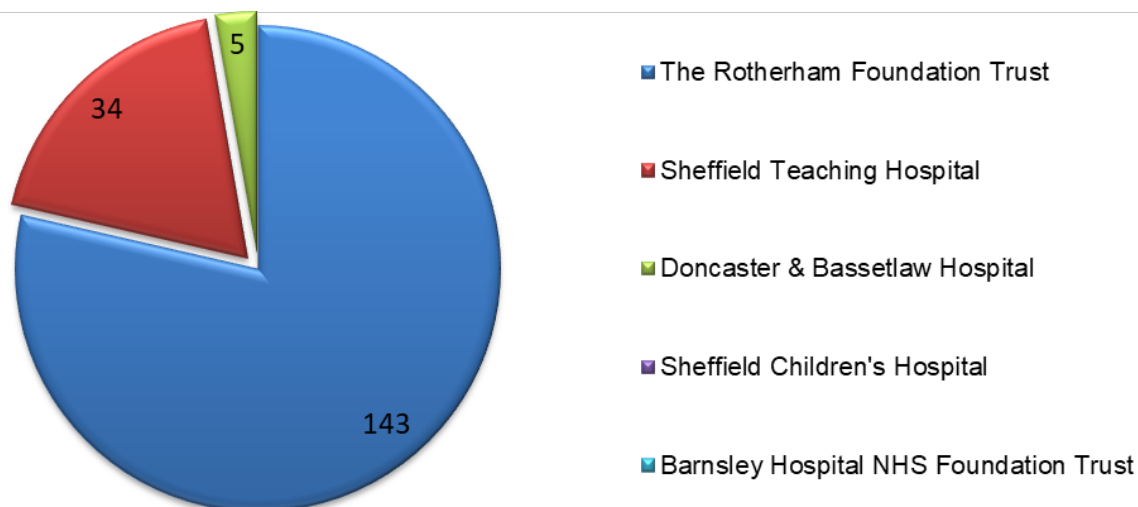
## E Coli

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

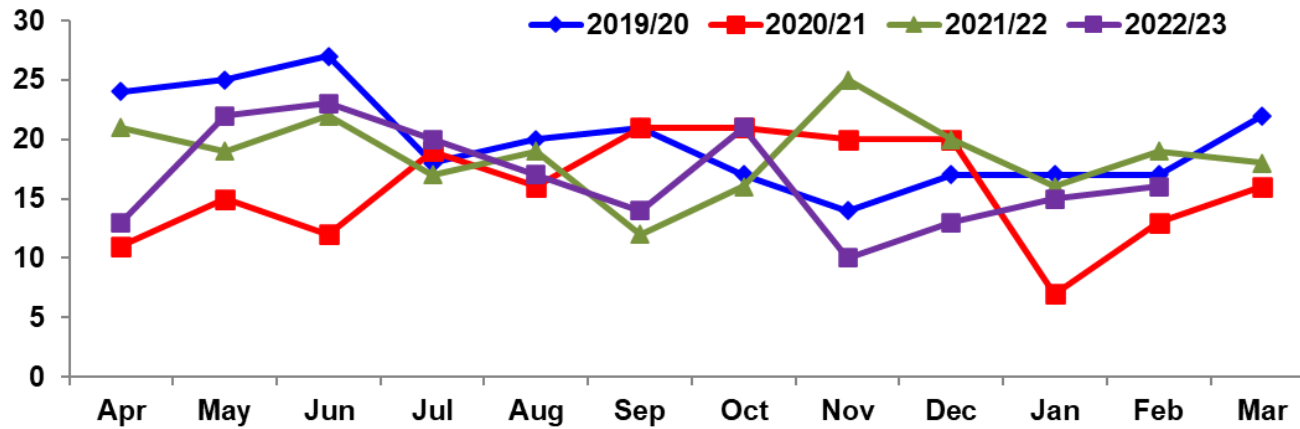
TRFT 2022/23 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	4	5	7	3	3	4	3	3	3	2	
Monthly Plan*	4	3	5	5	4	5	8	5	5	3	5	5
Year to Date	4	8	13	20	23	26	30	33	36	39	41	
Year to Date Plan*	4	7	12	17	21	26	34	39	44	47	52	57

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	15	16	
Monthly Plan*	17	18	16	19	16	18	15	18	17	12	15	15
Year to Date	13	35	58	78	95	109	130	140	153	168	184	
Year to Date Plan*	17	35	51	70	86	104	119	137	154	166	181	196

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)

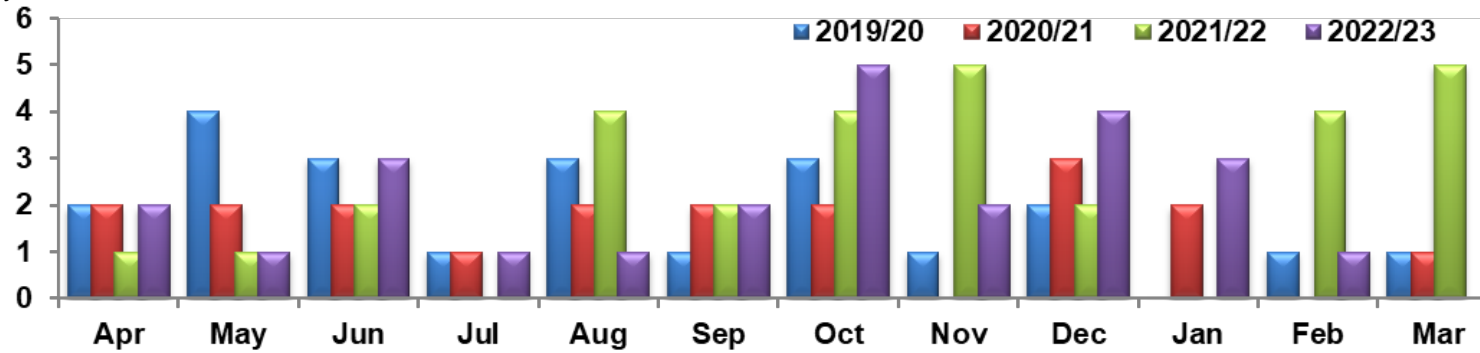
TRFT for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	1	0	2	1	1	1	1	0	0	3	1	
Monthly Plan*	0	0	0	0	1	1	1	0	1	0	0	1
Year to Date	1	1	3	4	5	6	7	7	7	10	11	
Year to Date Plan*	0	0	0	0	1	2	3	3	4	4	4	5

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	3	1	
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	21	22	
Year to Date Plan*	2	4	6	7	10	12	14	16	18	19	21	23

### Figure comparison for NHS Rotherham Place 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)

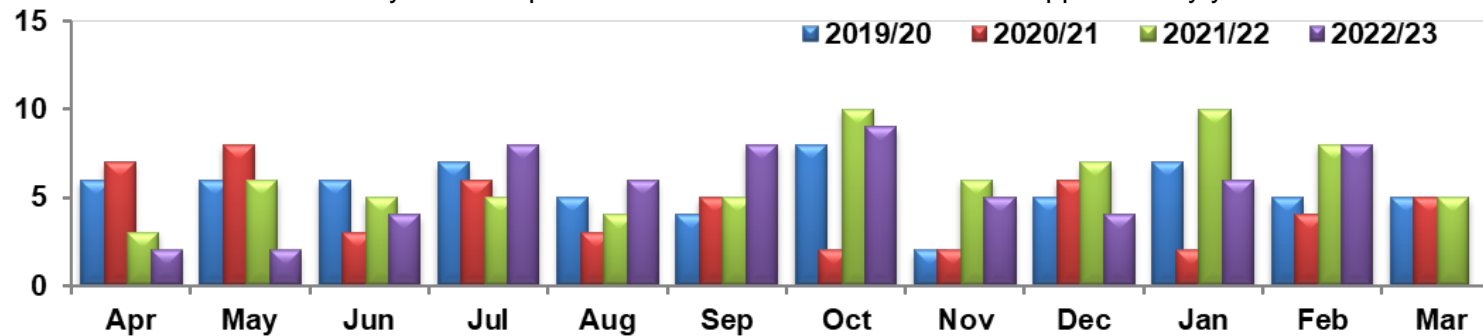
TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	0	0	4	2	0	2	6	0	1	2	1	
Monthly Plan*	0	1	2	1	1	2	1	1	1	1	1	0
Year to Date	0	0	4	6	6	8	14	14	15	17	18	
Year to Date Plan*	0	1	3	4	5	7	8	9	10	11	12	12

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	6	8	
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	54	62	
Year to Date Plan*	5	10	15	20	26	32	36	39	44	48	52	57

## Figure comparison for NHS Rotherham Place of Klebsiella Spp

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



### Analysis of charts and surveillance undertaken

#### C Diff

Well over trajectory although this was set very low and not comparable to some other areas with similar population. It was set based on figures from previous year based on the agreed algorithm however even taking into consideration last years figures as a comparison the numbers have increased for 22/23.

There have been minimal lapses, however there appears to be some broad spectrum prescribing concerns, sampling issues, reinfection/ follow up care issues and loperamide prescribing concerns. Currently the workstream around these themes are being addressed. There have also been 9 out of area cases.

#### Gram negatives:

##### E coli

Numbers for the acute trust are well below the set target, and although Rotherham place may exceed the target based on Marchs numbers the figures are lower than 21/22.

##### Klebsiella

Trust numbers appear very similar to 21/22 however are over target for 22/23, Rotherham place target versus actual will be determined by Marchs figures but are reduced in comparison to 21/22.

##### Pseudomonas

Trust numbers are above target for 22/23 but very similar to 21/22, Rotherham place figures are expected to be over target for 22/23 but will be below or similar to 21/22 in comparison.

Gram negative infections appear to be predominantly urine related and urinary catheter related in care homes however there are lots of issues with sampling too.



We are currently working with TRFT to look at themes and trends and how to implement improvement processes around these. The hydration project in Rotherham has commenced and some of these themes will be picked up through this project with further work streams emerging and taken forward.

The gram negative work with TRFT is planned to be undertaken under PSIRF with a meeting planned to formalise this and the processes going forward around HCAI's.

HCAI:	TRFT target 22/23	TRFT actual 22/23 (to end Feb)	Rotherham Place target 22/23	Rotherham Place actual 22/23 (to end of Feb)	TRFT comparison to 21/22 actuals	Rotherham place comparison to 21/22 actuals
MRSA	0	0	0	0	↓	↓
MSSA	No Target	14	No Target	64	↓	↑
C Difficile	19	29	45	57	↑	↑
E Coli	57	41	196	184 expected over by end on March	↓	↓
Klebsiella	12	18	57	62	TBD	TBD
Pseudomonas	5	11	23	22 expected over by end of March	↑	TBD

## 2. MORTALITY RATES

TRFT have not yet received an update to the HSMR and SHMI figures following last month's Integrated Performance Report. HSMR remains in the "as expected" range (data for August 2022) at 100.8 and the SHMI has reduced (data for July 2022) to 103.9. The coding team continues to improve the accuracy of the coding. Interviews for recruitment of clinicians to complete structured judgement reviews were successful with 6 appointed to start on the 1<sup>st</sup> April.

### 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 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 01.02.2023 31.03.2023	TRFT	RDASH	Rotherham place	*Out of Area	YAS	GP / Hospice
Open at start of period	49	10	1	8	4	0
Closed during period	11	1	0	2	0	0
De-logged during period	0	0	0	0	0	0
<b>New during period</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Of the above number that are New NE	0	0	0	0	0	0
Total Open at end of period	40	11	1	8	4	0
Of the above the number that are NE	0	0	0	0	0	0
Final Report Status	TRFT	RDASH	Rotherham Place	*Out of Area	YAS	GP / Hospice
Final Reports awaiting additional information	6	2	0	0	0	0
**Investigations 'On Hold'	2	1	0	0	0	0
Rotherham Place approved Investigations above 60 days	0	0	0	N/A	N/A	0
Investigations above 60 days without approval	25	2	0	N/A	N/A	0
Final Reports due at next SI Meeting	7	0	0	N/A	N/A	0

*\*Out of Area: Performance Managed by responsible Place. 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:
Pills in the post	Safeguarding briefing provided to the ICB based on the new guidance.

SAFEGUARDING AREA OF INTEREST	IN ROTHERHAM:
MASH	Rotherham Place attended a National Review meeting – discussion held regarding different approaches – this has prompted Bradford requesting a meeting with Rotherham MASH to understand how our model works.
SIRS	Related to identifying fathers/partners who are not registered with the same practice as the pregnant mothers – work ongoing to try and address this in terms of information sharing.
Care Homes – Quality & Safeguarding Concerns	As of 10 <sup>th</sup> April Three Older Peoples care homes are closed due to embargo/outbreaks (covid/norovirus). One is closed due to staffing resource. Several homes have a number of beds out of commission for refurbishment. Joint working with partners at Place and guidance from UKHSA
Volume DHRs, SARs, learning reviews, CSPRs etc	<ul style="list-style-type: none"> <li>• 1 New DHR, First meeting planned June 2023</li> <li>• Rotherham SAR, To be discussed at next RSAB SAR Subgroup meeting on 18.04.2023.</li> </ul>

## Safeguarding News/Information



Please see attached the **Rotherham Safeguarding Children’s Partnership Learning & Development Prospectus 2023-24**.

All available courses have been updated on Virtual College. Please follow the below instructions on how to access this.

### Registering to Virtual College

Please navigate to the following link [Register for E-learning – Rotherham Safeguarding Children Partnership \(rscp.org.uk\)](https://www.rscp.org.uk/register-for-e-learning) and follow the steps to complete your registration. Once your registration has been approved, you will receive a welcome e-mail to the Virtual College Portal.

### To book onto Virtual or Face to Face Courses

Log into your account at <https://rotherhambc.vc-enable.co.uk> and click into events and then click onto available events and this brings up the events to choose from, click onto the event of interest and select the session then join the event.

### To access e-learning <https://rotherhambc.vc-enable.co.uk>

Click onto the Learning circle with the Mortar Board Hat, this will bring up the e-learning modules you could choose to complete in your own time.

**Please note that all training enquiries & Virtual College issues need to be sent to [RSCPTraining@Rotherham.gov.uk](mailto:RSCPTraining@Rotherham.gov.uk)**



RSCP Learning &  
Development Prospec

# RADICALISATION AND EXTREMISM WORKSHOP

FOR FRONTLINE WORKERS AND OTHER PROFESSIONALS

In-person Courses

**May 3rd: 10:00 - 12:00**

**May 9th: 10:00 - 12:00**

Online Courses

**May 5th: 10:00 - 12:00**

**May 10th: 10:00 - 12:00**

**May 16th: 10:00 - 12:00**

**May 18th: 10:00 - 12:00**

Rotherham has recently been awarded grant funding from the Home Office to deliver training to frontline workers and other professionals on the risks people face from online radicalisation (extremist ideologies and narratives). Shout Out UK (SOUK [www.shoutoutuk.org/](http://www.shoutoutuk.org/)) will be delivering the training over a number of dates (**see attached for details and how to register**). There's the option to attend in person or online for the frontline workers training course.

It's important to know how to safeguard children, young people and vulnerable adults from harmful extremist influences at an early stage. This is a timely opportunity for colleagues to improve or refresh their knowledge and skills around radicalisation and extremism risks; so they know what to look for and to respond quickly and appropriately.

Please forward to your teams and contacts as appropriate and encourage take up.

