



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15am – 11.00am
Date of Meeting:	Wednesday 18 October 2023
Venue:	Elm Room, Oak House, Moorhead Way, Bramley S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	R Jenkins, The Rotherham NHS Foundation Trust
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	Rotherham Place Performance Report	10 mins	CS	Enc 1
	Standard Items			
2	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	10 mins	CE	Enc 2
3	Minutes and Action Log from 20 September 2023 Meeting	5 mins	Chair	Enc 3i & 3ii
4	Communication to Partners	5 mins	Chair	Verbal
5	Risks and Items for Escalation to ICB Board		Chair	Verbal
6	Standing Items <ul style="list-style-type: none"> • Rotherham Place Performance Report (monthly) • Risk Register (<i>monthly for information</i>) • Place Prescribing Report (Nov) • Quality, Patient Safety and Experience Dashboard (Nov) • Medical Director Update (Quarterly – Nov) 			
7	Date of Next Meeting: Wednesday 15 November 2023 at 10:15am.			

GLOSSARY

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



South Yorkshire
Integrated Care Board

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

October 2023

Rotherham Place Delivery Dashboard - October 2023

Performance Comparison - Rotherham Place/FT v National

July 2023

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	8.27%	25.49%	0 out of 106	7th out of 106
RTT	92%	61.90%	58.58%	0 out of 106	31st out of 106
IAPT 6 Week Wait*	75%	95.00%	89.90%	92 out of 106	48th out of 106

*IAPT Figures are as at June 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					
Cancer 28 Day Faster Diagnosis	75%	●▲	●▲	●▲	●
Deteriorating					
Not met last month but met previously or YTD met					
Mixed Sex Accommodation	0	●▲	●▲	●▲	●
Concern					
Not met last two months					
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 62 days	85%	●▲	●▲	●▲	●
Diagnostics	1%	●▲	●▲	●▲	●
Referral to treatment	92%	●▲	●▲	●▲	●
Cancelled Operations	0	●▲	●▲	●▲	●
Cancer Waits: 2 weeks	93%	●▲	●▲	●▲	●
Cancer Waits: 31 days	96%	●▲	●▲	●▲	●

Rotherham Place Delivery Dashboard - October 2023

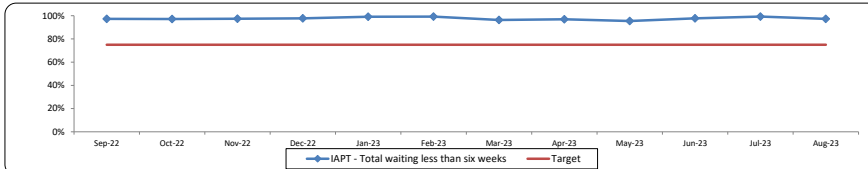
IAPT 6 Week Wait

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 August was 97.3%. This is above the standard of 75%. July performance was 99.3%.

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

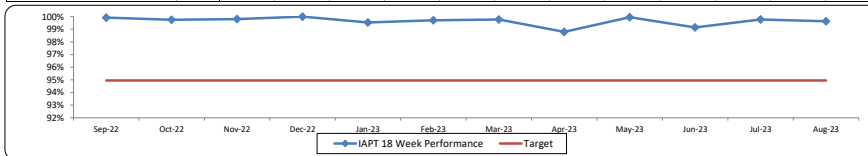
		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
6 Week Waiting List Performance	Actual	97.3%	97.1%	97.4%	97.7%	99.2%	99.3%	96.4%	96.9%	95.4%	97.7%	99.3%	97.3%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



IAPT 18 Week Wait

The 18 week waits position for the service as at end August was 99.7%. Performance is consistently meeting the 95% standard for 18 weeks.

		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
18 Week Waiting List Performance	Actual	100.0%	99.8%	99.9%	100.0%	99.6%	99.8%	99.8%	98.8%	100.0%	99.2%	99.8%	99.7%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



IAPT Supporting Narrative

Local comparison (published data June 23) shows the following benchmark position against Rotherham Place 95%

- Barnsley – 99%
- Bassetlaw – 97%
- Doncaster – 79%
- Sheffield – 99%
- National – 89.9%

Cancer Waits

N.B. This section will be updated in due course to align to the recent guidance on modernising and streamlining cancer waiting times.

In July the 62 day GP referral to treatment target did not meet the national standard of 85%, with performance at 69.4% for Rotherham Place. June performance was 60.5%. 62 day performance did not meet the national standard at the Rotherham Foundation Trust with performance at 72.7% in July and 65.6% in June.

The 31 day standard was not achieved in July, with performance at 91.9% against the standard of 96%. June performance was 87.7%.

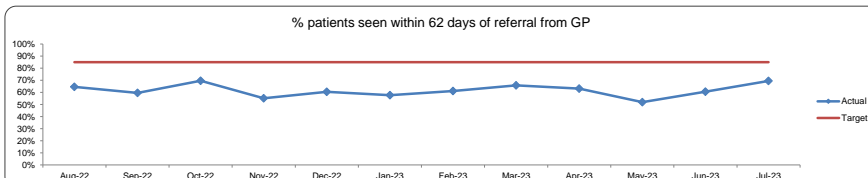
The two week wait cancer standard was not achieved in July with performance of 86.3% against the 93% standard. The two week wait standard for breast symptoms was not achieved in July with performance at 73.8% against the 93% standard.

National 62 day performance in July was 62.6%.

	May-23	Jun-23	Jul-23
2 week wait	●	●	●
28 Day	●	●	●
31 day	●	●	●
62 day	●	●	●

Focus on - Cancer

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
% patients referred within 2 weeks of referred urgently by a GP	93%	74.5%	70.5%	76.9%	84.4%	88.3%	89.4%	90.3%	86.8%	71.7%	71.8%	81.4%	86.3%
% patients referred with breast symptoms seen within 2 weeks of referral	93%	82.1%	88.5%	100.0%	93.2%	88.1%	89.8%	82.2%	87.5%	20.5%	43.1%	93.3%	73.8%
28 Day Faster Diagnosis Standard: All Routes	75%	67.9%	63.2%	68.0%	69.1%	65.5%	67.7%	74.8%	76.8%	73.5%	74.1%	72.2%	79.7%
% patients seen within 31 days from referral to treatment	96%	93.3%	91.4%	95.8%	90.6%	93.2%	90.4%	93.4%	88.4%	91.3%	85.7%	87.7%	91.9%
% patients seen within 31 days for subsequent surgery treatment	94%	95.0%	72.2%	80.0%	55.6%	64.7%	81.0%	62.5%	72.2%	77.8%	60.0%	61.9%	80.0%
% patients seen within 31 days for subsequent drug treatment	98%	87.1%	100.0%	93.5%	95.2%	95.7%	81.8%	94.1%	86.7%	95.1%	84.6%	95.0%	97.3%
% patients seen within 31 days for subsequent radiotherapy treatment	94%	87.5%	75.0%	70.3%	87.9%	95.3%	41.4%	63.2%	61.4%	78.6%	59.5%	59.2%	65.8%
% patients seen within 62 days of referral from GP	85%	64.6%	59.6%	69.6%	55.2%	60.4%	57.6%	61.1%	65.8%	63.2%	51.9%	60.5%	69.4%
% patients seen from referral within 62 days (screening service breast, bowel and Cervical)	90%	100.0%	100.0%	100.0%	100.0%	100.0%	85.7%	85.7%	50.0%	100.0%	80.0%	83.3%	71.4%
% patients seen within 62 days (referral Consultant)		83%	77%	80%	82%	85%	86%	82%	73%	81%	65%	73%	82%



Rotherham Place Delivery Dashboard - October 2023

Referral to Treatment

RTT Incomplete Pathways did not meet the 92% standard in August at 59.8%, based on provisional data. The position for July was 61.9%.

There were 0 104 week waiters in August

There were 1078 waiters over 52 weeks in August:

535 at Rotherham NHS Foundation Trust,

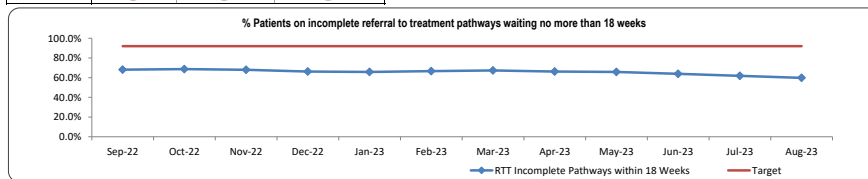
433 at Sheffield Teaching Hospitals NHS Foundation Trust,

63 at Sheffield Children's NHS Foundation Trust,

22 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust,

6 at Claremont Private Hospital, 4 at Manchester University NHS Foundation Trust, 3 at Leeds Teaching Hospitals NHS Trust, 1 at Chesterfield Royal Hospital NHS Foundation Trust, 1 at Mid Yorkshire Hospitals NHS Trust, 1 at Liverpool University Hospitals NHS Foundation Trust, 1 at Norfolk and Norwich University Hospitals NHS Foundation Trust, 1 at Mid and South Essex NHS Foundation Trust, 1 at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, 1 at Airedale NHS Foundation Trust, 1 at Northern Care Alliance NHS Foundation Trust, 1 at Hull University Teaching Hospitals NHS Trust, 1 at University Hospitals of Leicester NHS Trust, 1 at Imperial College Healthcare NHS Trust, 1 at Lancashire Teaching Hospitals NHS Foundation Trust

	Jun-23	Jul-23	Aug-23
18 week wait	●	●	●
52 week wait	●	●	●
65 Week Wait	●	●	●
78 week wait	●	●	●
104 week wait	●	●	●



	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
RTT Incomplete Pathways within 18 Weeks	92%	68.1%	68.7%	68.0%	66.2%	65.8%	66.7%	67.4%	66.2%	65.9%	64.0%	61.9%	59.8%
RTT Incomplete Pathways over 52 Weeks	0	496	529	542	548	582	572	593	712	798	811	918	1078
RTT Incomplete Pathways over 65 Weeks	0	174	180	189	194	185	173	127	132	150	146	151	220
RTT Incomplete Pathways over 78 Weeks	0	51	59	62	78	72	65	34	36	36	28	21	9
RTT Incomplete Pathways over 104 Weeks	0	1	1	1	3	3	4	1	1	2	3	3	0

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

	% Over 13 Weeks	May-23	Jun-23	Jul-23	Aug-23	Target
All specialities - total incomplete	51.9%	65.9%	64.0%	61.9%	59.8%	92%
Cardiology	47.2%	70.2%	68.5%	64.3%	64.1%	92%
Cardiothoracic Surgery	30.3%	82.4%	81.6%	77.3%	78.9%	92%
Dermatology	51.8%	62.6%	63.0%	61.7%	60.1%	92%
Ear, Nose & Throat (ENT)	55.9%	70.2%	64.6%	60.4%	56.9%	92%
Gastroenterology	29.3%	91.7%	89.5%	89.7%	86.0%	92%
General Medicine	16.7%	90.3%	90.6%	90.3%	88.9%	92%
General Surgery	55.9%	58.3%	58.0%	57.9%	55.2%	92%
Geriatric Medicine	18.8%	76.1%	91.2%	90.6%	93.2%	92%
Gynaecology	57.5%	60.3%	56.6%	56.6%	54.4%	92%
Neurology	66.4%	49.3%	48.4%	43.5%	43.7%	92%
Neurosurgery	64.3%	53.1%	53.4%	55.3%	49.4%	92%
Ophthalmology	59.2%	62.9%	60.5%	55.2%	52.4%	92%
Other - Medical Services	40.2%	78.8%	76.7%	75.5%	73.0%	92%
Other - Mental Health Services	0.0%	100.0%	-	-	-	92%
Other - Paediatric Services	46.6%	71.0%	70.0%	68.7%	66.6%	92%
Other - Surgical Services	41.5%	72.7%	72.0%	70.2%	68.7%	92%
Other - Other Services	27.1%	89.0%	87.6%	85.1%	78.7%	92%
Plastic Surgery	56.6%	64.3%	65.9%	59.3%	57.7%	92%
Rheumatology	14.4%	94.3%	95.0%	93.3%	95.8%	92%
Thoracic Medicine	44.3%	76.6%	69.6%	68.5%	68.5%	92%
Trauma & Orthopaedics	56.3%	56.0%	56.8%	56.6%	54.2%	92%
Urology	46.6%	70.7%	69.8%	69.0%	66.6%	92%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham Place	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Number of Pathways	29706	30282	29953	29794	30177	30410	30356	35153	35823	36945	38333	39282
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	12887	13463	13134	12975	13358	13591	13537	18334	19004	20126	21514	22463

RTT Supporting Narrative

Latest provisional data for August shows 20 specialities under the 92% standard, with just Rheumatology (95.8%) and Geriatric Medicine (93.2%) meeting the Standard.

Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in July (61.9%): Barnsley – 70% / Doncaster – 63% / Sheffield – 65.6% / National – 58.6%

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.

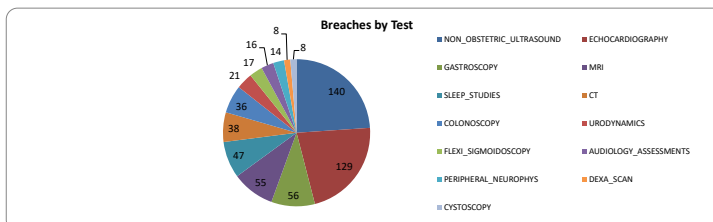
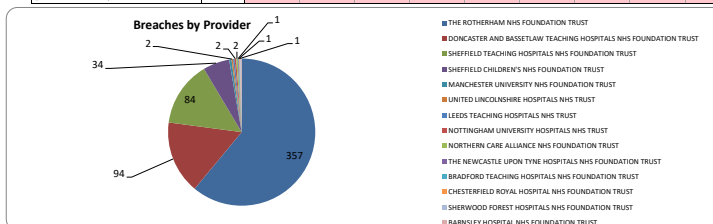
Further guidance on waiting list size is expected following the COVID outbreak.