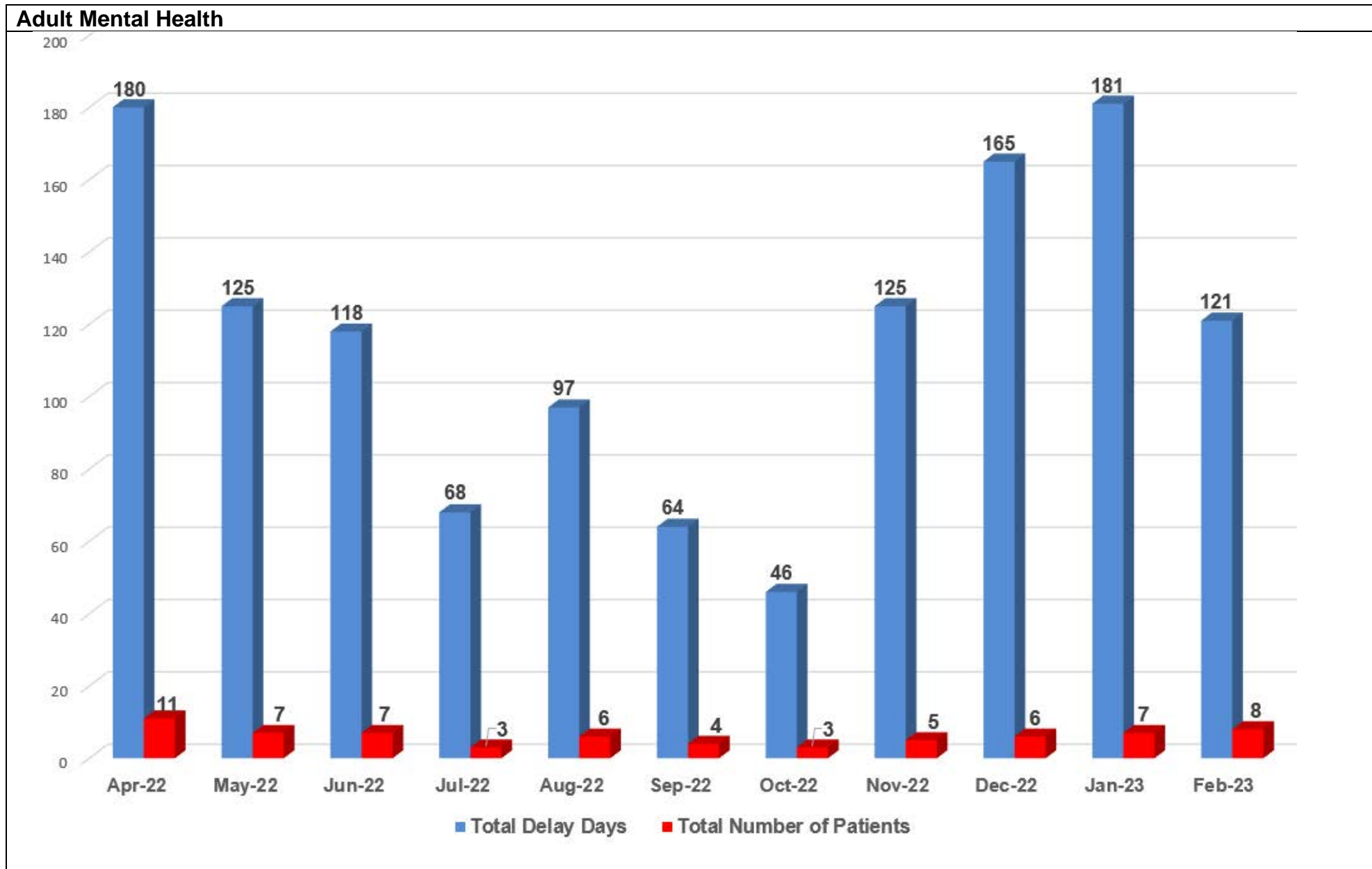


Rotherham Parents,  
Carers & Support Wo

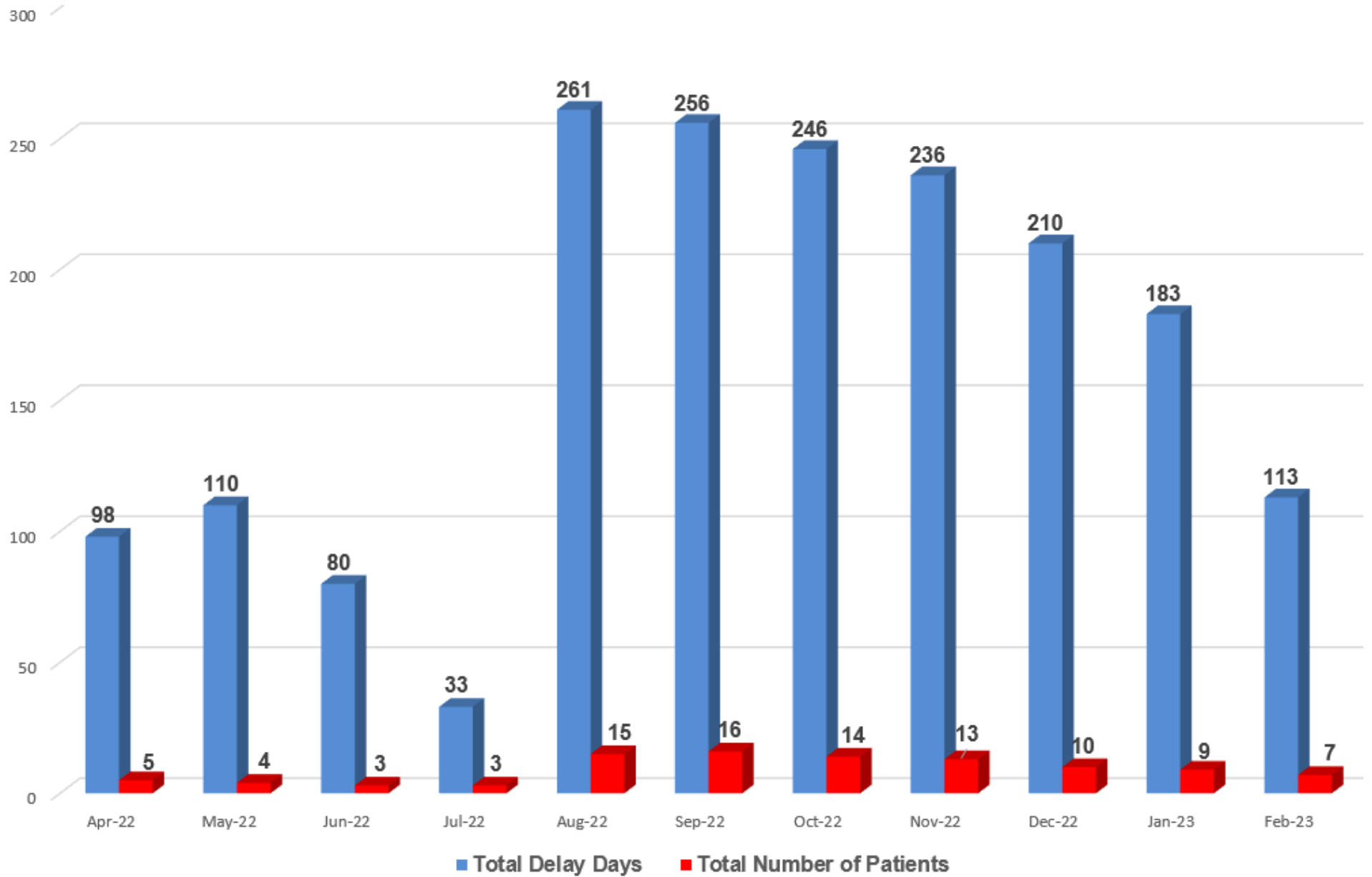


Rotherham Frontline  
workers.pdf

5. CLINICALLY READY FOR DISCHARGE (CRFD)



## Older People's Mental Health



CRFD meetings continue to be held weekly and the meetings are now more proactive since the new Associate Nurse Director in RDaSH has been chairing. RDaSH have also started to hold Multi-agency Discharge Events to promote improved inter-agency working to facilitate improved patient flow. For older adults, the continued lack of care home agencies and nursing placements results in greater waiting times for all ages. Recent repurposing has led to the closure of 17 nursing beds (now residential), this was due to recruitment and retention of nurses. For adults, complexities around housing, including low stock of local housing, appear to lead to the longest delays. These issues are raised at the CRFD meetings and escalated. Also noted continued complexity of current patient cohort.

## 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	Quarter 4 (draft)
Percentage of cases meeting the 28 days metric > 80%	72%	85%	64%	68%
No incomplete referral's exceeding 28 days by > 12 weeks +	4	3	5	8

## 7. PRIMARY CARE

The table below indicates the current Care Quality Commission (CQC) rating for each of the 28 practices in Rotherham as at **11.04.2023**

**Good \*** Indicates an area which was previously 'requires improvement'

	Report Date	Insp Date	Overall	Safe	Effective	Caring	Responsive	Well Led
Blyth	12.09.16	21.07.16	Good	Good	Good	Good	Good	Good
Braithwell	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 L	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 St	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
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 St	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 *

	Report Date	Insp Date	Overall	Safe	Effective	Caring	Responsive	Well Led
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	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 Rd	10.06.22	28.04.22	Req Imp	Req Imp	Req Imp	Good	Good	Req Imp
St Anns	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 Rd	11.01.23	06.12.22	Good	Req Imp	Good	Good	Good	Good

## 8. FRACTURED NECK OF FEMUR INDICATOR

No update since last report.

## 9. CQUIN UPDATE

**TRFT** – submitted Q3 data as required by the deadline of 27 February 2023. 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 Q4 is 28 May 2023.

**RDASH** - CQUIN Performance is reported quarterly - with a period following the end of quarter to allow data to be validated and verified. Q3 CQUIN reporting is not yet due. Verbal updates to Contract Performance group indicate little change from the Q2 position. RDASH are not expecting to achieve the Flu CQUIN. Routine outcome monitoring in CYP and perinatal mental health services performance is currently not meeting the minimum target of 10%. There are some recording issues which is being worked on. Other CQUIN targets are being met.

## 10. COMPLAINTS AND COMPLIMENTS

### Via TRFT

No update since last report. The next TRFT Quarterly Patient Experience Report is due to be reported at the SYICB Rotherham/TRFT Quality meeting in June 2023.

### Via RDASH



### Rotherham Care Group

- 1 complaint was received in December 2022, 3 new complaints were received in January 2023.
- There have been 81 PALS contacts for the year with 10 contacts during January 2023.
- 3 MP letters were received in December 2023, none in January 2023.
- FFT scores remain consistently high.

### Children Care Group (Rotherham Services)

- 1 complaint was received in December 2022. 1 new complaint was received in January 2023.
- There have been 16 PALS contacts for the year with 2 contacts during January 2023.
- 0 MP letters were received in December 2022 and 3 received in January 2023.
- No “Your Opinion Counts” feedback received in January 2023

### Via Rotherham Place

#### New complaints

1. A patient in the community has complained that they have not received acknowledgement of correspondence sent to the CHC team. Investigation ONGOING
2. NHS England has requested that the ICB investigate a situation where a young person child who was already on the waiting list to be seen by the CAMHS service has recently moved house needed to register with a new GP practice. However, it appears that the young person was removed from the CAMHS waiting list but put back on it but at the bottom of the list. The investigating officer has attempted to contact RDaSH regarding this but to date has not received a response. ONGOING
3. Contact has been made regarding a child’s referral backwards and forwards between Rotherham hospital and Sheffield Childrens Hospital for a complex case of incontinence. To date after 6-8 months the patient has not been seen by anyone. Investigation ONGOING

#### Progress Update On Complaints Previously Reported

Nappies: it has been agreed that the patient will be provided with a quantity of nappies required by assessment of a Health Visitor. A further assessment will take place in six months’ time. CLOSED

#### MP contacts

From 17 February to 14 April 2023, Rotherham Place received seven MP contacts (one contact signposted to the appropriate destination).

These related to:

Eligibility of Patient Transport services	Prescribing antibiotics by GP practices	Payment of care home fees
NHS survey undertaken by MP Sarah Champion regarding: Dentistry, General Practice, Ambulance service, A&E Dept., Mental health support for Older people, adults and children, cost of living crisis affecting physical and mental health	A patients eligibility to receive a COVID-19 booster following stem-cell treatment	Unavailability of doctors and lengthy waiting times of a GP Practice.

**11. ELIMINATING MIXED SEX ACCOMMODATION**

<b>RDaSH/Hospice</b> – there have been no recent breaches.	<b>TRFT</b> - there have been no breaches to date for 2022-23.
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**12. ASSURANCE REPORTS**

<b>UECC</b>	<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&amp;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>
<b>Cancer Standards</b>	<p>The performance within cancer has radically changed since the previous update to TRFT 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>

<b>18wws</b>	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 our 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.
<b>52wws</b>	With the ongoing capacity constraints and operational pressures noted above, we have 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, we have 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.
<b>6 wk diagnostics</b>	Diagnostic Waiting Times (DM01) is 15.54% for January 2023.
<b>Nurse Staff</b>	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 the 30th November, where we have offered 12 Health Care Support Worker's 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 our clinical staff.

### 13. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (February 2023)	RTT 18ww Incomplete Pathways (January 2023)	Cancer 62 wait from urgent GP referral to first definitive treatment (January 2023)	Six Week Diagnostic (January 2023)
Sheffield Teaching Hospitals NHS Foundation Trust	74.1%	66.4%	34.0%	22.10%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	69.0%	63.7%	63.6%	45.91%
Barnsley Hospital NHS Foundation Trust	60.0%	76.8%	75.0%	9.40%
Sheffield Children's Hospital NHS Foundation Trust	88.6%	57.5%	NA	23.37%

### 14. CARE AND TREATMENT REVIEWS

There was one hospital C(E)TRs in February. 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 continued on increasing awareness to community teams to understand the processes and requirements.

It was hoped that the Oliver McGowan training would now be in place. However, this has still not been rolled out.

The ICB have suggested 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**

Seven patients are currently in hospital, and three in secure services. One of the longer stay patients has now been discharged to a community setting following a successful transition. The Safe Space project is still ongoing and it is not felt that this will be up and running in the next 12-18 months. Alternatives for the funding are currently being explored.

Three 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.

There continues to be a lack of community provision to support adults with an Autism only diagnosis, 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.

Senior Navigators have now been in post for a year and a half 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 February – March 2023**

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, the engagement manager's perception in this is reinforced by the experience of other organisations, both in the Health and Care Sector, and voluntary and community groups. Community groups are looking at different ways of working, including hybrid meetings, and many are re-evaluating how they work, their ongoing aims, and the need to consider new and different ways of working, of securing engagement and reaching people.

##### **Activity**

- Work continues to build the SY engagement team, as new structures are developed, with a Deputy Director for engagement in post from the end of March. The place engagement manager will report into the Deputy Director, who will oversee engagement, and advise at a senior level. The SY engagement leads now meet weekly online and monthly face to face.
- 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; this will develop from the work to inform the ICP strategy, and build into the refresh of the engagement plan (Working with people and communities), the ICB plan, and relevant place plans. The exercise completed for the ICP has also now been produced for each place. [Integrated Care Partnership Strategy What Matters To You Involvement](#)
  - 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
  - Work across Barnsley and Rotherham to seek feedback to inform the End of Life priority work; targeting less heard groups
  - Attendance at Rotherham Homelessness Forum; establishing engagement opportunities with some of the organisations present
  - Linking with Rotherfed and attending occasional community drop in sessions, subject to capacity
  - Support to colleague in arranging workshop/info sessions on changes to DSR and CeTR
  - Neuro-rehabilitation- supporting commissioning leads in developing paperwork and process for the move of the inpatient neuro rehab beds. We will work with the VCS over the next few years both to ensure service quality in the new location, and the opportunities there may be for further engagement and co-design if services were commissioned on a South Yorkshire basis
  - Carers – linking into the new systems and structures for carer support both at place and across South Yorkshire; we are looking at the possibility of working with the GP federation to provide carer health checks during carers week in June
  - PPG network, wider engagement, and using resources well. We are looking at a potential PPG network meeting for May, with the need to avoid public holidays taken into account. Meanwhile, Rotherham Hospital has been running a number of engagement events, some of which would benefit from increased attendance. To this effect, PPG members have been invited to a session at the UECC and one on parking- the latter is proving popular, with a number of PPG members already having booked in. We will aim to liaise better and further going forward to maximise engagement opportunities for patients and the public.

- **BAME Women & health - working with BAME women and VAR to run a series of information workshops on specific health issues effecting women**

During 2023, funding to Voluntary Action Rotherham (VAR) from what was at the time, Rotherham Place supported a project to build the voice of people with lived experience of Mental Health problems, an acknowledged gap for a number of years. This project was undertaken with a fundamentally grass-roots starting point, asset mapping community networks and organisations, alongside capacity building, and working with individuals and groups to identify their needs and solutions. The work to build mental health user voice remains ongoing, but has had unpredicted impact in other ways.

During the asset mapping and capacity building, other groups and needs were identified – in particular, women from South Asian Muslim communities who identified a number of unmet physical and mental needs, working with the Life Group and One Voice.

Access to support following bereavement was a noted issue, and following discussions community leaders highlighted the low levels of understanding, misconceptions and misinformation, and low uptake of support for a number of women's health issues, including menopause, periods, breast care and intimate screening.

To start to address these issues, community leaders have worked with the VAR project officer, Link workers based in GP practices, and the (now NHS SY) engagement manager; always following the lead and needs expressed by the women. A series of workshops have been arranged to cover the subjects as identified; these will:-

- Take place in community venues that the women select, locations they are familiar with and feel comfortable in
- Start with shared food, giving people time to relax and talk informally with any health staff/officers, thus breaking down barriers
- Language used should be respectful and easy to understand
- Recruit to each session will vary and be and appropriate to subject
- Be women only
- Avoid Ramadan, and be at dates, days and times preferred by the women

The first session took place in early March 2023 on the menopause, with over 20 women from the community in attendance, and stimulated really engaged and frank discussion by the women, exceeding all expectations in the level of participation and interaction. It became very clear that few women from the community seek clinical advice or support, and of those that do, many found their symptoms dismissed or put down to other causes.

As a direct and early result of this first session

- Working with the link worker, one family is already supporting someone to access medical advice
- Working with the women, one of the link workers will produce a leaflet to guide community conversations
- The leaflet will be in plain English, as per the women’s request, and will not use language and terms that the women consider to be offensive and inappropriate.
- There will be a pull out card, identifying the need to discuss the menopause with a clinician, to help facilitate seeking advice and guidance

We’re already starting to see how women, once empowered and educated will be able to offer peer support within their communities, and hope that this will continue to develop and grow as the sessions progress.