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 - October 2023

Diagnostic Waiting Times
Provisional performance in August of 9.4% exceeds the <1% standard.
585 Breaches occurred in August:
357 at The Rotherham NHS Foundation Trust (137 Non_Obstetric_Ultrasound, 122 Echocardiography, 34 Sleep_Studies, 20 Gastroscopy, 16 Uroynamics, 15 Colonoscopy, 5 Flexi_Sigmoidoscopy, 4 Cystoscopy, 4 CT)
94 at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (37 MRI, 33 CT, 14 Audiology_Assessments, 8 Dexa_Scan, 1 Peripheral_Neurophys, 1 Cystoscopy)
84 at Sheffield Teaching Hospitals NHS Foundation Trust (32 Gastroscopy, 20 Colonoscopy, 12 Flexi_Sigmoidoscopy, 10 Peripheral_Neurophys, 3 Cystoscopy, 2 MRI, 2 Uroynamics, 2 Echocardiography, 1 Non_Obstetric_Ultrasound)
34 at Sheffield Children's NHS Foundation Trust (12 Sleep_Studies, 11 MRI, 4 Gastroscopy, 3 Peripheral_Neurophys, 2 Uroynamics, 1 Colonoscopy, 1 Echocardiography)
3 at Manchester University NHS Foundation Trust (2 MRI, 1 Non_Obstetric_Ultrasound)
2 at Northern Care Alliance NHS Foundation Trust (2 Echocardiography)
2 at Nottingham University Hospitals NHS Trust (2 MRI)
2 at Leeds Teaching Hospitals NHS Trust (1 Non_Obstetric_Ultrasound, 1 MRI)
2 at United Lincolnshire Hospitals NHS Trust (1 CT, 1 Echocardiography)
1 at The Newcastle Upon Tyne Hospitals NHS Foundation Trust (1 Audiology_Assessments)
1 at Sherwood Forest Hospitals NHS Foundation Trust (1 Echocardiography)
1 at Bradford Teaching Hospitals NHS Foundation Trust (1 Sleep_Studies)
1 at Barnsley Hospital NHS Foundation Trust (1 Uroynamics)
1 at Chesterfield Royal Hospital NHS Foundation Trust (1 Audiology_Assessments)

% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
	1%	15.7%	12.5%	12.3%	19.3%	17.3%	9.0%	5.1%	6.4%	8.4%	7.6%	8.3%	9.4%



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

August-23 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	616	55	8.9%
Computed Tomography	1079	38	3.5%
Non-obstetric ultrasound	2082	140	6.7%
Barium Enema	0	0	0.0%
DEXA Scan	153	8	5.2%
Audiology - Audiology Assessments	376	16	4.3%
Cardiology - echocardiography	775	129	16.6%
Cardiology - electrophysiology	0	0	0.0%
Neurophysiology - peripheral neurophysiology	38	14	36.8%
Respiratory physiology - sleep studies	190	47	24.7%
Uroynamics - pressures & flows	36	21	58.3%
Colonoscopy	330	36	10.9%
Flexi sigmoidoscopy	88	17	19.3%
Cystoscopy	109	8	7.3%
Gastroscopy	362	56	15.5%
Total Diagnostics	6234	585	9.4%

Rotherham Place Delivery Dashboard - October 2023

Eliminating Mixed Sex Accommodation

There were 2 breaches of this standard in July 2023.

	Target	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of mixed sex accommodation breaches (commissioner)	0%	1	2	0	1	2	1	2	0	0	0	0	2

Incidence of C.diff

Performance for Rotherham Place overall in August was 7 cases. 2 cases in August occurred at Rotherham FT. In the YTD there have been a total of 42 cases.

Rotherham FT performance for August is 1 case and 15 in the YTD.

	Jun-23	Jul-23	Aug-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	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	Q1 2023/24
Cancelled operations re-booked within 28 days (Breaches)	0					6	9	6	7	11	5	5

Wheelchairs for Children

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

	Target	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	Q1 2023/24	Q2 2023/24
Percentage of equipment delivered within 18 weeks	92%	96.3%	100.0%	100.0%	100.0%	100.0%	98.7%	99.1%	97.9%	98.0%	100.0%	100.0%

Rotherham Place Delivery Dashboard - October 2023

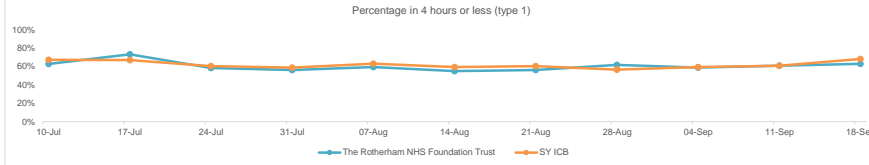
Percentage in 4 hours or less (type 1)

TRFT have now reverted to reporting the A&E 4 hour wait standard.

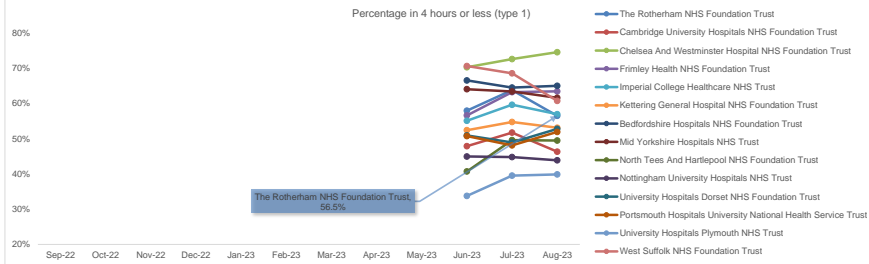
Data has only started being published from June 2023. The position as of August 2023 was 56.5%

Data below shows benchmarking against the other 13 trusts that took part in the trial.

	Target	10-Jul	17-Jul	24-Jul	31-Jul	07-Aug	14-Aug	21-Aug	28-Aug	04-Sep	11-Sep	18-Sep
The Rotherham NHS Foundation Trust	76%	62.9%	73.4%	58.4%	56.3%	59.6%	55.1%	56.3%	61.8%	58.9%	61.0%	63.0%
SY ICB	76%	67.4%	67.1%	60.6%	59.0%	63.1%	59.5%	60.5%	56.7%	59.5%	60.9%	68.3%



	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
The Rotherham NHS Foundation Trust	76%										58.0%	63.8%	56.5%
Cambridge University Hospitals NHS Foundation Trust	76%										47.9%	51.7%	46.3%
Chelsea And Westminster Hospital NHS Foundation Trust	76%										70.3%	72.6%	74.6%
Frimley Health NHS Foundation Trust	76%										56.6%	63.2%	63.5%
Imperial College Healthcare NHS Trust	76%										55.1%	59.7%	57.0%
Kettering General Hospital NHS Foundation Trust	76%										52.4%	54.8%	53.1%
Bedfordshire Hospitals NHS Foundation Trust	76%										66.6%	64.5%	65.0%
Mid Yorkshire Hospitals NHS Trust	76%										64.1%	63.4%	61.6%
North Tees And Hartlepool NHS Foundation Trust	76%										40.7%	49.6%	49.5%
Nottingham University Hospitals NHS Trust	76%										45.0%	44.8%	43.9%
University Hospitals Dorset NHS Foundation Trust	76%										50.9%	48.9%	52.8%
Portsmouth Hospitals University National Health Service Trust	76%										50.7%	48.1%	51.9%
University Hospitals Plymouth NHS Trust	76%										33.8%	39.5%	39.9%
West Suffolk NHS Foundation Trust	76%										70.6%	68.6%	60.7%



Rotherham Place Delivery Dashboard - October 2023

YAS		
Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight minute response time for category 1 incidents no longer exists.		
YAS as an organisation achieved a mean of 8 minutes 25 seconds for category 1 calls in August. The position in July was 8 minutes 34 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in September was 68.2% an increase from August performance at 64.8%.		
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)

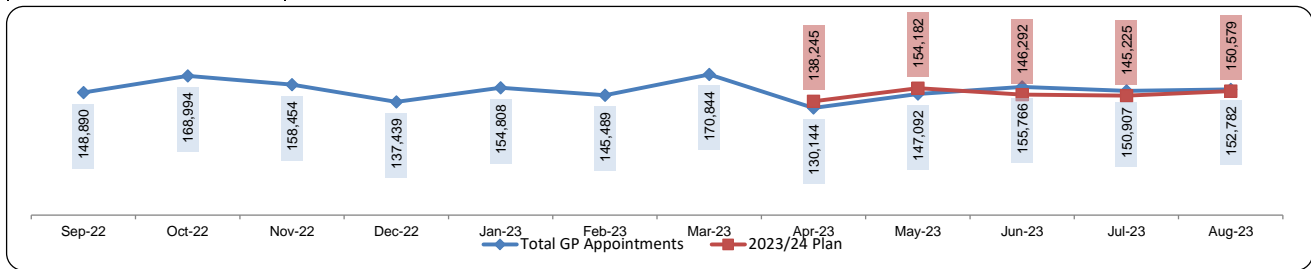
	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Category 1	00:10:00	00:10:35	00:10:10	00:11:19	00:08:26	00:08:25	00:09:01	00:08:07	00:08:21	00:08:49	00:08:34	00:08:25
Category 2	00:40:57	00:51:32	00:48:55	01:18:01	00:25:12	00:27:35	00:34:35	00:24:26	00:28:30	00:31:14	00:29:15	00:26:49
Category 3	04:22:07	05:57:53	05:23:28	08:36:54	02:25:46	03:08:19	04:04:56	02:51:00	03:12:54	03:35:20	03:19:18	03:03:55
Category 4	03:45:30	04:49:53	08:13:10	08:31:26	03:00:28	03:34:22	04:29:32	03:40:46	04:20:16	04:55:30	04:24:05	04:18:53

Handovers at TRFT

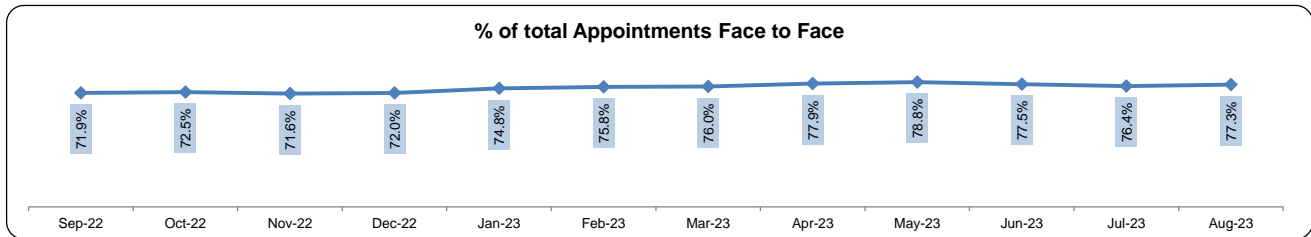
	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
% Handovers WITHIN 15 minutes	39.4%	37.1%	34.6%	55.4%	48.1%	62.8%	61.3%	68.6%	65.2%	66.2%	64.8%	68.2%
% Handovers OVER 30 minutes	31.0%	38.3%	43.4%	18.3%	24.8%	15.0%	13.6%	7.3%	12.0%	8.7%	13.7%	7.7%
% Handover OVER 60 minutes	15.5%	21.1%	29.0%	8.8%	12.9%	4.9%	5.2%	1.9%	4.6%	2.8%	5.8%	1.4%
Number of ambulance handovers OVER 60 minutes (RFR)	257	358	507	145	202	95	99	37	88	54	114	28

GP Appointments

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Total GP Appointments	148,890	168,994	158,454	137,439	154,808	145,489	170,844	130,144	147,092	155,766	150,907	152,782
2023/24 Plan								138,245	154,182	146,292	145,225	150,579
Variance to 2023/24 Plan								- 8,101	- 7,090	9,474	5,682	2,203



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
% of total Appointments Face to Face	71.9%	72.5%	71.6%	72.0%	74.8%	75.8%	76.0%	77.9%	78.8%	77.5%	76.4%	77.3%



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	May-23	Jun-23	Jul-23	Aug-23	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	79.80%	80.80%	81.10%	81.00%	66.70%
Protecting People From Avoidable Harm	Jun-23	Jul-23	Aug-23	2023/24 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	1	0	0	1	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)	11	7	7	42	Actual
	4	4	3	17	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	4	2	1	15	Actual
	2	1	1	6	Plan
Mental Health: Monthly Indicators	Jun-23	Jul-23	Aug-23	2023/24 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	5.1%	7.1%	9.3%	9.3%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	50.00%	47.70%	54.49%	51.56%	50.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Urgent Cases	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Target
Percentage of CYP with ED that start treatment within one week of referral	100.0%	-	100.0%	-	95.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Non-Urgent Cases	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Target
% Non-urgent cases seen within 4 weeks (inc' exceptions)	100.0%	100.0%	100.0%	100%	95.0%
Early Intervention in Psychosis (EIP)	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	Target
Proportion entering treatment waiting two weeks or less	73%	56%	63%	74%	60.0%
Care Program Approach (CPA)	May-23	Jun-23	Jul-23	Aug-23	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 72 hours	87%	89%	93%	96%	80.0%

Health Outcomes

CYP Access (1+ contacts)	Mar-23	Apr-23	May-23	Jun-23	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4715	4680	8890	4740	4250
Perinatal Access (No. of Women)	Mar-23	Apr-23	May-23	Jun-23	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	225	225	230	225	TBC
Discharges follow up in 72 hours	Mar-23	Apr-23	May-23	Jun-23	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	80%	95%	72%	86%	80%
Out of Area Placements (OAP) bed days					
Place holder - content TBC					
Physical Health Checks for people with Serious Mental Illness (PH SMI) Achievement	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1
People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end)	1005	1101	1041	1197	1106
Target (Local)				918	
Community Mental Health (MH) Access (2+ contacts)	Mar-23	Apr-23	May-23	Jun-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)	2305	2270	2440	2445	TBC
Learning Disability Annual Health Checks	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Checks	216	-	46	61	87
Register	1739	-	1739	1739	1739
Trajectory	140	92	92	92	92
2 Hour Urgent Community Response	Apr-23	May-23	Jun-23	Jul-23	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	86%	83%	83%	74%	70%
* N.B. New technical guidance was published in March 23 affecting data from April 23 onwards: therefore direct comparison to data prior to April 2023 is not possible.					
Virtual Ward					
Place holder - content TBC					
Looked After Children					
Placeholder - content TBC					

BCF

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ACS Admissions		Apr-23	May-23	Jun-23	Jul-23	Aug-23
Number of Ambulatory Care Sensitive Admissions	Actual	296	296	291	291	254
	Target	245	245	245	245	245
Discharges to Usual Place of Residence		Apr-23	May-23	Jun-23	Jul-23	Aug-23
% Discharged to Usual Place of Residence	Actual	94.5%	94.7%	95.7%	95.3%	93.6%
	Target	93.5%	93.5%	93.5%	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.					
		27-Aug	03-Sep	10-Sep	17-Sep
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	South Yorkshire and Bassetlaw	9.2%	12.2%	13.9%	11.0%
	Barnsley Hospital NHS Foundation Trust	6.9%	23.3%	40.2%	9.9%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	10.9%	9.2%	11.6%	11.4%
	Sheffield Teaching Hospitals NHS Foundation Trust	9.9%	10.5%	8.9%	11.7%
	The Rotherham NHS Foundation Trust	6.7%	11.4%	8.4%	8.8%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	South Yorkshire and Bassetlaw	26.0%	39.4%	44.8%	26.8%
	Barnsley Hospital NHS Foundation Trust	0.0%	70.5%	73.5%	0.0%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	108.0%	4.8%	7.5%	3.8%
	Sheffield Teaching Hospitals NHS Foundation Trust	44.4%	43.4%	42.1%	46.9%
	The Rotherham NHS Foundation Trust	11.1%	10.6%	5.9%	17.1%
Number of patients who did not meet the criteria to reside in hospital but continued to reside (7 day average) (all LOS)	South Yorkshire and Bassetlaw	395	395	398	413
	Barnsley Hospital NHS Foundation Trust	57	57	58	52
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	106	106	118	112
	Sheffield Teaching Hospitals NHS Foundation Trust	183	183	176	197
	The Rotherham NHS Foundation Trust	49	49	46	52