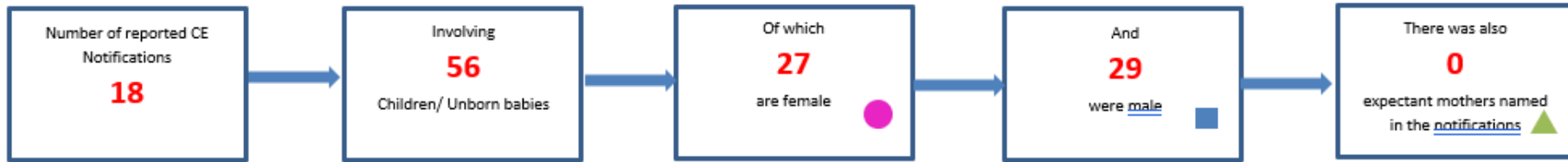
## 19. FRIENDS AND FAMILY TEST (FFT) TRFT FEBRUARY DATA

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



## Child Exploitation (CE) Reported to Health MASH

The information below has been collated by the Health MASH team and relates to notifications received from 1<sup>st</sup> Feb 2023 to 28<sup>th</sup> Feb 2023.



Source of Referral	Number of Referrals
Police	7
MASH	7
TRFT	1
Education	3

**Type of CE Referral**

Child Sexual Exploitation (CSE) Notifications: 5

Child Criminal Exploitation (CCE) Notifications: 13



Report Author- Debbie Appleby  
Health Support Officer, MASH – 17.03.2023

## 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



## Rotherham Place Board – Wednesday 17 May 2023

### Quarter 2 2022-23 Prescribing Report

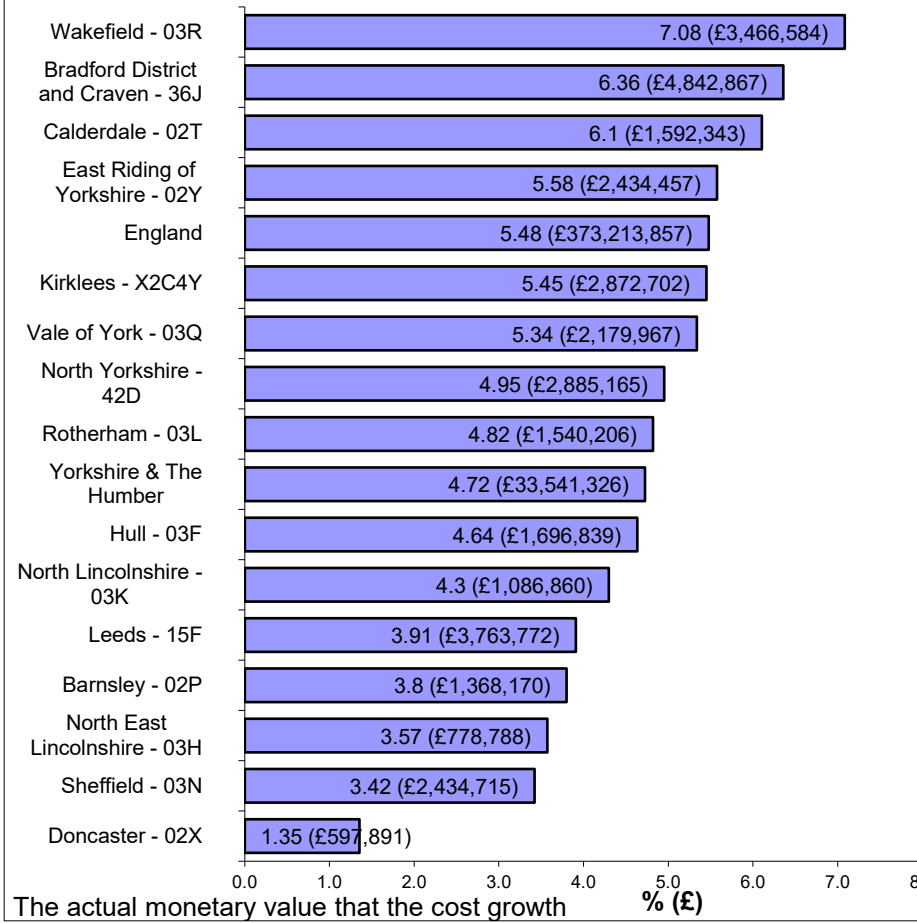
<b>Lead Executive</b>	<b>Wendy Allott, Chief Finance Officer – Rotherham, NHS SY ICB</b>
<b>Lead Officer</b>	<b>Stuart Lakin, Head of Medicines Management</b>

<b>Purpose</b>
To update Place Board on the Quarter 3 prescribing position. (Apr-December 2023)
<b>Background</b>
<p>The Medicines Management Team (MMT) monitors and advises on all aspects of prescribing that is attributed to Rotherham Place.</p> <p>The attached report details:</p> <ul style="list-style-type: none"> <li>• The financial performance against budget.</li> <li>• The quality initiatives that are being implemented.</li> </ul>
<b>Analysis of key issues and of risks</b>
See attached report.
<b>Patient, Public and Stakeholder Involvement</b>
Not applicable.
<b>Financial Implications</b>
<p>Prescribing is the second largest area of expenditure for Place and the South Yorkshire Integrated Care Board (ICB). Whilst the financial risk of this area of expenditure resides with the ICB, we have little influence over the “prescribers” whose actions impact on prescribing expenditure.</p> <p>Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:</p> <ul style="list-style-type: none"> <li>• National guidance (NICE etc)</li> <li>• New clinical evidence</li> <li>• Drug shortages – resulting in patients having to prescribing less cost-effective alternatives.</li> <li>• Drugs not available at drug tariff price (NHS contract price) NCSO – No cheaper stock obtainable.</li> </ul> <p>Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages/supply problems and the inability to obtain drugs at drug tariff prices, will all impact on prescribing costs.</p> <p>The MMT engages with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.</p>
<b>Approval history</b>
Not applicable.
<b>Recommendations</b>
Rotherham Place Board is asked to note the Quarter 3 position in the attached report.

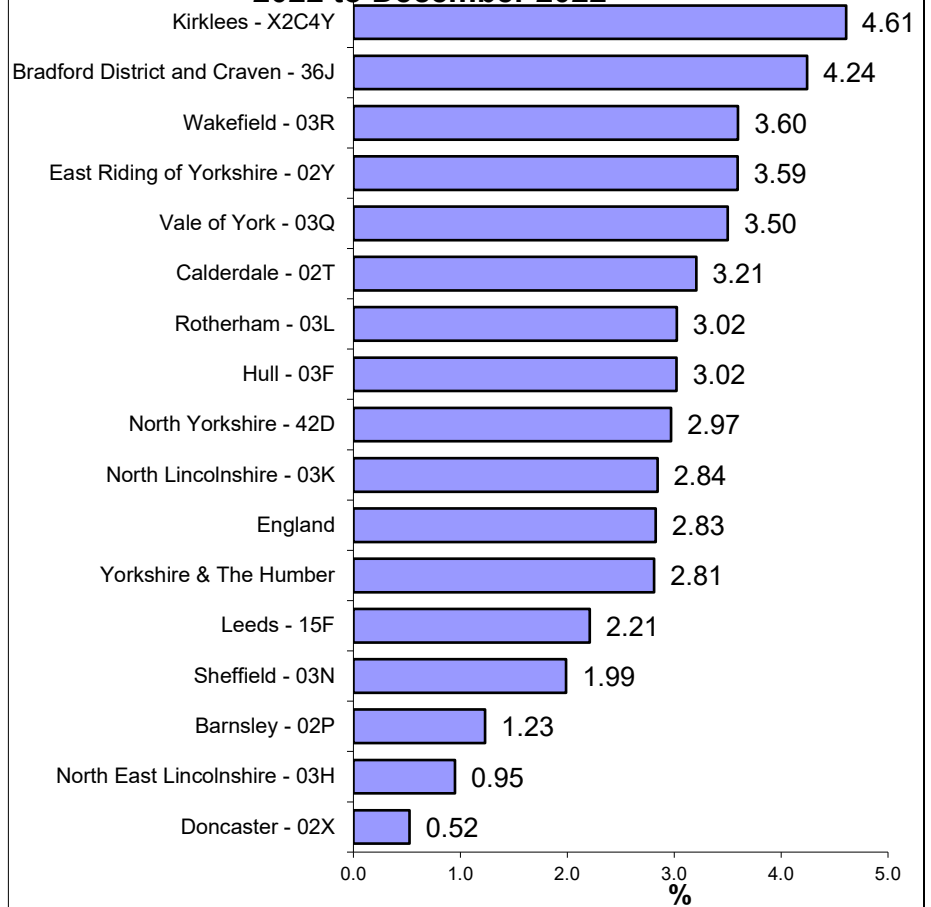
## 2022-23 Q2 (Jul-Dec 2022) Medicine Management Report

### NHS South Yorkshire SICBL Rotherham

#### Yorkshire & The Humber sub-ICBs: Cost growth - April 2022 to December 2022



#### Yorkshire & The Humber sub-ICBs: Item growth - April 2022 to December 2022

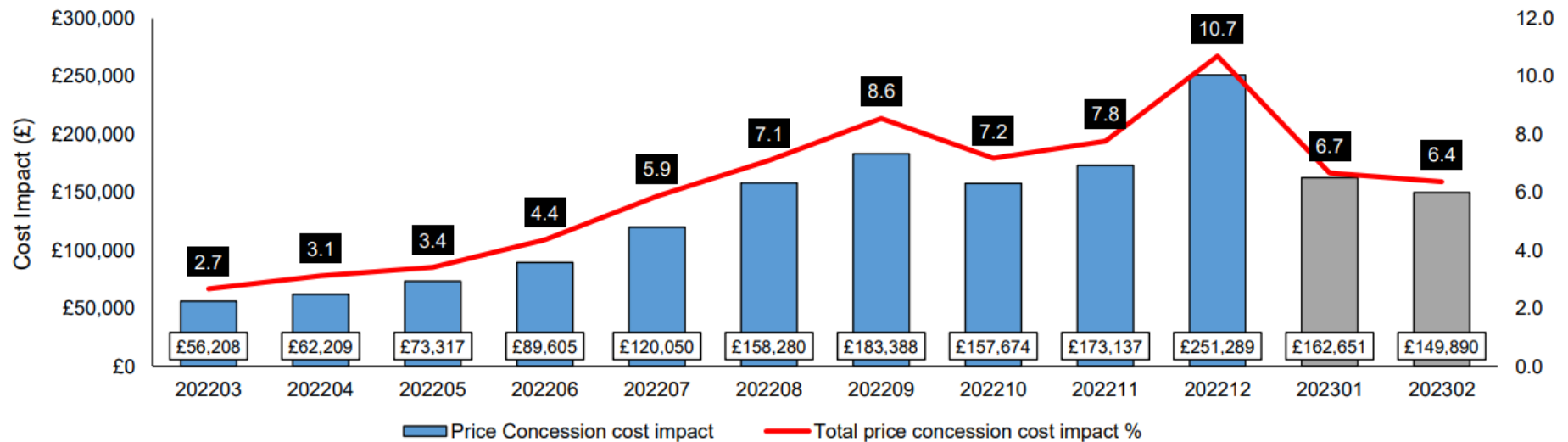


Cost growth = 4.82% adding £1,540,206, to Rotherham’s prescribing costs, this is below the cost growth for England = 5.48% but slightly above the average cost growth for Yorkshire & Humber (Y&H) = 4.72%. Cost growth is to some extent being driven by item growth (Volume) Rotherham is showing strong item growth at 3.02% which is above that for England = 2.83% and Y & H = 2.81%

NCSO\* issues contrubuted £1,073, 868 (69.7%) to Rotherham’s cost growth up to December 2022 these issues show no signs of abaiting.

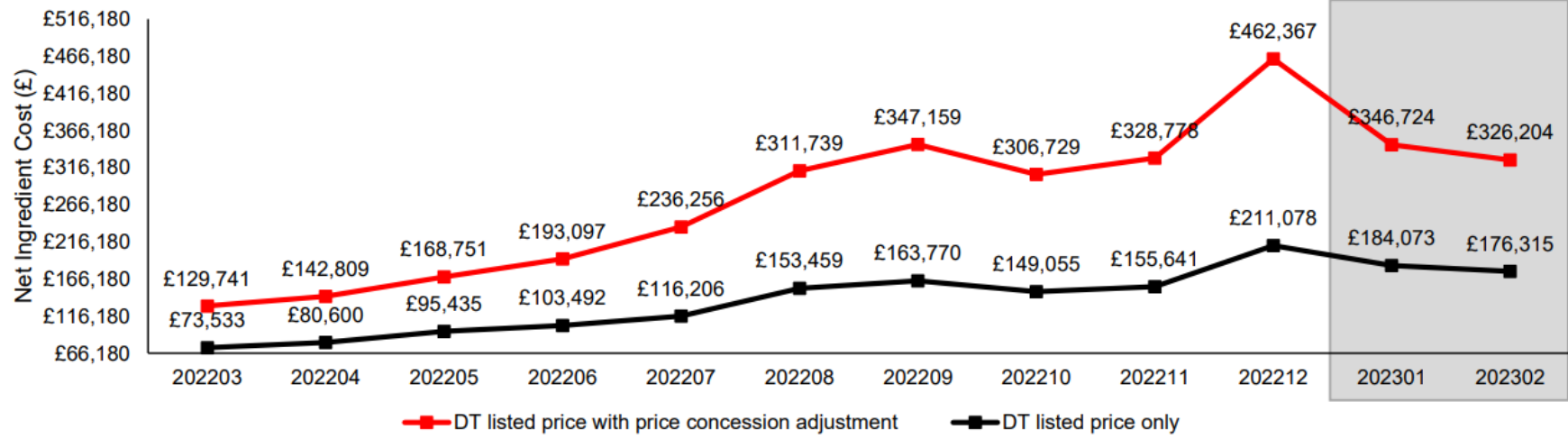
\*No cheaper stock obtainable = drugs not obtainavle at drug tariff prices.

Chart 2: Rotherham - Trend chart showing the cost impact (% and £) of changes to price concession status



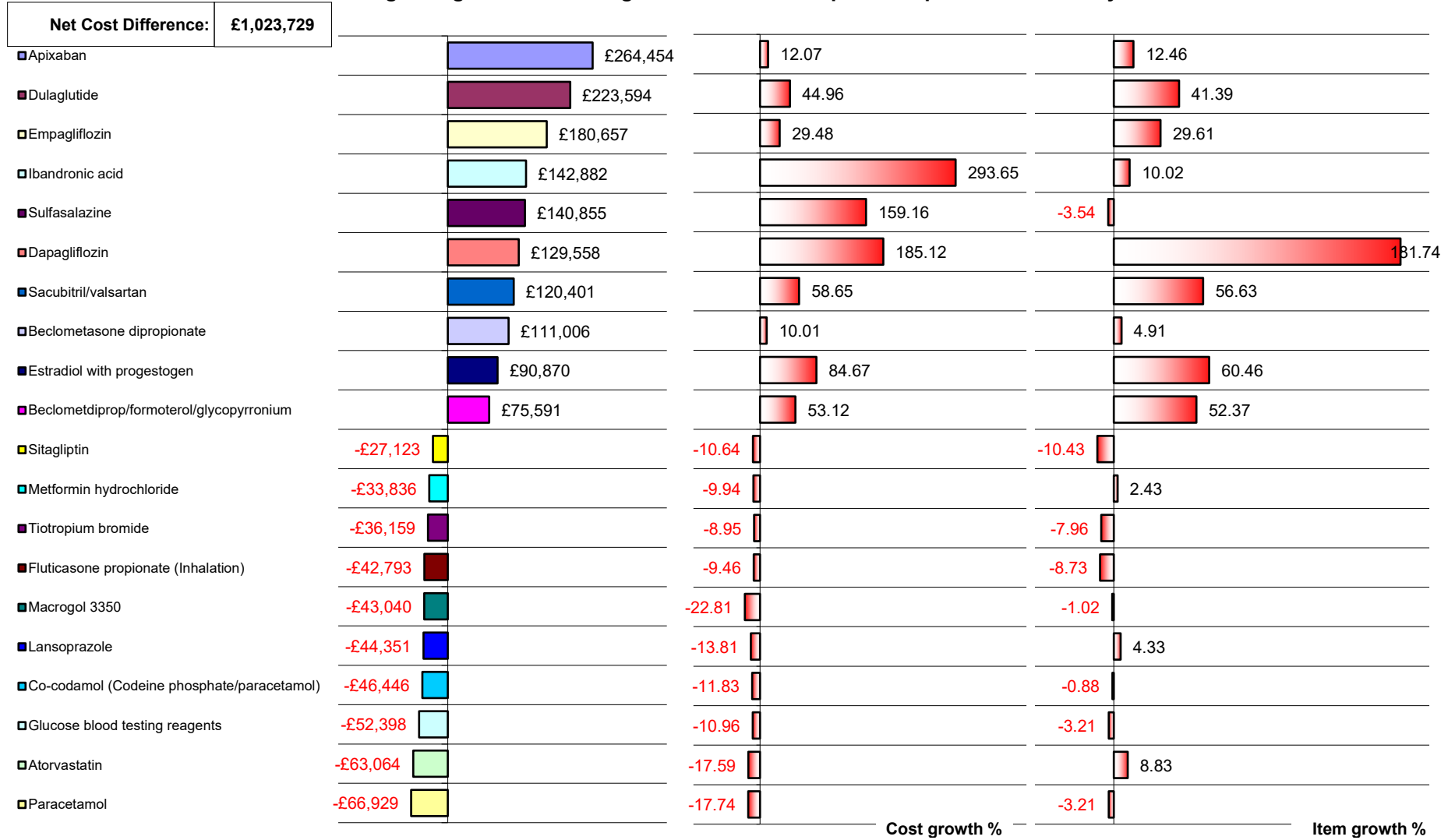
Predicted values

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



**Rotherham SICBL: Top 20 positive and negative Cost difference from the top 50 drugs in terms of current spend including cost growth % & item growth % from same period in previous financial year**