Board Assurance Framework (BAF), Risk Register (RR) and Issues Log (IL)

Rotherham Place Board

18 October 2023

Author(s)	Ruth Nutbrown – Head of Governance and Risk ICB Alison Hague – Corporate Services Manager Abby Sharp – Corporate Support Officer
Sponsor Director	Mark Janvier – Director of Corporate Governance & Board Secretary Will Cleary-Gray, Executive Director of Strategy & Partnerships
Purpose of Paper	
For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which has recently been discussed at Rotherham PET on the 5 October 2023 through a deep-dive exercise.	
Key Issues / Points to Note	
<p>The current BAF, RR and IL (attached as appendix 1) is a standing agenda item on the Rotherham Place Board agenda at each meeting as set out in the ICB Risk Management Framework the Place Board will consider Risk and the BAF at each meeting. A deep dive is conducted on a quarterly basis at SMT level, with exception reporting occurring between each deep dive. The paper is then presented to Place Board following this. Risks can be added, amended, or deleted at any time by contacting a member of the risk management team, it doesn't have to wait for a meeting.</p> <p>At a recent Audit Committee meeting it had been agreed that the next Audit Committee will have a focus on Risk Register activity. The Audit Committee are seeking assurance that:</p> <ul style="list-style-type: none"> • Risks are routinely reviewed and owned at Place, and give a clear picture of risks at Place; and that • The Place is satisfied that each identified risk is properly sized up (i.e. scored); and that • Places are satisfied that the right actions are in place to mitigate those risks back to the risk appetite score? <p>Work is ongoing in order to develop the Rotherham Place Partnership Risk Register. Currently 3 risks have been identified and work is ongoing to develop these for inclusion in the Rotherham Place Risk Register. Once complete, only the risks scoring 12 or more will be visible to the ICB corporate risk register.</p> <p>Executive Summary The BAF is attached at tab 5 on the excel spreadsheet. The Rotherham Place Board has joint oversight of the following BAF objectives and is asked to review these, please note these are arranged by Score.</p>	

Table 1; BAF Objectives, by score

Ref	Descriptor	Score	Actions
4.3	<p>The number of transformation workstreams within Places are being delivered. Inherent Risks are mitigated:</p> <p>a. potential funding gap. b. System operational pressures preventing transformation to reduce health inequalities and health outcomes.</p>	5x4=20	<ul style="list-style-type: none"> • 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
1.2	<p>The local healthcare system is sustainable, accessible, and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.</p>	3x3=9	<ul style="list-style-type: none"> • 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.
2.1	<p>Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment.</p> <p>The ICB is able to:</p> <p>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.</p>	4x2=8	<ul style="list-style-type: none"> • 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 - agreed at July board 2023 • Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake • 360 Internal Audit HI completed May 23. • Audit and PHM SDG action plan presented to August QPPIE • HI internal audit to be included in the internal audit ICB annual Plan.
2.3	<p>The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships</p>	2x3=6	<ul style="list-style-type: none"> • 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. • 360 HI audit undertaken and action plan in place.

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.	2x3=6	<ul style="list-style-type: none"> • Robust ICB 5-year Joint Forward plan - Draft June 2023 • Robust ICB 5 year joint forward plan with clear membership and governance. Next step now to move to delivery and identifying delivery
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.	1x3=3	<ul style="list-style-type: none"> • BAF Deep-Dive with Operational Executive and revision, emending in 2023/24 • Review in conjunction with Running Cost Allowance work programme in Q1 23/24.

There are currently a total of **46** open risks on the Corporate Risk Register. The risks applicable to Rotherham (all places, ICB and Rotherham listings) are shown in tab 10 of the attached excel Spreadsheet.

There are risks with a residual score of 15 or above (threshold for reporting to Board), shown in table 2 below.

Table 2: Risks with a residual score of 15 or above:

Ref	Descriptor	Score	Mitigation / Treatment
SY028	Oncology Workforce Challenges – 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.	16	National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team with IMT established. STH are establishing an NSO insourcing model for breast services with Remedy to secure additional capacity.
SY082	Adult Mental Health - Across the ICB there are increasing presentations for eating disorders in adults. This is due to unmet need and lack of provision in this pathway across the system. Secondly there are issues around the current available services and the capacity of these to meet the needs of	16	Partnership eating disorders T&F group established, Alternative to Crisis reduction/prevention provision commissioned, Development of MH ARRS model in primary care

	<p>patients already known to services. Lastly, there is also an increased need in the adult eating disorder pathway following Covid-19 and an exponential growth in the number of children and young people with eating disorders who are now transitioning to adult services. This is leading to increased acuity in presentations, increased demand on primary care, impact in acute hospital trusts (MEED pathway) and increased demand on crisis provision and inpatient beds.</p>		
SY113	<p>Waiting times – failure to eliminate Referral to Treatment (RTT) waits over 65 weeks affects patient access, patient safety and experience, security of future funding and SYB reputation.</p>	16	<ul style="list-style-type: none"> • Implement SYBAF Diagnostics & Elective Recovery Plan • GIRFT improvement programme • NHSE Quality Improvement support
SY114	<p>Winter Planning - There is a risk that the SY health and care providers will not have the capacity to provide a safe service over the winter period, due to increased public demand linked to the winter surge resulting in potential patient harm and reputational damage.</p>	16	<ul style="list-style-type: none"> • Daily system co-ordination centre calls. Weekly winter check in calls. • Ongoing implementation of UEC recovery plan and 10 high impact measures. • Flu + Covid vaccination groups in place to oversee seasonal immunisation. • Support by communications campaign to staff and public.
SY115 (New)	<p>Cancer Operational Recovery - There is a risk that operational recovery will be significantly hindered by further Industrial Action</p>	16	<p>Continue to support local derogations in relation to cancer services if possible</p>
SY116 (New)	<p>Cancer Operational Recovery - There is a risk that OMFS Consultant pressures will lead to an increase and inequity in waiting time leading to potential harm for patients with head and neck cancer.</p>	16	<p>Discussions ongoing with DBHFT / STHFT to establish solution and ensure equity of waiting times. Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of OMFS services.</p>

SY117 (New)	Cancer Paediatric Radiotherapy - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals NHS Foundation Trust beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals. There is a risk that the paediatric radiotherapy service will not be able to be returned.	16	NHSE Specialised commissioning leading discussions with LTHFT, SCH and STHFT. Current commitment to March '24 based on increased training commitment of the STHFT clinical oncologist
SY096	65 Week Waits - 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.	16	System oversight recovery plan in place overseen by Kirsten Major, CEO STH and SRO.

Tab 8 shows the Corporate Organogram which allows Sub-Committees to understand which risks they are responsible for assurance.

The current risks for this committee above the risk appetite of 12 are shown in table 3 below, in addition to those reported in table 2:

Table 3: Risks above risk appetite

Ref	Descriptor	Score	Mitigation / Treatment
SY091	Corporate ICB Capacity - There is a risk of insufficient capacity in the ICB in shared functions and place teams to be able to fulfil the obligations of the ICB.	12	Shared functions and Place teams will work to build resilience within their functions during and post the running costs allowances programme.

SY021	<p>LeDeR - There is a risk that the ICB will not meet national policy requirements for LeDeR, this is due to delays in agreeing workforce and accountability framework, which may result in learning not being identified and embedded across the system to prevent avoidable deaths and reduce health inequalities. The ICB will also be in breach of Nationally set KPI's resulting in further action by NHSE.</p>	12	<ul style="list-style-type: none"> • Barnsley Place commissioned Northeast Commissioning Support to complete 13 outstanding reviews • Barnsley will consider contributing to a central reviewer resource within the SY ICB for all future reviews • South Yorkshire approach to manage LeDeR
SY001	<p>Cancer Waiting Times across the ICB- If BHNFT/DBHFT do not improve its performance in respect of people waiting longer than 62 days to be treated following an urgent cancer referral, there is a risk to the reputation of the ICB and the quality of care provided to the people of Barnsley in respect of this service.</p>	12	<ul style="list-style-type: none"> • The ICB place team and the providers are working as part of a South Yorkshire Cancer Alliance and continuing to improve and develop services to ensure delivery of cancer standards • BHNFT are actively working with the CCG through the Barnsley Cancer Steering Board to improve pathways and ensure delivery of waiting times standards. • Programmes in place to develop rapid diagnostic approaches and community diagnostic hubs • Additional capacity via CDC being used and BHNFT are meeting 28 days faster diagnosis standard. • Using additional non-recurrent funding from NHSE /cancer alliance to improve triage of referrals, increase capacity in diagnostics and to meet 31-day treatment targets • Clinical prioritisation of waiting lists in place to minimise risk to patients. • Targeted lung health check programme providing alternative route for referrals and skin pathway introduced nurse led clinics to reduce waiting list and increase treatment slots.

SY040	<p>CAMHS - Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (with long waits across SYICB). Unmet need leading to increased acuity in presentation, Continued risk of dissatisfaction in the service by GP's, families and young children.</p>	12	<ul style="list-style-type: none"> • Weekly meeting between RICB and RDaSH, CAMHS and TRFT • Monthly CAMHS contract performance meeting.
SY108	<p>IPC risk and over achievement of threshold for CDiff -There is a risk that each/ some Place areas will be over the NHSE set thresholds for case numbers of C Diff and as a result the ICB will be over the C Diff threshold set by NHSE. there has been an increase seen in cases locally and also nationally. The themes appear to be the same as previously, for example the cause in Rotherham appears to be the unrealistic threshold set that is based on the algorithm used by NHSE that is not cases per 100000. The setting of the thresholds is being reviewed for next year. The cases result in quality and patient safety concerns.</p>	12	<p>Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diffs, and this is unlikely to change. The PSIRF process is also being implemented currently. Each area has their own improvement/ reduction plan and are looking at themes and trends and actions required. These can be the same or also differ due to variations in trusts and Places. There is a plan to bring all the plans together and develop an ICB wide improvement position that incorporates shared work.</p>

Changes from the previous presentation of Rotherham Place Partnership risk portfolio.

SY012 – Reviewed and closed

SY096 – Reviewed and closed, duplicated within SY115.

SY108 – Details provided, residual score of 12 applied

SY115 – New Risk

SY116 – New Risk

SY117 – New Risk

Issues Log

There are currently **10** issues on the Issues log, with 9 related to Rotherham (inclusive of All Places and ICB issues). These can be seen in tab 14 of the attached Spreadsheet.

The current red issues (7) are shown in the table below:

Table 3: Red Issues

Ref	Descriptor	Score	Mitigation / Treatment
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IL03	<p>Strike Action across health and social care workforce - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.</p>	20	<p>Effective incident planning of services local discussion about derogations services that should continue during strike.</p>
IL12	<p>Cancer – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.</p>	20	<ul style="list-style-type: none"> • Breast waiting times are being monitored through the Regional Incident management team meetings. • Mutual aid has been fully explored through regional team. • However, capacity issues are reflected regionally and nationally. • Some capacity has been established through insourcing.
IL13	<p>78/104 Week Waits - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.</p>	20	<ul style="list-style-type: none"> • Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.
IL15	<p>Workforce - The impact of the organisational change is causing higher levels of absence and turnover, lower levels of morale which is impacting on the resources the ICB has available to carry out its obligations.</p>	20	<ul style="list-style-type: none"> • Complete the organisational change as quickly and effectively as possible. • Ensure there is a comprehensive support and OD in place to manage the transition to the new operating model and to positively engage those in the organisation. • Provide as much support as possible to those leaving the organisation.
IL07	<p>Urgent and Emergency Care (including 111/999)- 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.</p>	15	<ul style="list-style-type: none"> • Note Contract led by West Yorkshire ICB. • South Yorkshire ICB executive represented on the Y&H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS • Good engagement and representation from YAS at place and SY UEC Alliance Board. • System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. • The governance arrangements are via

			the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups
IL08	SALT Provision - There is a risk of Speech and Language Therapy provision specified within Education Health and Care Plans (EHCPs) not being delivered. This is as a result of lack of capacity within the Speech and Language Therapy Team. This is leading to the ICB and Local Authority being unable to meet their statutory duties in relation to SEND and means that children and young people are not having their needs met appropriately.	15	<ul style="list-style-type: none"> • 6 month contract put in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions. • Referral pathway for direct referral/access to services removed from SWYPFT website as they have ceased providing the services. • Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head Injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.
IL09	Medication Supply - 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.	15	<ul style="list-style-type: none"> • 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.

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 is utilised.



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.

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

- NHS South Yorkshire ICB Board
- Operational Executive
- Quality Patient Performance Improvement Experience (QPPIE)
- Finance and Investment
- Medicines Optimisation Assurance Group
- People Workforce and Culture Committee
- Rotherham SMT

The RR and IL is a live document and may have been updated since the papers deadline. This document is as of 9 October 2023 at 10:00

Is your report for Approval / Consideration / Noting

- For Consideration and discussion.

Recommendations / Action Required

Members are asked to:

- Review the collated SY ICB Risk Register and Issues Log for Quarter 3; and
- Support the ongoing development of the BAF, Risk Register and Issues log.
- Note the progress regarding the development of the Rotherham Place Partnership Risk Register.

Board Assurance Framework

This report provides assurance against the following corporate priorities on the Board Assurance Framework (place ✓ beside all that apply):

Priority 1 - Improving outcomes in population health and health care.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓

In addition, this report also provides evidence against the following corporate goals (place ✓ beside all that apply):

Goal 1 – Inspired Colleagues: To make our organisation a great place to work where everyone belongs and makes a difference.	✓
Goal 2 – Integrated Care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.	✓
Goal 3 – Involved Communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision making.	

Are there any potential Risk Implications? (Including reputational, financial etc)?

There are no risk implications.

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

There are no financial implications for this paper but notwithstanding some of the risk areas will have financial implications for the ICB.

Are there any Procurement Implications?

There are no procurement implications.

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

Not applicable

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

There has been no Patient or public involvement in the development of the BAF, RR or Issues Log but stakeholders/risk owners are being contacted for conversations about their risk profile and this will continue in a structured way during each cycle of updates.