RDTG © 2022



## Cost Growth

### Therapeutic Area

		Cost YTD	Cost growth	Rotherham	Barnsley	Doncaster	Wakefield
1	Drugs used in diabetes	£5,553,513	£520,458	10.34%	6.06%	6.06%	9.89%
2	Drugs affecting bone metabolism	£329,668	£242,047	276.24%	174.31%	155.22%	133.83%
3	Anticoagulants	£3,294,263	£220,017	7.16%	7.06%	6.91%	13.06%
4	Sex Hormones	£553,302	£190,715	55.56%	46.76%	47.07%	64.89%
5	Detection sensors diabetes	£435,680	£162,869	55.67%	34.82%	22.95%	30.44%
6	Chronic bowel disorders	£614,640	£151,548	32.73%	22.18%	24.44%	17.28%
7	Respiratory corticosteroids	£2,809,565	£122,247	4.57%	-0.12%	-1.45%	2.49%
8	Vaccines & antisera	£614,314	£79,630	14.90%	0.70%	42.54%	9.30%
9	Antibacterial	£602,758	£77,543	14.76%	13.36%	7.27%	12.67%
10	Ca Antagonists & Nitrates	£820,192	£73,781	9.88%	-6.49%	-2.77%	17.47%
	<b>Total</b>		<b>£1,840,855</b>				

- **Drugs used in diabetes** - There 18,000 patients with diabetes in Rotherham approximately 2000 more patients with diabetes than before COVID (13% increase) the increase in costs is inline with the evidence base and NICE guidelines. Several initiatives are due to commence aiming at weight loss, diabetes prevention and medication reduction. An audit of insulin prescribing is planned to address the issues of insulin over-prescribing.
- **Detection sensors diabetes** - NICE guidance encourages the use of sensors and frequent FOI's are received on this subject. Rotherham has initiated a service model where Diabetes Specialist Nurses (DSN's) and dietitians initiate continuous and intermittent continuous blood glucose monitoring in group workshops thereby initiating the NICE guidance at a faster pace that elsewhere.
- **Drugs affecting bone metabolism** – This cost growth is due to one drug, namely Ibandronic acid and NCSO issues.
- **Anticoagulants** – The strong cost growth (7.16%) is in line with similar SICBL's. NICE guidance supports increased AF diagnoses and treatment and a move away from warfarin.

- **Sex Hormones** – HRT is showing strong national growth and product shortages makes efficiencies difficult, however, Rotherham is out-performing other areas this should plateau in 2023/24
- **Chronic Bowel Disorders** – NCSO issues for sulfasalazine – 159% cost growth but 3.5% item reduction. No choice of brand/generic. Choice of agent is outside of primary cares control.
- **Respiratory Corticosteroids**- Trimbow ( Beclometasone/formoterol/glycopyrronium ) is currently on our COPD guidelines as an ICS/LABA/LAMA choice, this was also on our previous guidelines. As we are seeing more patients switched to triple therapy, ICS/LABA/LAMA- we would expect to see an increase in prescribing as also Trimbow 87/5/9 NEXThaler is one of the DPI options and provides a lower carbon footprint than MDIs. We will expect to see more Trimbow prescribing in the future as per our Rotherham Place COPD guidelines. Our Rotherham Place Asthma guidelines currently recommend Clenil Modulite as a choice for ICS for both paediatric patients and adult patients as MDI option. This may explain the increase in prescribing of Beclometasone Dipropionate as Clenil Modulite.
- **Vaccines** An increase in uptake of Flu vaccine and Increase in HepB vaccination (mostly Gateway) as per National Migrant Guidance for refugee's accounts for the 14.8 % (£77,630) cost growth.
- **Antibacterial** – There was a significant reduction in antibacterial prescribing during COVID. Antibacterial prescribing has since returned to pre-covid levels.
- **Ca Antagonists & Nitrates** NCSO issues with lercandipine and lacidipine have added an additional £97,797 to prescribing costs accounting for the cost growth seen in this category.

	Drug	Cost YTD	Cost growth		
1	Apixaban	£2,455,501	£264,454	12.07%	Expected NOAC of choice.
2	Dulaglutide	£720,879	£223,594	44.96%	Diabetes GLP1 of choice
3	Empagliflozin	£793,508	£180,657	29.48%	Diabetes drug SGLT2 of choice
4	Ibandronic acid	£191,538	£142,882	293.65%	NCSO issues
5	Sulfasalazine	£229,356	£140,855	159.16%	NCSO issues
6	Dapagliflozin	£199,543	£129,558	185.12%	Diabetes drug DPP4 of choice
7	Sacubitril/valsartan	£325,697	£120,401	58.65%	Evidence based Heart Failure Drug
8	Estradiol with Progesterone	£198,193	£90,879	84.67%	HRT
9	Beclomethasone/formoterol/glycopyrronium	£217,899	£75,591	53.12%	Triple therapy Inhaler on COPD Algorithm
10	semaglutide	£157,111	£74,688	90.62%	Diabetes GLP1 of choice

## Item Growth

		Item YTD	Item growth	Rotherham	Barnsley	Doncaster	Wakefield	
1	Lipid regulating drugs	398,294	17,698	4.65%	1.90%	2.53%	4.47%	This should be seen as a positive as a key health prevention initiative
2	Antidepressant drugs	385,339	15,989	4.33%	3.14%	1.95%	4.34%	We have an innovative programme in place to review and stop antidepressant drugs and the Rotherhive website directs patients to a range of support.
3	Drugs used in diabetes	266,594	14,780	5.87%	2.78%	3.20%	5.23%	A number of diabetes treatment initiatives are due to launch in 2023/24
4	Antibacterial drugs	112,731	14,337	14.57%	13.11%	15.43%	14.98%	Item growth is due to an increase in prescribing following a dip during COVID. Item growth matches other areas
5	Ca Antagonists & Nitrates	251,543	13,087	5.49%	4.09%	1.97%	4.95%	Increased prescribing should be seen positively as this reflects better management of hypertension
6	Antisecretory drugs & mucosal protectants	348,757	13,058	3.89%	4.02%	2.34%	5.21%	The last 2 years have shown good engagement with reduction in patients on PPIs and reduction in High doses. Openprescribing also show very low use of High cost agents.
7	Sex hormones	44,094	11,485	35.22%	28.10%	30.58%	36.98%	HRT nationally there has been an increase HRT prescribing
8	Hypertension & Heart failure	320,692	7,931	2.54%	1.84%	1.45%	3.91%	Increased case finding and treatment
9	Anaemias & other blood disorders	93,336	7,111	8.25%	6.79%	3.54%	7.08%	Growth is spread across broad range of drugs
10	Beta-blockers	190,209	5,969	3.24%	1.38%	1.20%	3.44%	Increased case finding and treatment



## Item growth by drug

	Drug	Item YTD	Item growth		
1	Atorvastatin	277,280	22,495	8.83%	Improved lipid management should be viewed positively Atorvastatin is the drug of choice
2	Lansoprazole	228,911	9,510	4.33%	The last 2 years have shown good engagement with reduction of patients on PPIs and reduction in high doses. Lansoprazole capsules has been PPI of choice
3	Ramipril	170,139	6,524	3.99%	First line agent for hypertension and heart failure management
4	Apixaban	49,810	5,517	12.46%	First choice NOAC increased AF management should be viewed positively
5	Empagliflozin	23,133	5,285	29.61%	Diabetes increased patient numbers / a number of diabetes related initiatives are to be launched in 2023/24
6	Dapagliflozin	5,880	3,793	181.74%	Diabetes increased patient numbers / a number of diabetes related initiatives are to be launched in 2023/24
7	Estradiol with Progesterone	9,050	3,410	60.46%	HRT
8	Beclometasone	66,691	3,122	4.91%	Our Rotherham Place Asthma guidelines currently recommend Clenil Modulite as a choice for ICS for both paediatric patients and adult patients as MDI option.
9	Dulagultide	10,910	2,983	41.39%	Diabetes increased patient numbers / a number of diabetes related initiatives are to be launched in 2023/24
10	Famotidine	5,785	2,927	181.74%	Cheaper than nizatidine – the only option for patients allergic/intolerant to PPIs or require full histamine cover

## Practice Performance against budget.

A prescribing incentive scheme (PIS) was operational in 2022-23 but was not linked to a practices\PCN's performance against budget as was the case prior to COVID. The outcomes of the 2022/23 PIS will be reported in the end of year report.

It has been agreed that in 2023/24 the PIS will be once more linked to a practices/PCN's performance against budget, this however, may prove to be impractical given the ongoing NCSO issues. Setting realistic capitation practice\PCN budgets remains a challenge.


PCN	Practice	22/23 Yearly Budget	Budget Q1-Q3 22/23	Q1-Q3 Actual Spend	Q1-Q3 Over/underspend	
					£	%
<b>Health Village / Dearne Valley</b>	Clifton	£1,977,802	£1,483,352	£1,593,219	£109,868	7.41
	Market Surgery	£1,908,802	£1,431,602	£1,545,703	£114,102	7.97
	St Ann's	£3,201,992	£2,401,494	£2,345,001	<b>-£56,493</b>	-2.35
		<b>£7,088,596</b>	<b>£5,316,447</b>	<b>£5,483,923</b>	<b>£167,476</b>	<b>3.15</b>
<b>Maltby / Wickersley</b>	Blyth Road	£1,004,599	£753,449	£898,380	£144,931	19.24
	Braithwell Road	£640,349	£480,262	£513,099	£32,837	6.84
	Manor Field	£1,155,161	£866,371	£980,429	£114,058	13.17
	Morthern Road	£1,820,998	£1,365,749	£1,516,862	£151,114	11.06
	Wickersley HC	£1,065,028	£798,771	£878,715	£79,944	10.01
	<b>£5,686,135</b>	<b>£4,264,601</b>	<b>£4,787,485</b>	<b>£522,884</b>	<b>12.26</b>	
<b>Raven</b>	Brinsworth	£1,478,011	£1,108,508	£1,151,556	£43,048	3.88
	Gateway	£1,283,739	£962,804	£1,010,447	£47,643	4.95
	Stag	£1,953,146	£1,464,860	£1,640,912	£176,053	12.02
	Thorpe Hesley	£855,815	£641,861	£673,054	£31,193	4.86
	Treeton	£1,033,657	£775,243	£890,081	£114,838	14.81

**£6,604,368****£4,953,276****£5,366,050****£412,774****8.33**

<b>Rother Valley South</b>	Dinnington	£3,471,428	£2,603,571	£2,695,285	£91,714	3.52
	Kiveton Park	£1,721,101	£1,290,826	£1,436,472	£145,646	11.28
	Swallownest	£2,570,239	£1,927,679	£2,001,309	£73,630	3.82
	Village	£1,306,133	£979,600	£1,008,997	£29,397	3.00
		<b>£9,068,901</b>	<b>£6,801,676</b>	<b>£7,142,063</b>	<b>£340,387</b>	<b>5.00</b>
<b>Rotherham Central North</b>	Broom Lane	£2,409,732	£1,807,299	£1,872,750	£65,451	3.62
	Greasborough	£625,063	£468,797	£499,642	£30,844	6.58
	Greenside	£1,027,468	£770,601	£791,014	£20,413	2.65
	Woodstock Bower	£1,912,797	£1,434,598	£1,326,840	<b>-£107,758</b>	-7.51
		<b>£5,975,060</b>	<b>£4,481,295</b>	<b>£4,490,245</b>	<b>£8,950</b>	<b>0.20</b>
<b>Wentworth 1</b>	Crown Street	£1,678,177	£1,258,633	£1,280,955	£22,322	1.77
	High Street	£1,249,893	£937,420	£1,004,104	£66,684	7.11
	Magna	£2,433,452	£1,825,089	£1,740,470	<b>-£84,619</b>	-4.64
	Parkgate	£1,093,321	£819,991	£829,344	£9,353	1.14
	Rawmarsh	£580,408	£435,306	£398,178	<b>-£37,128</b>	-8.53
	Shakespeare Road	£762,811	£572,108	£395,457	<b>-£176,651</b>	30.88
	York Road	£741,574	£556,181	£562,826	£6,646	1.19
		<b>£8,539,636</b>	<b>£6,404,727</b>	<b>£6,211,334</b>	<b>-£193,393</b>	<b>-3.02</b>
<b>TOTAL</b>		<b>£42,962,696</b>	<b>£32,222,022</b>	<b>£33,481,100</b>	<b>£1,259,078</b>	<b>3.91</b>

## QIPP Savings Q3 22/23

A cost effective QIPP programme has been launched to run over the year this has achieved savings of £454,776 over 2022/23.

Title	Estimated efficiency	YTD saving	Supporting info & comments
<b>Changes of Combined Oral Contraceptives</b>	£12K	£7,254	Supply issues and extended prescription durations may affect savings.
<b>Edoxaban first line choice</b>	£100K	£40,506	Supporting practices to use most cost effective DOAC
<b>Co-codamol formulation change</b>	£30K	£26,138	Continued savings from work undertaken in 21/22 period
<b>Iron Sulphate reduction</b>		£3,000	 Iron supplements QIPP.docx
<b>Computerised decision support tool</b>	£200K	£315,512	Active management of decision support tool
<b>Use of Vencarm</b>	£22K	£6,803	Change to more cost effective Venalfaxine brand
<b>Buprenorphine patch choice</b>	£40K	To commence	Potential for use of cheaper brand subject to patient feedback
<b>Vitamin D switch to formulary</b>	£50K	£58,563	Rationalise to locally agreed choices.

## **Medicine Management Projects**

### **1. Non PBR drugs**

Rotherham place working across both Primary and Acute sectors has maintained a comparative high use of ranibizumab in the treatment of AMD, this has resulted in Rotherham having the highest % of patients on the biosimilar version of ranibizumab in the country which has generated a saving of 392K this financial year with a predicted saving of 672K in 2023/24.

Rotherham also has one of the highest usages of the biosimilar version of adalimumab which is generating a saving of 300k / year.

### **2. Diabetes**

Rotherham has 18,000 patients with diabetes, this is an 13% increase pre-covid. Prescribing expenditure on diabetes is predicted to amount to £7,330,223 in 2023/24 this is approximately 17% of all prescribing costs. Diabetes prescribing cost growth is currently running at 10.24% and the cost growth for continuous and continuous intermittent blood glucose monitoring is at 56% (+170K / 12 months).

There is a large variation across Rotherham practices in their performance in the management of diabetes and in practice referral rates to the various weight loss initiatives that have been commissioned nationally.

The MMT are working with the Rotherham GP federation in managing a 300K non-recurrent investment into a range of diabetes initiatives to improve the management of diabetes and decrease the variation across practices and focus on prevention.

Rotherham Diabetes initiatives 2023/24

- Training the federation team to contact diabetes patients that would benefit from participating in a weight loss intervention and making the referral.
- Offering diabetic reviews outside of routine GP practice hours (extended access) to improve engagement with patients that have difficulties in accessing GP appointments in core hours.
- Targeting type 2 diabetes patients that are about to commence insulin and improve their diabetes management by utilising a weight loss intervention.
- Specific clinics for type 2 diabetes patients on high doses of insulin but with poor HbA1c control

- Targeting patients that would benefit the most from an DSN appointment by using risk stratification tools such as Eclipse and PARM.
- Improving diabetes education and training across Rotherham.

Recently introduced dietitian clinics for patients newly diagnosed diabetes patients are proving their success with an average HbA1c improvement of 12mmol/mol and 30% of referred patients being in remission.

### **3. Health Inequalities**

#### Hypertension

- A range of searches have been developed to help practices identify the missed opportunities in the management of hypertension it is envisaged that this will help the variation across practices narrow over 23/24.
- The searches were linked to the 2022/23 IFF targets and have been remodelled to support 2023/24 OoF performance.
- Patients that are identified as requiring a BP measurement are being texted and directed to a community pharmacy that is providing the BP monitoring service. A system of communication utilising AccWeb has been developed and has been well received by GP practices and community pharmacies. Unfortunately lack of access to Ambulatory Blood Pressure Monitoring Machines (ABPM) is limiting the scope of this system.

#### Lipid Management

- A range of searches have been developed to identify patients that would benefit from lipid optimisation.
- These searches have been developed to refocus attention on the importance of primary prevention lipid modification which is not incentivised in the 2023/24 QoF.