Appendices

The following documents are appended to this cover paper:

- BAF, RR and IL

Business 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	2nd Line of Defence - Risk Management/ Corporate Oversight Functions	3rd Line of Defence - External and Internal audit, CIC Regulator, CQC, Monitor.	Risk Appetite	Assurance Level	Rationale for confidence level	Control/Assurance Gap	Residual Score	Assurance Level	ACTIONS	Potential audit area	
						e.g. operational processes, project risk and control activity, business level monitoring	e.g. Finance, IT, Business Support, HR and Payroll	e.g. Monitor compliance and provide independent challenge and assurance				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?
						CONTROLS	INTERNAL ASSURANCE	EXTERNAL ASSURANCE	Risk Appetite 9				Risk Appetite 9				
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse																	
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 - Barnsley: Wendy Loader / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer	ICB Place Committees, supported by: - System Leaders Executive	Accountable	SY031, SY032, SY082, SY013, SY028, SY069, SY066, SY076, SY069, SY040, SY064, LL02	- Development and implementation of effective systems-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 - EPRR - NHS England/SY ICB Assurance MOU	- ICB Place Committees - Operational Executive - Board Sub Committee review	- Local HWBBs - NHSE 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 of 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																	
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 - Barnsley: Wendy Loader / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Chief Medical Officer: Dr David Crichton Executive Director of Strategy & Partnerships: Will Cleary-Gray	QIPPE, supported by: - PHM SDG Committees - Digital Research Innovation (DRI) SDG	Accountable	SY021, SY042, SY010, SY061, SY064, SY040	- 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 PLACE Delivery Plans - Integrated Care Partnership Strategy - Digital Research Innovation (DRI) SDG - Population Health Needs Assessment - Joint Forward Plan - ICP strategy and comprehensive public engagement on population needs. SY Digital strategy to develop PHM infrastructure, i.e. shared data platform PHM digital tech and implementation across SY (both for direct patient care and service planning purposes).	SY Population health SDG and 360 HI audit action plan Digital Research and Innovation SDG. Outcomes framework and Dashboard - Integrated Care Strategy - x 4 Place Partnership Committees	360 Internal Audit on HIs completed with considerations ,action plan developed and owned by Pop h SDG was presented at OPPIE 8th. Action plan progress to be presented to OPPIE going forward - NHSE Assurance Framework - CQC	4x3=12	Medium	- Commitment at all levels to tackle inequalities - 4 aims (core purpose of ICB - ICP strategy strong focus on importance of these issues - Driving principle underpinning Place Partnerships	Sufficient resources required to undertake the work required to facilitate work that reduces health inequalities and inequity of access (investment £ and capacity / resources) - Health Care related inequalities are clearly reported, in equivalence with other ICB Duties - through pop health outcomes framework and dashboard (which is part of the ICB's IPR) - 360 internal audit HIs action plan and annual H4 internal audit undertaken	- Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Robust ICB 5-year Joint Forward plan - agreed at July board 2023 - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake - 360 Internal Audit H4 completed May 23. Audit and PHM SDG action plan presented to August OPPIE - H4 internal audit to be included in the internal audit ICB annual Plan.	4 x 2 = 8	Medium	- Complete 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 - agreed at July board 2023 - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake - 360 Internal Audit H4 completed May 23. Audit and PHM SDG action plan presented to August OPPIE - H4 internal audit to be included in the internal audit ICB annual Plan.	
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships	Executive Place Directors - Barnsley: Wendy Loader / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Director of Strategy and Partnerships - Will Cleary-Gray	ICB Place Committees, supported by: - System Leaders Executive	Accountable	SY001, SY079, LL02	- ICB 5 year Plan - ICP Strategy - Place Plans	- Cancer Alliance - System Leaders Executive - Integrated Care Partnership - x4 Place Partnership Committees - Provider Collaboratives & SY SDG Population Health and HIs	- Y&M 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 of 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. 360 HI audit undertaken and action plan in place.	HI Audit
Objective 3: Enhance Productivity and Value for Money - Executive Leads - Director of Strategy & Partnerships/Chief Finance Officer																	
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 - Cathy Winfield (Chief Nurse) / David Crichton (Chief Medical Officer) / Will Cleary-Gray (Dir. of Strategy and Partnerships) / Mark Janvier (Dir. of Corporate and Governance) / Christine Joy (Chief People Officer) / Lee Outhwaite (Chief Finance Officer) / Andrew Ashcroft (Dir. of Comms and Engagement) Executive Place Directors - Barnsley: Wendy Loader / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer	Board, supported by: - People, Workforce and Culture Committee - ICB Place Committees - System Leaders Executive - 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 a 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 piece	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	High	- BAF Deep-Dive with Operational Executive and revision, ending in 2023/24 - Review in conjunction with Running Cost Allowance work programme in Q1 23/24.	No
Objective 4: Help the NHS Support Broader Social and Economic Value - Executive Lead, Director of Strategy & Partnerships																	
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 (IEC SRO)	Board, supported by: - Finance and Investment Committee - ICB Place Committees - System Leaders Executive - Operational Executive	Accountable	SY013, SY044, LL02	- 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 focused funding	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 communities across SY identified as most in need and differential funding to help address gap in access care and outcomes.	QSIR Training continues in the ICB, and we are further reviewing our system wider approach to the PMO and tracking our improvement/transformation work.	Increased from 3 x 3 = 9 to 5x4=20	Low	- 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	