### **4.Hypnotics and anxiolytics**

The successful antidepressant review model which has stopped antidepressant drugs in 405 patients\* Is to be applied to hypnotic and anxiolytic medication.

- Patients were identified that could be considered no longer requiring antidepressant medication. 657 patients contacted the service and 404 patients have stopped their antidepressant medication and 252 have decreased their dose.

## **5. Care Homes**

Hydration training has been delivered in 14 care homes, and the virtual training package is complete.

The care home team are actively working with the national hydration team and other hydration projects nationwide in the collation of outcome data.

Work continues on all aspects of medicine management in care homes working on improving communication and systems between the care home, community pharmacy and GP practice.

Working as part of a multi-disciplinary team the MM Care Home team have played a pivotal part in a large care homes CQC rating moving from inadequate to good.

## **6. Infant feeding pathway**

MM oversee a substantial investment that Rotherham place has made into community dietetic services. The latest innovation is the infant feeding pathway.

Any infant expected of having a milk allergy is referred initially to the dietetic service. In the last quarter there 128 new-borns were referred into this pathway this equals 19.5% of all Rotherham new-borns. (11.6% of all breast feed infants 24.4% of formula fed infants) only 8 infants require blood tests for IgE cows milk allergy (CMA) only 4 infants were diagnosed with CMA.

Rotherham has significantly lower expenditure on prescribed infant formulas than similar localities. The increase in referrals has resulted in the number of referrals seen within 7 days to 71% previously it was in excess of 90%. There is the potential to expand this service to also manage infant reflux if further investment could be found.

Stuart Lakin Head of Medicine Management NHS South Yorkshire SICBL Rotherham April 2024







## CAPITAL - ANALYSIS BY ORGANISATION

	Depreciation 21/22 FOT £'000	Gross asset value £'000	Backlog maintenance £'000	Prior year surplus £'000	RAAC £'000	22/23 TOTAL £'000	Adjustment 10% cap £'000	Adjusted allocation £'000	21/22 £'000	+/- £'000	Total backlog maintenance £'000	Backlog maintenanc cap £'000
SCH	5,560	895	1,351	670	0	8,476	0	8,476	9,106	(630)	20,728,000	133
Barnsley FT	6,310	969	1,138	0	0	8,418	0	8,418	8,926	(508)	17,466,510	112
Rotherham FT	8,107	1,838	516	0	0	10,461	0	10,461	11,548	(1,087)	7,918,046	51
STH	21,556	4,830	6,807	3,814	0	37,007	1,462	38,469	42,743	(4,274)	104,479,457	670
DBTH	9,828	2,737	9,644	0	10,300	32,509	(1,527)	30,982	18,895	12,087	148,010,979	950
RDASH	3,768	729	499	1,559	0	6,555	0	6,555	6,725	(170)	7,663,000	49
SHSC	3,406	702	588	1,946	0	6,642	65	6,707	7,452	(745)	9,031,500	58
	<u>58,536</u>	<u>12,699</u>	<u>20,543</u>	<u>7,989</u>	<u>10,300</u>	<u>110,067</u>	<u>0</u>	<u>110,067</u>	<u>105,395</u>	<u>4,672</u>	<u>315,297,492</u>	<u>2,023</u>
21/22 capital allocatic Note 1 Diagnostics	60,837	8,256	26,114	8,865	1,323	105,395						
22/23 shares	53%	12%	19%	7%	9%							
National shares	59%	14%	14%	8%	5%							



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# Board Assurance Framework, Risk Register and Issues Log

Rotherham Place Board (ICB Committee)

17 May 2023

<b>Author(s)</b>	Ruth Nutbrown – Head of Governance & Risk ICB Alison Hague – Corporate Services Manager Abby Sharp – Corporate Support Officer
<b>Sponsor Director</b>	Mark Janvier – Director of Corporate Governance & Board Secretary Will Cleary-Gray – Executive Director Strategy and Partnerships

**Purpose of Paper**

For members to receive the Board Assurance Framework (BAF), Risk Register (RR) and Issues Log (IL) which are extracts from the current Risk Management Framework for Rotherham.

**Key Issues / Points to Note**

The current BAF, RR and IL (attached as appendix 1, 2 and 3) 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 Executive Team will consider Risk and the BAF in detail monthly. The BAF, RR and IL will then be received at the Place Partnership ICB Committee monthly. On a quarterly basis, the BAF, RR and IL will be fully reviewed at the Place Partnership ICB Committee.

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.

**Governance**

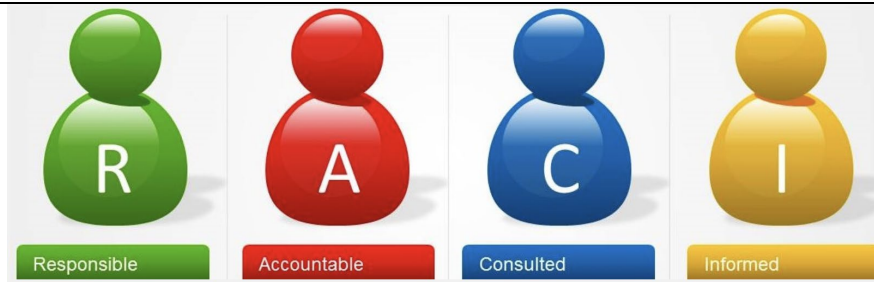
The Governance for Risk Management at Place is via the Executive Place Director, as shown in the diagram:

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.

Enc 1 shows the current Board Assurance Framework

Enc 2 shows the current ICB Risk Register.

Enc 3 shows the Open Issues Log

The RR and IL have been to the following committees/groups this quarter.

- Rotherham Place Executive Committee
- Operational Executive
- Rotherham Place Board (ICB Committee session)
- Medicines Management Optimisation Group
- Chief Nurse Meeting

Following discussion at OE further refinement has been made to the RR adding in a column that highlights the committee/group/individual responsible for delivering the mitigation.

As always the RR and IL is a live document and may have been updated since the papers deadline

**Is your report for Approval / Consideration / Noting**

For information

**Recommendations / Action Required by the Board**

To highlight any changes to the BAF, RR and IL as appropriate.

**Board Assurance Framework**

This document contains the BAF, Risk Register and Issues Log

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

Risk management is constantly developing, the current roll out to ICB Place committees will ensure stakeholder involvement in the ICB risk management framework.

# Enc 1 - Board Assurance Framework

Ref	How is the Board Assured that	Accountable Officers	Principal Oversight	RACI	Link to Risk Register/Issues Log	1st Line of Defence - Risk Ownership/ Front Line e.g. operational processes, project risk and control activity, business level monitoring	2nd Line of Defence - Risk Management/ Corporate Oversight Functions e.g. Finance, IT, Business Support, HR and Payroll	3rd Line of Defence - External and Internal audit, CQC, Regulator, CQC, Monitor.	Risk Appetite	Assurance Level	Rationale for confidence level	Control/Assurance Gap What additional actions need to be taken to manage this risk (including timescales) or what additional assurance do we need to seek.	What would be required to reduce the risk?	Residual Score	Assurance Level	ACTIONS SMART (Specific, Measurable, Achievable, Resourced and Timely).	Potential audit area
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse									Risk App 9								
1.1	The ICB commissions high quality, continually improving cost effective healthcare which meets the need of the population of SY: a. The ICB is maintaining quality, services and outcomes through local transformation; and b. has effective arrangements and processes in place to mitigate risk caused by deterioration in the quality of patient care and safety potentially resulting in patient harm, experience and reduced outcomes.	Executive Place Directors Executive Chief Nurse Chief Medical Officer	QIPPE supported by: - System Quality Group - SY Chief Nurses Group	Accountable	SY032, SY082, SY028, SY059, SY060, SY076, SY001, SY050, SY066, SY085, SY057, SY052	- Safeguarding Boards for Children and Adults - Care Homes/Provider Risk Meetings - Safer Stronger Partnership Board (SSPB) membership and sub groups - Quality & Performance Reports - National oversight and benchmarking of key quality performance targets - Incident Management Group (IMG) - Serious Incident Reporting - L&R Process - Continuing Health Care (CHC) capacity and capability - Complaints and enquiries process - Patient experience and engagement process - Integrated Performance Report - System Control Centre	- QIPPE Committee - 4 Place Committees - PLACE Quality oversight partnership - Developing Safeguarding Oversight Framework and Group - Audit and Risk Committee	- NHS Regional Quality Group - CQC - Integrated Care Partnership - Quarterly Regional NHS/ICB reviews SEND oversight Reviews - Regional Patient Safety Safeguarding, CHC, CYP Groups - Regional Safeguarding/SEND Heatmaps - Internal Audit reviews of Quality	3 x 4 = 12	Medium	- Quality Governance Framework developed to oversee Quality - Aligned Policies and Procedures - Developing quality surveillance model - ICB Governance Framework - Portfolio leadership on key aspects of quality, safety and statutory responsibilities through PLACE Chief Nurses, Chief Pharmacist and PLACE Medical Directors	- Plan to respond to managing environment and increasing pressures on acute services embedded in the 2023/24 Operational Plan, implementation April 2023 onwards. - Safeguarding oversight framework May 2023 - Alignment of Patient Experience as well as engagement into reporting cycle, and review of overall function as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme - Maturity in development of surveillance and appreciative inquiry model July 2023 - System Quality Strategy	- Maturity in Quality, Governance and Oversight models - Effective system-wide and Place Transformation programmes - Targeted and sufficient funding and workforce - Workforce redesign to support alignment of models - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	3 x 3 = 9	Medium	- ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023 - ICB Transformation PMO review completed and methodology and approach being implemented - 360 Audit on Quality scheduled - timing per Audit Plan - Safeguarding Oversight for Health Model in development - briefing to June QIPPE - 360 audit planned for safeguarding assurance - timing per Audit Plan - ICB Executive Director Portfolio Objectives - April 2023 - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.	Safeguarding Assurance
1.2	The local healthcare system is sustainable, accessible and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.	Executive Place Directors	ICB Place Committees, supported by: - System Leaders Executive	Accountable	SY031, SY032, SY082, SY013, SY028, SY059, SY060, SY076, SY069, SY040, SY064, IL02	- Development and implementation of effective system-wide and Place Operational Plans - Effective delivery management processes at place including Internal ICB escalation - Effective and responsive complaints and enquiries processes - Patient experience and engagement process - Integrated Care Strategy - 5 year ICB Plan - SSPB - NHS England/SY ICB Assurance MOU	- ICB Place Committees - Operational Executive - Board Sub Committee review	- Local HWBBS - NHS Single Oversight Framework - NHSE Assurance process	3 x 4 = 12	Medium	- Significant organisational focus and capacity at Place - Good system partnerships and working and strong track-record	- Ongoing, effective leadership in the development and implementation of Place Partnerships, collaborative working, and plan implementation - Subsidiarity at Place a fundamental and underpinning principle of the Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme - Ongoing focus on prevention of illness - Sufficient funding and workforce	- Greater certainty of finances and resources to provide planned services - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	3 x 3 = 9	Medium	- 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.	Place Delegation Arrangements and Effectiveness
Objective 2: Tackle Inequalities in Outcomes, Experience and Access - Executive Lead - Chief Medical Officer									Risk App 9								
2.1	Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment. The ICB is able to: a. risk stratify its population; b. engage effectively with all parts of its population to understand quality and patient experience, especially with those seldomly heard; and c. has effective plans to manage unwarranted variation in care and outcomes.	Executive Place Directors Chief Medical Officer Executive Director of Strategy & Partnerships Executive Place Directors	QIPPE, supported by: - ICB Place Committees - PHM SDG	Accountable	SY021, SY042, SY010, SY061, SY064, SY044	- ICS Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong relationship with Healthwatch - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and Delivery Plans - Integrated Care Partnership Strategy - Population Health Needs Assessment	- Population Management and Health Inequalities Delivery Group - Integrated Care Strategy - x 4 Place Partnership Committees	- Internal Audit review being undertaken - NHSE Assurance Framework - CQC	4x3=12	Medium	- Commitment at all levels to tackle inequalities - ICB strategy strong focus on importance of these issues - Driving principle underpinning Place Partnerships	- Sufficient resources to undertake the work required to facilitate inequalities - Health Care related inequalities are clearly reported, in equivalence with other ICB Duties	- Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Robust ICB 5-year Joint Forward plan - Effective Reporting of progress being made and mainstreamed in the Integrated Performance Report - Q2 2023 Stocktake - 360 Internal Audit Scheduled	4 x 2 = 8	Medium	- Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board - Robust ICB 5-year Joint Forward plan - Draft June 2023 - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake - 360 Internal Audit Scheduled	360 Internal Audit Scheduled
2.2	The ICB has an effective Operating Model to fulfil the organisations objectives.	Chief People Officer	Board, supported by: - People, Workforce and Culture Committee	Accountable	SY031, SY028, SY078 IL03	- BI monthly workforce reports to People Workforce and Culture Committee - OD Plan - Hybrid Agile Working Approach - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme	Sickness Absence Management Oversight by line managers, directors and NEDS. Internal Workforce Report to People Workforce and Culture Committee Report to Board from each Committee	- Internal audits by agreement annually - CQC Well Led Assessment	2x3 = 6	Medium	- Results of staff survey: Generally positive feedback, good response rates, clear areas for development - Significant transitional work prior to ICB establishment to ensure lift-and-shift of 4 well-performing CCGs	- Understanding capacity and finalisation of the TOM and any gaps in capacity, to build into required by the National ICB Running Cost Reduction Programme. - Lack of budgetary understanding of the TOM	- Understanding of the financial implications of the TOM and any gaps in capacity, to build into required by the National ICB Running Cost Reduction Programme. - Clarity over budget ownership - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	1x3 = 3	Low	- Understanding of the financial implications of the TOM and any gaps in capacity, to build into required by the National ICB Running Cost Reduction Programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.	Links into ICB Budgetary Management Audit processes
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships	Executive Place Directors, Director of Strategy and Partnerships	ICB Place Committees, supported by: - System Leaders Executive	Accountable	SY001, SY079, IL02	- ICB 5 year Plan - ICP Strategy - Place Plans	- Cancer Alliance - System Leaders Executive - Integrated Care Partnership - x4 Place Partnership Committees - Provider Collaboratives	- Y&B Clinical Networks - NEY NHSE Regional meeting	2 x 3 = 6	Medium	- Good foundations of working in partnership	- Strengthen governance between ICB and provider collaboratives - Subsidiarity at Place a fundamental and underpinning principle of the Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme	- Evidence that the control measures are effective - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	2 x 3 = 6	Medium	- Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.	HI Audit
Objective 3: Enhance Productivity and Value for Money - Executive Leads - Director of Strategy & Partnerships/Chief Finance Officer									Risk App								
3.1	The ICB is working in the best way to make sure the best use of resources: a. there is an effective Operating Model to fulfil the organisations objectives b. Partnership arrangements are fully exploited to secure effective arrangements in Place c. Strong and effective collaborative arrangements are operating at a system level	Executive Director Team Executive Director Team Executive Place Directors Executive Director Team	Board, supported by: - Finance and Investment Committee - Operational Executive	Accountable	SY031, SY013	- Target Operating Model (TOM) currently being implemented following resource review. - Board fully signed on TOM, Audit & Risk Committee, Finance and Investment Committee, People and Culture committee also receiving reports - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme	- There is a Financial plan in place supporting the TOM reporting to Operational Executive - There is full Organisational Redesign Programme stood up to review and implement the requirements of the National ICB Running Cost Allowance Reduction programme	Planning guidance 2023/24 we have to do things "efficiently" reporting to NHSE with oversight place	3x3 = 9	Medium	- Board is sighted on the TOM with review periods agreed.	- Fully develop and embed the ICB BAF - Embed and refine Corporate Risk Management processes	- Review TOM and continually make changes when needed - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	1x3 = 3	Low	- BAF Deep Dive with Operational Executive and revision, emerging in 2023/24 - Review in conjunction with Running Cost Allowance work programme in Q1 23/24.	No
3.2	ICB/ICB delivery is joined up so resource is not duplicated on workstreams. Integrated approach to care delivery for our staff and our patients.	Executive Director Team	Board, supported by: - Finance and Investment Committee - Operational Executive	Accountable	SY006, SY066, SY069	Health and care partnerships in every Place. Board reports from Places - ICP, and system collaborative Governance	Delivery dashboard	NHSE oversight re active workstreams delivering the right priorities.	3x4=12	Medium	- Existing plans in place for delivery.	- 22/23 plans in place need transforming for 23/24 - Review and consolidate ICB approach to Transformation PMO - Implement single and consistent Improvement methodology across the ICB	- Completion of the stated actions	3x3=9	Medium	- Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning - finalise July 2023 - ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023 - ICB Transformation PMO review completed and methodology and approach being implemented	System wide approach to transformation cited as a potential joint in ternal audit for 23/24.
3.5	The ICB is appropriately delivering the right financial environment to optimise the broader value of the health and care system, which addresses the inefficiency in the incumbent costs of provision, in order to try and redeploy resource towards upstream and preventative interventions which enable broader determinants of disease to be addressed, and therefore delivers a balanced plan	Chief Financial Officer	Board, supported by: - Finance and Investment Committee	Accountable	SY013, SY042, IL02	- Finance, Capital and Estates Delivery - System Leadership Group - Operational Executive - Finance and Investment Committee	- Management within each provider and within each place - Oversight from Corporate ICB finance team	- NHSE routine monthly financial oversight and engagement - Key financial control monitoring from Internal Audit - Financial scrutiny via external audit process - Contribution to Model Hospital and Model Health System	3x4=12	Medium	- 2022/23: £20m YTD system deficit at month 9 - reviewing approaches to deliver break even for 22/23. - More problematic initial assessment of 23/24 underway and highly likely that the non recurrent measures which have deliver a potential for a balanced plan in 22/23 will not be available again in 23/24.	- Secure action to address the 2022/23 deficit and deliver a break even position - Generation of system wide plans for transformation to complete this work as and if possible by the 31st March 2023 - Formulation and agreement across the South Yorkshire system of the 2023/24 Operating and Financial Plan	- Completion of the stated actions	3x3=9	Medium	- Secure action to address the 2022/23 deficit and deliver a break even position - 31st March 2023 - Generation of system wide plans for transformation in keeping with 23/24 financial planning guidance. To complete this work as and if possible by the 31st March 2023 - Formulation and agreement across the South Yorkshire system of the 2023/24 Operating and Financial Plan - final plan to ICB Board July 2023	System wide approach to transformation cited as a potential joint in ternal audit for 23/24.
Objective 4: Help the NHS Support Broader Social and Economic Value - Executive Lead, Director of Strategy & Partnerships									Risk App								
4.3	The number of transformation workstreams within Places are being delivered. Inherent Risks are mitigated: a. potential funding gap. b. System operational pressures preventing transformation to reduce health inequalities and health outcomes.	Executive Place Directors Chief Finance Officer Chief Medical Officer (UEC SRO)	Board, supported by: - Finance and Investment Committee - ICB Place Committees - System Leaders Executive - Operational Executive	Accountable	SY013, SY044, IL02	- Place Committee - Partnership Agreements - Population Health and Health Inequalities System Delivery Group	Producing strategies and plans through a Governance process/ committees	NHSE review of Health Inequalities focussed funding	4x3=12 reduced to 3x3=9	Medium	- Transformation workstreams under current review. - Place directors currently reviewing their transformation workstreams and plans in each place.	- Consideration to quality improvement methodology and approach to manage programmes and plans. - Prioritisation of committees across SY identified as most in need and differential funding to help address gap in access care and outcomes.	Nothing to report	3x3= 9	Medium	- Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning - finalise July 2023 - ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023 - ICB Transformation PMO review completed and methodology and approach being implemented	
4.4	The ICB is working as part of an integrated care partnership collaborating with the South Yorkshire Mayoral Combined Authority, and partners in the development of priorities and delivery plans.	Director of Strategy & Partnerships and Exec Place Directors	Integrated Care Partnership, supported by: - ICB Board - ICB Place Committees - System Leaders Executive - Operational Executive	Consulted	IL02	Reports to the integrated care partnership and health and care partnerships in every place	Producing strategies and plans through a Governance process/ committees	CQC review, NHSE review, DHSC	2x3 = 6	Medium	- The ICB has just received the strategy from the ICP - next stage to develop into delivery plans	- 5 year forward delivery plan - how to translate the strategy into real plans, reliant on other organisation such as LA's to respond to the strategy - this is outside our control	- Robust ICB 5-year Joint Forward plan	2x3= 6	Medium	- Robust ICB 5-year Joint Forward plan - Draft June 2023	

# Enc 2 - Open Risks

Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Initial Risk			RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Residual Risk			Date risk assessed	Responsible person for updates	Progress / update	Date for reassessment	Assurance	Oversight	1/4 added to risk reg	Commentary to Support Review
						Likelihood	Impact	Score					Likelihood	Impact	Residual Score								
SY012	Equality and Diversity	All Places	1,2,5,6		<b>Equality &amp; Diversity</b> - If a culture supportive of equality and diversity is not embedded across the ICB there is a risk that the ICB will fail to discharge its statutory duties as an employer and will not adequately consider issues of equality within the services we commission.	3	4	12	Accountable	<ul style="list-style-type: none"> <li>- ICB has Equality Objectives Action Plan,</li> <li>- Full suite of HR policies in place supported by robust EIA,</li> <li>- EIA Processes</li> <li>- EAD training is a mandatory requirement for all staff</li> <li>- Values &amp; behaviours included within corporate performance review documentation,</li> <li>- Values &amp; behaviours embedded through use of values based recruitment techniques and staff networks,</li> <li>- Regular staff surveys with resulting action plans.</li> </ul>	Chief People Officer	Previous CCG Risk Management Processes	4	4	16	20/02/2023 19/04/2023	Chief People Officer	EDS2/2022 Public Sector Equality Duties WRES/DES Action Plans relating to staff survey results Awaiting actions from Cox v NHS case	Monthly	Operational Executive Group	People, Workforce and Culture Committee	Q4	
SY028	Cancer	All places	1,2,5,6	BAF 1.1, BAF 1.2 BAF 2.2	<b>Oncology Workforce Challenges</b> – In recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower GI service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer-term solution which is being led by the Cancer Alliance.	3	4	12	Accountable	National mitigation for recruitment on oncology workforce including mitigation of recruitment barriers (e.g. perceptions of a demanding speciality with complex care and hazardous work environments)	Director of Strategy and Partnerships	CCG Due Diligence Assurance Letters	4	4	16	05/12/2022 19/04/2023	Barnsley: Siobhan Lendzionowski Doncaster: Anthony Fitzgerald Rotherham: Chris Edwards Sheffield: Emma Latimer	Barnsley: Awaiting update Doncaster: Awaiting update Rotherham: Awaiting update Sheffield: Awaiting update	Monthly	Quality, Performance, Involvement, Experience	Audit and Risk Committee	Q3	Commentary from Doncaster - this relates to the cancer alliance - ICB risk not place
SY082	Mental Health Services Inc. LD/Autism	All places	1,2,3,5,6	BAF 1.1, BAF 1.2	<b>Adult Mental Health</b> - Sustainability of improvement in the quality of service in relation to Adult MH service across the ICB increasing presentation for Eating Disorders. Urgent need leading to increased acuity in presentation, increase demand in primary care and for crisis support	3	4	12	Accountable	Partnership eating disorders T&F group established, Alternative to Crisis reduction/ prevention provision commissioned, Development of MH ARRS model in primary care	Deputy Place Director	Claire Smith	4	4	16	05/12/2022 24/03/2023 30/03/2023 19/04/2023	Barnsley – Jayne Sivakumar Sheffield – Alan Windle Rotherham – Sue Cassin Doncaster – Andrew Russell	Barnsley: Transformation and Delivery Team structure has been reviewed to ensure appropriate capacity and focus on agreed national, Regional, SY and Barnsley priorities. Quality and Safety Governance arrangements have been established at place and feed into the Barnsley Place Committee of the ICB. Doncaster: see comment column  Rotherham: Pathways aren't right, access to care isn't what it needs to be - national issue  Sheffield: Awaiting update	Monthly	All Place Committees	Quality, Performance, Involvement, Experience	Q3	Barnsley: Think this one should be for the Place Chief Nurses although I am not sure I fully understand what the actual risk is here. It seems to just be very generic that if we don't commission services effectively due to capacity there could be negative impacts. Doncaster: commentary from Doncaster is this the same as the previous quality risks? Doncaster suggested that chief Nurses are not the responsible person for updates that it should be the commissioning managers.
SY089	Primary Care	All places			<b>There is a risk that primary care related commissioning decisions</b> are not evidence-based due to lack of knowledge/access to primary care data (following cessation of MYQUEST) - resulting in an inability to progress population health management and a risk of poorer outcomes for patients.	5	3	15	Responsible	Primary care data now available for benchmarking. Primary care is also moving towards Opal reporting on a routine basis. Looking at a programme called Eclipse which will be able to contact primary care and secondary care data and produce risk stratification.	Ian Atkinson / Lisa Kell / Kieran Baker	Sheffield CCG Risk Register - 1856	4	3	12	28/12/2022 05/04/2023 19/04/2023	Tracey Standefine	Exploring Eclipse programme	Quarterly	Primary and Community Care Delivery Group	Sheffield Place Partnership Committee	Q3	Sheffield - Query SY Digital/PHM should have oversight
SY013	Finance inc Fraud	All places	3	BAF 1.2, BAF 3.1, BAF 3.5, BAF 4.3	<b>Financial Pressures</b> – there is a key risk across the system related to the current financial pressures faced by the ICB as it is established, working jointly across the system to deliver efficiencies in year and beyond will be key to financial recovery and we have initiated this work throughout the NHS Operational Planning round, with ICB designates and System Partners. Risk that we cannot achieve the statutory requirement to deliver a break even position	4	3	12	Responsible	We are now reviewing year end risks and opportunities across each of the NHS organisations with the ICS, to see how we can deliver the best financial performance we can, with some pilot work underway on a place based recovery plan for Doncaster that we will work on. There has been an approach described for financial planning for 23/24 which starts earlier than the national timetable which has been discussed at FEDG and SLE. There is also work underway to describe the nature and responsibilities for the broader change and transformation plans for 23/24.	Chief Finance Officer	CCG Due Diligence Assurance Letters	4	3	12	16/11/2022 02/03/2023 16/03/2023 23/03/2023 04/04/2023 19/04/2023	Barnsley – Roxanna Naylor Sheffield – Jackie Mills Rotherham – Wendy Allott Doncaster – Hayley Tingle	Barnsley: On track to deliver against required target.  Doncaster: financial position continually reviewed in line with delegated budgets. Take monthly report detailing financial position to our formal SMT. In addition is reported up to the ICB as part of the monthly monitoring requirements.  Rotherham: The current forecast for the 2023 position is to deliver in line with plan.  Sheffield: Single corporate risk owned by the ICB.	Quarterly	All Place Committees	Finance & Investment Committee	Q3	Highly likely to deliver in 23/23, a lot of planning work is required in 23/24.
SY021	Quality	ICB	1,2,5,6,8	BAF 2.1	<b>LeDeR</b> If LeDeR reviews are not carried out within the target timeframes set out NHSE there is a risk that Specific themes and local action from learning will not be identified and implemented in a timely way, ultimately resulting in avoidable health inequalities and deaths. The ICB will be in breach of its key deliverables and risk criticism and further action by NHSE!	4	3	12	Responsible	<ul style="list-style-type: none"> <li>- Barnsley Place commissioned North East Commissioning Support to complete 13 outstanding reviews</li> <li>- Barnsley will consider contributing to a central reviewer resource within the SY ICB for all future reviews</li> <li>- South Yorkshire approach to manage LeDeR</li> </ul>	Barnsley Place Director	Previous CCG Risk Management Processes	4	3	12	01/06/2022 07/12/2022 24/03/2023 30/03/2023	Kelly Glover	Barnsley: LeDeR reviewer resource very small (2 reviewers (0.2 WTE) who do this aside to their core roles). SY business case submitted for central reviewer resource.  As of 9/03/23 were 21 reviews in the system.SY business case submitted.  Doncaster: Chief Nurse Backlog of overdue reviews and unallocated reviews due to capacity and resource. RMBC have requested no further cases for their reviewers. ICB and NHSE aware of the current position. Working towards a central SY ICB reviewing team. Health Inequalities continue to be addressed as does national data for local steering. Working through what the model is and trying to land on system or local process and resource. Options	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	Q1	SC changed to Kelly Glover
SY040	Children and Young People	Rotherham	5, 6	BAF 1.2	<b>Rotherham CAMHS</b> - Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (1 year waits) in Rotherham. Urgent need leading to increased acuity in presentation, Continued dissatisfaction in the service by GPs, families and young children.	3	4	12	Accountable	<ul style="list-style-type: none"> <li>- Weekly meeting between RIB and RDaSH, CAMHS and TRF.</li> <li>- Monthly CAMHS contract performance meeting.</li> </ul>	Executive Place Director Rotherham	Previous CCG Risk Management Processes	3	4	12	05/12/2022 02/03/2023 19/04/2023	Joint Assistant Director Commissioning, Quality and Performance, CYPs, Rotherham	Rotherham: significant investment within neurodevelopment for CAMHS over the past few years to increase capacity, further work on pathways and how education access the service is reducing the number of people and time waiting which is positive. This is being reviewed and governance is through our Place leadership board.	Quarterly	Rotherham Place Committee	Quality, Performance, Involvement, Experience	Q3	
SY076	Children and Young People	All places	1, 3, 5, 6	BAF 1.1, BAF 1.2	<b>Clinical Management</b> - If there is insufficient clinical management of individual cases for children and young people with section 117s and Care Education and Treatment Reviews (CETR), eg due to a lack of capacity/funding within existing teams, there is a risk of protracted process and poor outcomes for this group of patients.	4	3	12	Accountable	Ongoing discussions around collaboration for case management, including different responsibilities for case managers and caseloads across the areas.	Chief Nursing Officer	Previous CCG Risk Management Processes	4	3	12	05/12/2022 21/03/2023 24/03/2023 30/03/2023 19/04/2023	Barnsley – Jayne Sivakumar Sheffield – Alan Windle Rotherham – Sue Cassin Doncaster – Andrew Russell	Barnsley: Awaiting update  Doncaster: Not a challenge for Doncaster to manage.  Rotherham: we are not aware of any children and young people with new S117 eligibility since October 2021. No current difficulties with capacity. There were 4 CETR's carried out in the last calendar so again this would not currently have an impact on clinical management. Closely monitoring but workload increasing Sheffield: Awaiting update	Quarterly	Quality, Performance, Involvement, Experience	Audit and Risk Committee	Q3	



Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Responsible person for updates	Progress / update	Date for reassessment	Assurance	Oversight	1/4 added to risk reg	Commentary to Support Review
SY091	Equality and Diversity	All places	1,2,8	BAF 2.1	<b>There is a risk of a legal challenge on an ICB decision being upheld</b> due to insufficient communications and engagement capacity in the ICB, particularly within Place teams, and poor awareness of senior staff on the need to engage and consult around service change resulting in reputational damage, delays in the implementation of transformation and financial costs of fighting judicial review.	3	4	12	Accountable	consultation principles are set out clearly for reconfigurations and service change within the NHS.	Director of Communications and Engagement	Previous CCG Risk Management Processes	3	4	12	05/12/2022 19/04/2023	Barnsley: Kirsty Waknell Doncaster: Assistant Chief Officer Associate Director of Corporate Services	Barnsley: Awaiting update Doncaster: Doncaster: 22/23 staff survey concluded - awaiting results and action plan No E+D operational lead identified for the ICB. No ICB strategy/policy/procedural document in existence. EDS2 being completed. No ICB E+D annual report completed. Rotherham: 22/23 staff survey concluded - Rotherham have analysed the results and identified key areas to improve. In terms of provision Equality impact assessment are completed on any service changes - but as above for Doncaster Sheffield: Awaiting update	Quarterly	TBC	Quality, Performance, Involvement, Experience	Q3	Rotherham: Do we need a generic risk
SY031	People	All places	4, 8	BAF 1.2, BAF 2.2	<b>Workforce</b> There is a risk that the ICB may not have the right capacity, capability or resources due to potential management cost pressures to meet its local and delegated objectives caused by a reduction in staffing levels resulting in reputational and structural impacts and not being able to maintain effective partnership working.	5	4	20	Responsible	- Constitution, Standing Orders, Governance Meeting Structure, Risk Management, Information Governance, Health & Safety, Emergency Preparedness and Mandatory & Statutory training - Organisational Development / Learning & Development budget - Personal Development Reviews (PDRs)/Talent Management Policy - Management of organisational change policy Talent Conversations Training and Development Supporting colleague making good choices Sharing of vacancies across South Yorkshire Review of core purpose and organisational design	Chief People Officer / Chief Executive	Government communications	3	3	9	20/02/2023 07/03/2023 19/04/2023	ICB - Lisa Devanney	Rotherham - Impacted by 30% reduction in running costs	Monthly	JSC/Operational Executive Group	People, Workforce and Culture Committee	Q4	
SY006	Covid-19	All places	1,2,3,5,6,7	BAF 3.2	<b>Covid-19 System Recovery</b> - the challenges related to the impact of the Covid-19 pandemic on a broad range of health, care and public services, we have over the course of this NHS Operational Planning round worked in collaboration across the South Yorkshire system and the risks related to delivering 2022/23 aspirations is a key part of our transition. It will be paramount for the ICB to continue to support our Providers in delivering to the requirements of the South Yorkshire population and providing support to mitigate specific risks throughout the year and beyond.	4	3	12	Accountable	Covid 19 vaccination and booster programme reduces the likelihood of the population to become as ill with covid as previous. Tracking of impact also allows us to know the impact of current variants	Director of Strategy and Partnerships	CCG Due Diligence Assurance Letters	3	3	9	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023	Barnsley: Jo Minton / Jamie Wike Doncaster: Alisa Leighton Rotherham: Chris Edwards Sheffield: Emma Latimer	Rotherham: Place Partnership Plan in place to support recovery, overseen by the Place Partnership Delivery Group and Place Partnership. Dashboard in place to provide the partnership with intelligence and updates on performance/delivery to inform development of future plans. Strong arrangements for vaccination in place to support delivery of the spring vaccination programme. Rotherham: Place Partnership Plan in place to support recovery, overseen by PLT. Performance Dashboard in place across partners to provide the partnership with intelligence and updates on performance/delivery to inform development of future plans. Covid trends on weekly PLT agenda including wider PH update. Strong arrangements for vaccination in place to support delivery of the spring vaccination programme. Acute Federation are working with us to coordinate the response to elective and diagnostic waiting lists Doncaster: Doncaster Place have Place Committee who oversee recovery from Doncaster perspective. Also picked up at Team Doncaster level with wider partners in Doncaster. Have a vaccination Programme in place for Spring/Autumn	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	Q3	Barnsley: Not sure this as it is described is a risk as such - is about recovering services to the levels of activity expected in operational planning etc or is it about the workforce recovering from exhaustion or is it about health outcomes and the impact of the pandemic?
SY016	Finance inc Fraud	All places	1,3,5,6		<b>Fraud</b> - There is a risk that CHC / PHB funds provided for patient care are intentionally diverted by patients or their carers for other means not care related	3	4	12	Responsible	- Robust policies for CHC and PHB. - Broadsheet used where there are checks against costs. - PHBs are regularly audited - Where a risk may be evidence, advice would be requested from the Local Counter Fraud Officer. - All PHBs are signed and authorised	Place Chief Finance Officer	Previous CCG Risk Management Processes	3	3	9	18/11/2022 02/03/2023 23/03/2023 19/04/2023	Barnsley - Roxanna Naylor Sheffield - Alan Windle Rotherham - Wendy Allott Doncaster - Hayley Tingle	Barnsley: Barnsley: reviewing all CHC/PHB processes/systems - plan to undertake a joint ICB/LA internal audit review of processes due to take place in Q1 2023/24. Had a full review of the function of all CHC complex case management which included PHB, will be captured as part of this review. Doncaster: Audit undertaken identified specific risks in relation to PHB. Developing action plan in conjunction with LA to ensure robust system and processes are in place to mitigate. Rotherham: No change. Audit arrangements in place to give assurance.	Quarterly	All Place Committees	Audit and Risk Committee	Q3	
SY042	Finance inc Fraud	ICB	6, 7	BAF 2.1, BAF 3.5	<b>Service Delivery</b> - There is a risk that the number of transformation workstreams within Places are not delivered which will cause a non delivery of our plans of services population health improvement and potential funding gap.	4	3	12	Accountable	- Place Committee - Partnership Agreements	Chief Finance Officer	Previous CCG Risk Management Processes	3	3	9	05/12/2022 02/03/2023 16/03/2023	Chief Finance Officer	Barnsley: Awaiting update Doncaster: Awaiting update Rotherham: Refresh of Place Plan for 23-24 to align to JFP which will focus on our key priorities. Resource within teams will be allocated to support assurance through to Place Committee. Identification of funding i.e. joint posts for transformation. PMO being rolled out and QSIR to support with quality	Quarterly	All Place Committees	Finance & Investment Committee	Q3	All four places are planning their 23/24 improvement and transformation work now.
SY066	Adult Services	ICB	1,5,6	BAF 1.1, BAF 3.2	<b>Delayed Discharge From Hospital both acute and Mental health</b> - Pressure in system compounded by capacity, workforce gaps both within and outside of acute care leading to the potential for deconditioning, further delays, avoidable harm and poor experience. Wrong place of care for optimum therapeutic treatment for people with mental health, LD and Autism diagnosis.	4	3	12	Accountable	Ongoing priority work as part of UEC alliance and priorities within each Place. Creative workforce solutions being explored. Areas of good practice being shared via system executive leaders group. MHLDA Programme - Wendy Lower Accountable Officer for programme.	Chief Medical Officer	Regional Quality Group	3	3	9	18/12/2022 02/03/2023 16/03/2023	Dr David Crichton	A number of funding allocations have been received by Health and Care to aid Medication Fit for Discharge (MFFD) to be safely discharged from hospital. A specific initiative for Mental Health discharges has commenced. An additional funding allocation has been made to increase General and Acute Bed capacity over 2023/24, plans are being developed to Working through respective governance to mitigate risk including all key departments and members of staff. Escalated as and when appro to NHSE and a number of workshops in Feb/March to work through main risks. Will sign off two memoranda of understanding with NHSE covering working arrangements from April to July and July onwards when NHSE staff transfer to the ICB. Series of knowledge transfer events led by NHSE teams to ICB staff. Number of HR events with NHS staff to prepare for transfer. Verbal update to Board in March. Formal paper to report to be delivered on 30th March 2023. Session: Barnsley: Jo Minton	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	Q3	
SY069	Primary Care	ICB	1,2,3,5,6	BAF 1.2, BAF 3.2	<b>Primary Care Delegation</b> - There is a risk to the safe and sustainable transfer of Community responsibility for Dental, Community Pharmacy and Optometry from NHSE.	4	3	12	Accountable	POD delegation governance at regional and SY level. Task and finish groups aligned to specific workstreams (eg Finance, HR etc) Board assurance through respective committees and chairs. Safe delegation checklists and reporting. MOUs to establish working relationships with NHSE and ICB.	Executive Place Director Doncaster	Executive Place Director Doncaster	3	3	9	18/11/2022 02/03/2023 07/03/2023	Anthony Fitzgerald	Working through respective governance to mitigate risk including all key departments and members of staff. Escalated as and when appro to NHSE and a number of workshops in Feb/March to work through main risks. Will sign off two memoranda of understanding with NHSE covering working arrangements from April to July and July onwards when NHSE staff transfer to the ICB. Series of knowledge transfer events led by NHSE teams to ICB staff. Number of HR events with NHS staff to prepare for transfer. Verbal update to Board in March. Formal paper to report to be delivered on 30th March 2023. Session: Barnsley: Jo Minton	Quarterly	TBC	TBC	Q3	
SY044	Covid-19	All places	1,5,6,8	BAF 2.1, BAF 4.3	<b>Tackling Health Inequalities</b> - the impact of the Covid-19 pandemic has been far reaching, and the social, economic and health impacts on each of our Place populations has created a challenge on health inequality and improving outcomes. Our system must be focused on tackling health inequalities and ensuring we are informed by high quality data that is owned across partners for us to focus our priorities on areas of greatest need and impact for the population.	3	3	9	Accountable	Risk linked to ongoing work by Directors of Public Health in relation to Covid 19 impacts.	Director of Strategy and Partnerships	CCG Due Diligence Assurance Letters	3	3	9	05/12/2022 07/03/2023 19/04/2023	All Places	Doncaster: Doncaster has dedicated health inequalities lead and has decided priorities for 23/24 based on core 20 + 5. Health inequalities key enabler of place plan and workstreams reporting to ICB committees. Doncaster has 2 gyms/traveler link workers working with Doncaster communities. Doncaster currently implementing digital literacy across the city linked to cost of living pressures Rotherham: Rotherham Place has a Prevention and Health Inequalities strategy and action plan that is updated quarterly and reported to Place Board and Health and Wellbeing Board. Health inequalities lead: Barnsley: Awaiting update Doncaster: Awaiting update	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	Q3	
SY052	Adult Services	All places	5,6	BAF 1.1	<b>The pathways for the oversight and management of patients receiving injections and infusions for the management of osteoporosis e.g. Denosumab injections</b> are not in place or are insufficiently robust and with the appropriate clinical oversight. This may lead to patients not receiving medication which would place them at a much higher risk of worsening of their condition and fracture. Also not receiving the necessary monitoring which may place them at a higher risk of adverse effects.	3	3	9	Accountable	Not an issue in all areas of the ICB.	Chief Medical Officer / Place Medical Director	Previous CCG Risk Management Processes	3	3	9	05/12/2022 02/03/2023 19/04/2023	Chief Medical Officer / Place Medical Director	Rotherham: Not currently a risk for Rotherham LES with GP to mitigate risk Sheffield: Awaiting update	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	Q3	Doncaster: Working with 'Nabif', need to advise where risk has come from

Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Responsible person for updates	Progress / update	Date for reassessment	Assurance	Oversight	1/4 added to risk reg	Commentary to Support Review
SY061	Primary Care	All places	2,5,6	BAF 2.1	<b>Access to Primary Care Data</b> - There is a risk that primary care related commissioning decisions are not evidence-based due to lack of knowledge/access to primary care data resulting in an inability to progress population health management and a risk of poorer outcomes for patients.	3	3	9	Accountable	RAIDR Primary care dashboard in place in some areas giving access to System 1 data including dashboard looking at risk stratification, e-fertility and long term conditions	Director of Digital	Previous CCG Risk Management Processes	3	3	9	05/12/2022 02/03/2023 19/04/2023	Director of Digital and Information Officer: Kieran Baker Doncaster: Kallie Dowson Rotherham:	Barnsley: Awaiting update  Doncaster: Awaiting update  Rotherham: Access to Primary Care data long standing issue in Rotherham, situation improving due to implementation of OPEL level and Eclipse which is a tool to better understand data. Primary Care data pack goes to UEC meeting on a monthly basis in Rotherham. Rotherham has access to RAIDR system.  Sheffield: Awaiting update	Quarterly	All Place Committees	Audit and Risk Committee	Q3	Rotherham requested clarification on the risk
SY010	Equality and Diversity	ICB	1, 2, 8	BAF 2.1	<b>Engagement &amp; Prevention</b> - There is a risk to the ICB not tackling inequalities or moving towards greater self-care prevention and patient empowerment caused by failure to engage with local populations on place plan vision and actions and Place Plan objectives not being achieved resulting in poor patient quality and experience and financial sustainability.	4	3	12	Accountable	- ICS Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong relationship with Healthwatch - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and Delivery Plans	Director of Communications and Engagement	Previous CCG Risk Management Processes	4	2	8	22/03/2023	Director of Communications and Engagement	Consultation with stakeholders has taken place on the development of place plans	Quarterly	TBC	Quality, Performance, Involvement, Experience		
SY049	Corporate Services	All places	1,2,6,8		<b>Compliance with SORD and Policies at Place</b> - If the ICB Place teams and the local governance arrangements do not comply in a fully transparent way with the ICB's policy in respect of Conflicts of Interest, its Constitution, SORD and relevant national guidance, there is a risk of reputational damage to the ICB and of legal challenge to the decisions taken.	3	3	9	Responsible	- ICB Standards of Business Conduct Policy and Conflicts of Interest Policy drafted to reflect relevant national guidance. - Registers of Interests of all staff to be maintained and published. - Declarations of interest to be tabled at start of every meeting to enable updating. - Minutes to clearly record how any declared conflicts have been managed. - Guidance to be provided to minute takers on recording decisions re managing conflicts of interest. - Conflicts of interest training to be provided to relevant staff. Work required to raise awareness and audit of decision making at Place. Internal Audit work to establish arrangements at each place and make recommendations to place on best practice - Scheme of Reservation and Delegation (SORD) publicly available on the website	Director of Corporate and Governance	Previous CCG Risk Management Processes	2	3	6	20/02/2023 02/03/2023	ICB - Cheryl Rolinson	Board to be updated on any decisions made at Place. Awareness training to be put in place. Review of SORD and governance in light of Primary Care and Specialised Commissioning transfer of services.	Six Monthly	All Place Committees	Audit and Risk Committee	Q4	Rotherham requested clarification on the risk
SY078	Information Governance	ICB	2,8	BAF 2.2	<b>Information Governance lack of function</b> - lack of information governance hierarchy to escalate and ensure IG issues to the SIRO at ICB which could lead to a delay in ICB governance being dealt with.	3	3	9	Accountable	SY ICB IG Group set up and meeting 15th March 2023 DPO SIRO Calkcott Guardian	Director of Strategy and Partnerships	Andy Clayton	2	3	6	19/12/2022 07/03/2023	Director of Strategy and Partnerships/Director of Corporate Governance and Board Secretary	ICB Information Governance Group has been established. IG structure under Executives to be confirmed.	Six Monthly	South Yorkshire IG Group	Audit and Risk Committee	Q3	
SY033	Corporate Services	ICB	2		<b>Premises</b> - There is a risk of overspending on building maintenance, repairs and supplies due to lack of control over expenditure and surveys undertaken by NHS Property Services and the quality and safety of services provided by NHS PS contractors.	2	4	8	Responsible	- Review of Annual Charging Schedules with NHSPS - Meetings with NHS Property Services regularly at the Building User Groups - And broader oversight given through Estates Strategy Group.	Place Chief Finance Officer	Previous CCG Risk Management Processes	2	3	6	01/12/2022 02/03/2023 Rotherham: 4/4/23	Barnsley: Roxanna Naylor Rotherham: No change	Six Monthly	All Place Committees	Finance & Investment Committee	Q3		
SY079	Primary Care	ICB	1, 2, 6	BAF 2.3	<b>Primary Care - Primary Care Partnership working</b> - risk of a reduced primary care voice and input into pathways and ways of working which could lead to lack of engagement from Primary care and reduction in impact in pathways due to lack of clinical engagement and adoption.	4	2	8	Responsible	Medical Director talking with LMC, TRFT, PH, PCN Directors to engage in continued work on pathways and to set a process/review of meeting to allow the primary care members to discuss their views.	Executive Place Director Doncaster	Chief Medical Director	3	2	6	02/03/2023	Anthony Fitzgerald	South Yorkshire Primary Care Alliance established forum to consider all primary Care voices in ICB developments, Chaired by PG, membership from Optometry, Pharmacy and links to Dentistry. Primary Care Strategy in development.	Six Monthly	TBC	TBC	Q3	
SY019	Information Governance	ICB	1,2,6,7,8		<b>Information Governance</b> - There is a risk that sensitive information is shared inadvertently due to O365 being internet-based and that it's additional complexity and breadth of functionality can be quite confusing for staff, resulting in data leakage, potential reputational damage and potential legal action.	2	3	6	Responsible	Information gathering underway to understand how much of a risk this is and whether any breaches have occurred.	Director of Strategy and Partnerships	Previous CCG Risk Management Processes	2	3	6	05/12/2022	Director of Strategy and Partnerships/Director of Corporate Governance and Board Secretary	Information gathering underway to understand how much of a risk this is and whether any breaches have occurred.	Six Monthly	South Yorkshire IG Group	Audit and Risk Committee	Q3	
SY062	Information Governance	ICB	1,2,6,7,8		<b>Information Governance</b> - There is a risk that due to staff using their personal devices (i.e. smart phone, tablet, home PC) sensitive ICB information will be stored or inappropriately shared resulting in a data breach.	2	3	6	Responsible	Low level risk due to small number of personal devices in use by staff	Director of Strategy and Partnerships	Previous CCG Risk Management Processes	2	3	6	05/12/2022	Director of Strategy and Partnerships/Director of Corporate Governance and Board Secretary	Information gathering underway to understand the number of personal devices in use within the ICB	Six Monthly	South Yorkshire IG Group	Audit and Risk Committee	Q3	
SY011	Corporate Services	ICB	1,5,6,7,8		<b>EPRR</b> - If the ICB does not put in place sufficient appropriate arrangements to meet legislation and standards required as a Level 1 Responder, there is a risk that the people of South Yorkshire will not be adequately protected from harm related to major incidents and other emergencies.	2	4	8	Responsible	EPRR management and support resource in place, further recruitment on going Training Needs Analysis to be completed. Response to industrial action over winter 2022/23 secure. Multiple significant experience of ICC operations.	Director of Corporate and Governance	Previous CCG Risk Management Processes	1	4	4	20/02/2023	Director of Corporate Governance	Recruited to Head of EPRR. Out to advert for B6 support to EPRR.	Six Monthly	TBC	Audit and Risk Committee	Q4	
SY034	Corporate Services	ICB	2,3,4		<b>Premises</b> - There is a risk that lack of effective use of LIFT buildings and other ICB estate, due to premises configuration or higher costs for occupation, will result in a failure for the ICB to obtain VFM from developments and a lost opportunity to deliver more care closer to home for the benefit of the local population.	2	4	8	Responsible	We continue to work through our Estates Strategy Group to ensure that there is the appropriate assessment of occupation of all NHS properties. Further work is planned and is being commissioned alongside the newly agreed Estates Strategy to further evaluate approaches to site consolidation where that may be appropriate.	Place Chief Finance Officer	Previous CCG Risk Management Processes	2	2	4	01/12/2022 02/03/2023 20/03/2023 23/03/2023	Barnsley - Roxanna Naylor Sheffield - Jackie Mills Rotherham - Wendy Abbott Doncaster - Hayley Tingle	Barnsley - No change Rotherham - No risk for Rotherham no LIFT buildings Sheffield - There is a project looking at VOID accommodation in both the CHP and NHSPS buildings. Doncaster - Strategic Estates Group Doncaster across all partners including LA. Specific Doncaster Estates Group specific to ICB only. Also commissioned report in conjunction with CHP and movement monitor installed. This feeds into Doncaster review. Doncaster have 9 lift buildings in	Quarterly	All Place Committees	Finance & Investment Committee	Q3	



Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Responsible person for updates	Progress / update	Date for reassessment	Assurance	Oversight	1/4 added to risk reg	Commentary to Support Review
SY095 (NEW)	Medications Management	All places	1,5,6		<b>Dossett Trays</b> - There is a risk of patients not receiving prescribed products on discharge into Rotherham Place caused by a city council policy that all carers must only administer medicines from monitored dosage packs resulting in delays to discharge, unnecessary changes, increased costs across the system and missed doses.	2	3	6	Responsible	Switching patients to solid dose forms or training relatives. Post mitigation 2 and 2. A resolution would be for the ICP to challenge to Rotherham to end the policy.	Chief Prescribing Officer	Medicines Optimisation Assurance Group	2	2	4	17/04/2023	Alex Molyneux	A resolution would be for the ICP to challenge Rotherham to end the policy.	Six Monthly	Medicines Management Optimisation Group	Quality, Performance, Involvement, Experience	Q1	TBC
SY004	Covid-19	All places	1,2,8		<b>Covid19 Inquiry</b> - ICB input into Covid 19 Public Inquiry requirements for staffing & information not known at this time resulting in lack of information retained and transfer to ICB.	2	3	6	Responsible	- TOR for inquiry published. - Stop notice circulated to staff Information requested has been sent to date	Director of Corporate and Governance	Previous CCG Risk Management Processes	1	3	3	20/02/2023 19/04/2023	Barnsley: Richard Walker Doncaster: Cheryl Robinson	All places contributed to the module 3 survey in December 2022 - awaiting further information as to next steps.	Quarterly	Information Governance Group	Audit and Risk Committee	Q4	
SY017	Corporate Services	ICB	8		<b>H&amp;S Fire Regulations</b> - Failing to meet the requirements of the Regulatory Reform (fire safety) Order to effectively manage our fire safety arrangements.	2	3	6	Responsible	- Fire Brigade inspections (held by H & S department) - HSE Inspections Reviewed - Fire and Health and Safety Training within ICB Mandatory training reports - Local shared Fire & H&S service provides oversight health and safety and fire advice through corporate services team - Landlord (NHSFS) provides routine maintenance of emergency lights, fire extinguishers etc - Annual Organisational Risk Assessments with action plans overseen - Oversight of Fire Safety Arrangements by H&S Group reporting to Audit & Risk Committee Completed first round of inspections as an ICB.	Director of Corporate and Governance	Previous CCG Risk Management Processes	1	3	3	20/02/2023	Ruth Nutbrown	Fire incident at 722 during march has allowed us to learn in real time from this type of incident investigation ongoing.	Quarterly	H&S Group -	Audit and Risk Committee	Q4	
SY022	Commissioning	ICB	1,3,6,8		<b>Legal Challenge</b> - There is a risk of a legal challenge on ICB commissioning decisions, eg due to insufficient communications and engagement capacity in the ICB or lack of awareness of senior staff on the need to engage and consult around service change, resulting in reputational damage, delays in the implementation of transformation and financial costs of fighting judicial review.	2	3	6	Responsible	Plan in place to develop commissioning policies and planning including comms and engagement	Director of Communications and Engagement	Previous CCG Risk Management Processes	1	3	3	05/12/2022	Barnsley: Kirsty Wakemell	Awaiting update	Annually	Quality, Performance, Involvement, Experience	Audit and Risk Committee	Q3	
SY036	Commissioning	All places	1,2,3,5,6		<b>Priority Commissioning Policies</b> - Lack of consolidated Commissioning policies which could lead to legal action and reputation damage.	2	3	6	Responsible	The review and consolidation of commissioning policies from across our previous CCGs, together, we have established a work programme to detail the phasing of review of each of the differing commissioning policies from 1st July 2022. This information will be included in our handover documentation to support the ICB to progress this work as a priority throughout 2022/23. This will be key to delivering the quadruple aim.	Director of Strategy and Partnerships	CCG Due Diligence Assurance Letters	1	3	3	05/12/2022 19/04/2023	ICB	Work programme in place	Annually	TBC	Audit and Risk Committee	Q3	Barnsley: Needs a single response reflecting work on alignment of commissioning policies. Will or Lisa will be able to provide Rotherham: need to merge risk to create single risk relating to policies
SY095 (NEW)	Planned Care	ICB	1,2,6		The ICB have not eliminated waits of 65 weeks from the system. Deadline is 31st March 2024. Risk to patients and reputation risk to the ICB if not met.	4	4	16	Accountable	System oversight recovery plan in place overseen by Kirsty Major, CEO STH and SRO.	Executive Place Director Rotherham	Sarah Bayliss	TBC	TBC			Sarah Bayliss	Development of mutual aid between system. All places have 65 week waits.		All Place Committees	Quality, Performance, Involvement, Experience	Q1	
SY070	Finance inc Fraud	ICB	1,2,3,7,8		<b>Finance</b> - Failure to identify and address the underlying financial position and delegation to Place.	TBC	TBC		TBC				TBC	TBC				TBC					
SY093 (NEW)	Finance inc Fraud	ICB			We are getting the best value for the SY pound when we procure and contract for services.	TBC	TBC		TBC		Chief Finance Officer	Previously on BAF as recommendation 3.3	TBC	TBC			Lee Outwaite	TBC	TBC	TBC	TBC	TBC	TBC
SY094 (NEW)	Finance inc Fraud	ICB			our approaches to procurement is appropriate ensuring best value and best price is achieved	TBC	TBC		TBC		Chief Finance Officer	Previously on BAF as recommendation 3.4	TBC	TBC			Lee Outwaite	TBC	TBC	TBC	TBC	TBC	TBC

Enc 3 - Issues Log

Ref	Place/ICB	Domain	Link to BAF/RR	Issue Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead issue owner	Source of Issue	Date Issue assessed	Responsible person for updates	Progress / update	Date for reassessment	Assurance	Oversight
IL02	All	2, 3,	BAF 3.5, SY013, SY042	<b>CHC Reporting</b> - If issues in the timely reporting of data continue in relation to Continuing Health Care (Adult and Children) and complex case management (including S117), this is likely to result in the financial forecast for this area to be misstated and lead to variation in the forecast position, creating financial risk.	5	4	20	Responsible	- Chief Nurse and CHC/complex case team to work on systems and processes within the team to ensure data is recorded and reported in a timely manner. - The Chief Nurse, CHC/complex case and Finance team will also work with Local Authority to ensure reporting issues relating to the brokerage of care are improved with a clear process in place from within Local Authority brokerage/PHB and finance team.	All Place Chief Nurses Andrew Russell Leading	SY ICB RR SY053	07/12/2022 02/03/2023 13/03/2023	Doncaster: Andrew Russell	Barnsley: Barnsley have weekly and monthly reporting arrangements re activity and spend. BST chase Broadcare templates to aim to get finance recording in real time. Care Agreement Panel in place weekly. PLDS developing towards implementation. BST chase invoice queries and recharge information Case managers review fully funded cases regularly and query costings. Regular contact with BMBC brokerage on JPOCs.  Doncaster: Awaiting update  Rotherham: Awaiting update  Sheffield: Costs of care are increasing in relation to inflation. Our savings are limited to costs of direct delivery of care. Under continuous review due to cost of living crisis.	Monthly	All Place Committees	Quality, Performance, Involvement Experience Committee
IL12	All Places	1,2,5,6	BAF 1.1, BAF 1.2	<b>Cancer</b> – A core focus is required to address the backlog of elective procedures particularly the number cancer cases that has accrued during the pandemic. Particular risk is associated around workforce pressures in oncology	4	4	16	Accountable	Monthly reporting to ICB and Acute Federation. Workforce pressures escalated and mutual assistance from others sought as appropriate Signed off plans to hold ourselves to account in all Places	Executive Place Director Rotherham	CCG Due Diligence Assurance Letters	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023	Julia Jessop	Barnsley: Barnsley Planned Care and Outpatient Group in place providing regular oversight. Elective wait times at Barnsley Hospital on track to achieve plan with no waits over 78 weeks anticipated by March 2023. Cancer waits are improving including faster diagnosis standard which was above the target of 75% in January and 74% in November against a target of 75%.  Doncaster: Expecting waiting list to reduce as Plans have been signed off at Place. Nobody waiting over 65 week by March 2024.  Rotherham: TRFT are on track to have no patients over 78 weeks by March 2023 and no patients over 65 weeks by March 2024. Cancer 62 days and FDS is still challenged with significant actions taking place in those specialities to improve pathways & reduce the wait time.  Sheffield: Awaiting update	Monthly	All Place Committees	Quality, Performance, Involvement, Experience
IL06	All	1,2,5,6	BAF 1.1 SY082, SY028, SY059, SY076, SY001, SY050, SY066, SY052	<b>Urgent and Emergency Care (including 111/999)</b> - there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.	5	3	15	Consulted	We have over recent months initiated a collaborative work programme to tackle these issues across the system and with regional colleagues. As the ICB establishes this will be a key priority to best support the South Yorkshire population and our UEC provider colleagues.	Chief Medical Officer	SY ICB RR SY045	05/12/2022 02/03/2023 22/03/2023 28/03/2023	Barnsley: Jamie Wike Doncaster: Ailsa Leighton Rotherham: Sue Cassin Sheffield: Ian Atkinson	Barnsley: Programme in place to address UEC priorities including alternatives to ED and discharge processes. Recent development includes diversion of ambulance calls from the YAS stack, to right care Barnsley to reduce ambulance attendance and conveyance. Barnsley Place partners working with ECIST to develop and agree a new integrated model for urgent care access.  Doncaster: A lot of work around use of alternatives to ED working with partners. Have seen a reduction in hand over times from ambulance perspective. Have agreed ECIST coming into work with Doncaster system for next 12 months around urgent care will form part of next steps and agreed work programme will sign off concordat in next couple of weeks.  Rotherham: Awaiting update  Sheffield: Awaiting update	Monthly	All Place Committees	Quality, Performance, Involvement Experience Committee
IL07	All	1,5,6	BAF 1.1	<b>YAS</b> - If Yorkshire Ambulance Service's (YAS) performance against response time targets is not delivered and sustained at the required level, there is a risk that the quality and safety of care for some patients could be adversely affected.	5	3	15	Consulted	Regional oversight of YAS and management of patient flow for Sheffield providers in the Sheffield Place UEC Delivery Group  Note Contract led from West Yorkshire ICB  SY UEC Board and YAS play an active part in this.	Director of Strategy and Partnerships	SY ICB RR SY048	05/12/2022 02/03/2023 22/03/2023 28/03/2023	Barnsley: Jamie Wike Doncaster: Ailsa Leighton Rotherham: Sue Cassin Sheffield: Alun Windle	Barnsley: Got good engagement from YAS on Doncaster UEC Board. Regular attendance from YAS at UEC Board. Including handovers and turnaround.  Doncaster: Got good engagement from YAS on Doncaster UEC Board.  Rotherham: Awaiting update  Sheffield: Awaiting update	Monthly	All Place Committees	Quality, Performance, Involvement Experience Committee
IL09	ICB	3,5,6		<b>Medication Supply</b> - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.	5	3	15	Accountable	To communicate deployment of serious shortage protocols An additional mitigation/ response is a co-ordinated sharing of out of stock information across MO lead by Barnsley Place and tactical level response being developed in the event of a sudden shortage. to raise with the system control centres the possibility of dealing stock from hospitals, release advice about alternatives and how they can be used to raise with NHS region.	Chief Medical Officer	Previous CCG Risk Management Processes	13/04/2023	Alex Molyneux	Antibiotics shortages have passed but ongoing medicines shortages being managed by Medicines Management team	Quarterly	All Place Committees	Quality, Performance, Involvement Experience Committee

UNAPPROVED

<b>Minutes</b>	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	10.15 – 11.00am
<b>Date of Meeting:</b>	Wednesday 19 April 2023
<b>Venue:</b>	Elm Room, Oak House, Bramley, S66 1YY
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

<b>Apologies:</b>	Wendy Allott, Chief Finance Officer – (Roth), NHS SY ICB Ben Anderson, Director of Public Health, RMBC Shafiq Hussain, Chief Executive, VAR Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Dr Jason Page, Medical Director, NHS SY ICB Cllr David Roche, Health & Wellbeing Board Chair, RMBC Ian Spicer, Strategic Director of Adult Care, RMBC Dr Neil Thorman, Primary Care Representative, RPCCG
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy:</b>	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

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

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

### Participants:

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

Nicola Curley (**NC**), Director of Children’s Services, Rotherham MBC

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

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

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)

Sheila Lloyd (**SL**), Deputy Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust

### In Attendance:

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

Fiona Flinders, Rotherham Place Support Officer, NHS South Yorkshire ICB

## UNAPPROVED

Item Number	Discussion Items
i1/04/23	<p><b>Place Performance Report: April 2023</b></p>
	<p>CS gave highlights from this month's performance report.</p> <ul style="list-style-type: none"> <li>• IAPT waits are in a strong position and currently exceeding national targets with good self-referrals into the service. Although it was noted that IAPT access continues to be challenging and predicted to not meet target. Significant actions are being taken.</li> <li>• Cancer continues to be an issue. Patients seen for radiotherapy treatment within 31 days has dipped to 41.4% in January from 95%. Discussions will take place outside this meeting to check these figures and better understand the detail.</li> <li>• The referral to treatment position is slightly more challenged than it has been but remains above the national position.</li> <li>• The Diagnostics position is positive and although it worsened in December has come back with further improvement.</li> <li>• There had been one breach in January for mixed sex accommodation.</li> <li>• There had been a further increase in the position with cancelled operations not re-booked within 28 days but it was acknowledged that this may have been due to the recent strikes.</li> <li>• Ambulance handovers had further improved in March from 48.1 to 62.8% with 15 minutes and a decrease in the over 60 minutes from 202 to 95. It was acknowledged that sustaining this position will be key.</li> <li>• GP appointments continue to be offered above the baseline with 70% being face to face.</li> <li>• There had been a dip in performance on early intervention for psychosis which will be monitored.</li> <li>• There has been an increase in Learning Disabilities health checks in the quarter,</li> <li>• The 2-hour community response has consistently been above the 70% target and discharge is back on track to meet target.</li> </ul> <p>SL advised that it was important to review and reflect on the position with IAPT and investigate whether there is an issue with the data. Once this has been completed Place Board will be updated and receive clear narrative along with any actions that need to be progressed.</p> <p>Place Board noted that the data within the performance relates to January and this could highlight a differential. However, it was noted that due to the Easter break, time had not allowed for the usual checks and investigation that usually take place prior to Place Board presentation to be undertaken. CS will undertake the checks retrospectively this month and highlight any continued exceptions in May.</p>
i2/04/23	<p><b>Review of ICB Risk Register</b></p>
	<p>Members reviewed the ICB risk register in detail to confirm the risks and score ratings for Rotherham Place. RN highlighted that Place Board is not expected to resolve risks.</p> <p>Members considered all the relevant risks and scored as felt appropriate for RN to report back through the ICB risk management process.</p> <p>Some (but not all) of the revisions included:</p> <ul style="list-style-type: none"> <li>– Raising the risk relative to efficiency savings and the 30% reduction in running costs</li> </ul>

## UNAPPROVED

- Adding an issue relating to breast oncology
- Increasing the risk score relating to eating disorders
- Querying whether the Covid inquiry should be removed as it has been responded to
- Moving the risk for LeDeR to the South Yorkshire LeDeR team.

Detail of all risks will be reflected in more detail on the risk register and issues log.

However, it was agreed that the process of undertaking this task during the meeting did take a lot of time for comprehensive assessment. CE/RN will look at alternative options including the possibility of it being undertaken by a separate group and the outcome being reported through the ICB Business session of Place Board to confirm assurance once a baseline has been ascertained.

**Action: CE/RN**

### **i3/04/23 Minutes and Action Log from 15 March 2023 Meeting**

The minutes from the March meeting were accepted as a true and accurate record. The action log was reviewed and up to date.

### **i4/04/23 Communication to Partners**

None.

### **i5/04/23 Risks and Items for Escalation**

The current process will be reviewed and an alternative proposal brought here.

### **i6/04/23 Future Agenda Items:**

- Targeted Lung Health Checks (May)
- Finance Update after planning round (possibly June)

#### Standing Items

- Rotherham Place Performance Report
- Place Prescribing Report
- Risk Register (Monthly)

### **i7/04/23 Date of Next Meeting**

The next meeting will take place on **Wednesday 17 May 2023** from 10.15am – 11am in Elm Room, Oak House, Bramley, Rotherham S66 1WB.

## **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



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## 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
Toby Lewis	Chief Executive	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 - 01 April 2023 - 31 March 2024**

<b>Mtg Date</b>	<b>Item No.</b>	<b>Agenda Item Title</b>	<b>Action Description</b>	<b>By</b>	<b>Action Status</b>	<b>Comments</b>
19-Oct-22	1	Lung Health Checks	JPa to give an update on progress with the programme - forward agenda item	JP	Amber	JP to notify when appte
17-Apr-23	i2/04/23	Review of ICB Risk Register	CE/RN to discuss alternative options for reviewing Rotherham Place risks on the SY ICB risk register and propose a process that will provide the necessary assurance for Members.	CE/RN	Green	