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	Quality, Performance, Involvement, Experience	Date Issue Added to E	Comments
IL03	ICB	1, 2, 4, 6	BAF 2.2 SY031, SY028, SY078	Strike Action across health and social care workforce - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.	5	4	20	Accountable	Effective incident planning of services local discussion about derogations services that should continue during strike.	Will Cleary-Gray (Director of Strategy and Partnerships)	SY ICB RR SY068	18/12/2022 16/01/2023 02/05/2023 14/08/2023	Chief People Officer - Christine Joy Chief Nursing Officer - Cathy Winfield Director of Strategy and Partnerships - Will Cleary-Gray	Added 18/12/2022 General update to Board.	Monthly	TBC	People, Workforce and Culture Committee	18/12/2022	
IL12	ICB	1,2,5,6	BAF 1.1, BAF 1.2, SY028	Cancer - Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.	5	4	20	Accountable	Breast waiting times are being monitored through the Regional Incident management team meetings. Mutual aid has been fully explored through regional leads. However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.	Emma Latimer (Sheffield Place Director)	CCG Due Diligence Assurance Letters	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023 18/06/2023 03/07/2023 01/08/2023 05/09/2023	Julia Jessop	STHT continue to have regular Tier 1 discussions to review the backlog position. Additional capacity being secured through Remy. Agreement of discussion will continue until waiting times revert back to pre escalation. Regional IMT meetings will continue until breast waiting times revert to pre incident levels. Additional capacity will be established in August through the insourcing arrangement with Remy. STHT required to provide regular communications across providers and through new director in ICB to ensure all parties signed on the current waiting times in order to manage patient expectations and alleviate anxiety during the extended waiting period. STHT continue to have regular Tier 1 discussions to review the overall backlog position.	Monthly	Cancer Alliance	Quality, Performance, Involvement, Experience	05/12/2022	
IL13	ICB	1,2,6	BAF 1.1, BAF 2.1	78/104 Week Waits - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.	5	4	20	Accountable	Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.	Chris Edwards (Rotherham Place Director)	Sarah Bayliss	02/05/2023 01/08/2023 08/08/2023 11/09/2023 02/10/2023	Cathy Hassell / Sarah Bayliss	Information is in the integrated performance report. There has been significant progress on the target to eliminate 78+ waits; however, ongoing industrial action poses a threat to this. Trusts are prioritising the delivery of safe critical services during strikes but also optimising the use of non-striking staff for elective care where possible. As of 10 Sept, SYB providers had 191 patients waiting over 78 weeks (1 at BH&FT, 29 at DETH, 47 at SCFT and 111 at STH). There has been a significant reduction in patients waiting over 78 weeks at STH. STH continue to be supported by NHSE and national improvement leads via the Tier 1 meetings and to seek regional and national input and for specific patient/procedures. As predicted, SCFT 78+ waits are increasing due to the NHSE decision that SCFT should record ADHD waits as RTT waits. In other systems ADHD services are typically provided by non-acute providers and waits are not typically recorded as RTT. It is anticipated that 78+ week waits for ADHD patients at SCFT will increase significantly throughout the remainder of 23/24 and beyond. SYB providers are each working to implement OP and theatre improvement plans to increase productivity, supported by SYB collaborative working groups. GRTT and NHSE Quality Improvement, SYB mutual aid principles and SCF agreed, DECO and ECG (Effective Collaborative Group) members actively engaged to collaboratively eliminate 65+ and 78+ waits. Independent sector including insourcing and outsourcing utilised to supplement NHS capacity. Industrial action having adverse impact on activity and waiting times.	Monthly	Sheffield / Doncaster Place Committee	Quality, Performance, Involvement, Experience	02/05/2023	
IL15 (New)	All places	4, 8	BAF 1.2, BAF 2.2	The impact of the organisational change is causing higher levels of absence and turnover, lower levels of morale which is impacting on the resources the ICB has available to carry out its obligations.	5	4	20	Responsible	Complete the organisational change as quickly and effectively as possible. Ensure there is a comprehensive support and CO in place to manage the transition to the new operating model and to positively engage those in the organisation. Provide as much support as possible to those leaving the organisation.	Christine Joy (Chief People Officer)	Government communications	29/06/2023 11/08/2023 31/08/2023	Lisa Devaney	Organisational change phase has commenced and on track to meet the outline timeline Comprehensive engagement plan in place with staff Comprehensive health and wellbeing offer in place and also support with managing change and resilience.	Monthly	JSCF Operational Executive Group People, Workforce and Culture Committee	29/06/2023		
IL07	All	1,5,6	BAF 1.1	Urgent and Emergency Care (including 111/999) - 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	Note Contract led by West Yorkshire ICB. South Yorkshire ICB executive represented on the Y&H Executive Leadership Board. Memorandum of Understanding in place between 3 ICBs (WY, HY and SY) and YAS. Good engagement and representation from YAS at place and SY UEC Alliance Board. System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and O&TEL reporting guidance being consulted on and expected to be final in Autumn. The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups	Dr David Crichton (Chief Medical Officer)	SY ICB RR SY04	05/12/2022 02/03/2023 22/03/2023 28/03/2023 02/05/2023 06/06/2023 18/06/2023 01/08/2023 04/09/2023 21/09/2023	Barnsley: Jamie Wike / Doncaster: Alisa Leighton / Rotherham: Claire Smith (Sheph Watt) / Sheffield: Ian Atkinson Katie Roebuck-Marfeet	Barnsley: Got good engagement from all partners including YAS on Barnsley UEC Board. UEC Plan is in place and currently being reviewed to ensure delivery of requirements set out in the UEC Recovery Plan and Winter Planning Guidance. Doncaster: Good engagement from YAS on Doncaster UEC Board and active participation in the key UEC workstreams, with YAS now agreeing to lead workstream 6 - alternatives to ED. Improvements in handover times are being maintained Rotherham: YAS are engaged at all levels of our escalation process including weekly Executive escalation meetings and our UEC governance structure. Our Place priorities include YAS partners to delivery of transformation which will impact positively on YAS performance i.e. PUSH model, admission avoidance pathways and streaming to SDEC. Sheffield: From a Quality and Patient Safety perspective engagement with YAS is positive, managed through YAS Quality Review Group - Update from UEC is that in Q1 performance is in line with the rest of South Yorkshire, and the Sheffield position has been sustained.	Monthly	All Place Committees	Quality, Performance, Involvement, Experience	05/12/2022	
IL08	All	1, 8	BAF 1.1	SALT Provision - There is a risk of Speech and Language Therapy provision specified within Education Health and Care Plans (EHCPs) not being delivered. This is as a result of lack of capacity within the Speech and Language Therapy Team. This is leading to the ICB and Local Authority being unable to meet their statutory duties in relation to SEND and means that children and young people are not having their needs met appropriately.	5	3	15	Accountable	6 month contract put in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions. Referral pathway for direct referrals to services removed from SWYPFT website as they have ceased providing the services. Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.	Place Directors - Barnsley: Wendy Lowler, Doncaster: Anthony Fitzgerald, Rotherham: Chris Edwards, Sheffield: Emma Latimer	SY ICB RR SY058	05/12/2022 02/05/2023 06/07/2023 10/08/2023 16/08/2023 11/09/2023	Barnsley: Jamie Wike / Doncaster: Alisa Leighton / Rotherham: Claire Smith (Sheph Watt) / Sheffield: Ian Atkinson	Rotherham: SEND written statement of action will be shortly signed off by Rotherham Place after the 5th check and challenges visit this covers key lines of enquiry including health support (therapy). Positive feedback on progress with Rotherham has been received and a revised action plan will now be developed which includes further actions to support in this area. There is an exec lead group that meets regularly that includes RMC, ICB, TRFT to oversee the action plan across the workstreams and provide assurance within organisations. Sheffield: There is a multi-agency steering group set up to oversee the SLT transformational work, which includes representation from the ICB, SCFT, SCC and voluntary sector. We commissioned a consultant to undertake an external review of SLT provision in Sheffield. We have had a draft report on the first phase of this work but are expecting a final version by the end of September 2023. We have agreed an additional £200k investment the financial year and £500k recovery from next financial year to increase capacity within the SLT service, whilst also working to move to a different delivery model that is more integrated with education. The council have provided £50k non-recurrent funding this year and a further £50k non-recurrently next financial year to support this work and there is joint commissioning funding for an additional post to pump prime the locally model.	Monthly	Sheffield Place Committee	Quality, Performance, Involvement, Experience	05/12/2022	DE - Requested Deep Dive on this risk (14/7/23) Barnsley - (Jamie Wike) - This risk feels very much Sheffield specific and the mitigation below is also Sheffield apart from the wording in red, in the mitigation / treatment column (I) as SWYPFT still provide the SALT service for Barnsley patients unless it means that direct referral has been stopped for non-barnsley patients - either very needs by Sheffield, Doncaster - need to look at description wider work taking place
IL09	ICB	3,5,6	BAF 1.1	Medication Supply - 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.	Dr David Crichton (Chief Medical Officer)	Previous CCG Risk Management Processes	13/04/2023 02/05/2023 03/07/2023 18/08/2023 21/09/2023	Alex Molyneux (Chief Pharmacy Officer)	The shortage of Antibiotics availability during the Group A Strip infection has passed. Additional national medicines shortages have been reported. The latest and most significant is GLP-1 medicines for Diabetes. Communication has been shared with relevant clinicians and patients are being identified, reviewed and prioritised for alternative treatment.	Monthly	All Place Committees	Quality, Performance, Involvement, Experience	13/04/2023	
IL17 (NEW)	ICB	5, 6, 8	SY105	CHC - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	4	3	12	Accountable	Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.	Cathy Winfield	South Yorkshire ICB Chief Nurse formal meeting SYICB Place Directors and Doh and Place Executive Team meeting	29/08/2023 05/10/2023	Andrew Russell	Discussions regarding setting up an All age continuing care transformation group - possible paper to board by October 2023.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	29/08/2023	Score currently being reviewed as issue is greater in some areas over others.
IL14 (New)	ICB	1,5,6		Administrative support - There is currently no ICB wide administrative support to the needs Opt team. This means that certain meetings including those related to service assurance and development do not have minutes and actions follow-up. It means that shared mailboxes are not monitored with regularity and work requests are not noted in a timely manner. This impacts our ability to respond to the public, ensure clinical support and updates are provided in a timely manner and detect complaints.	2	5	10	Responsible	Intermittent Utilization of high banded staff outside of their normal roles to provide the function.	Will Cleary-Gray (Director of Strategy and Partnerships)	Place based admin model, non aligned priorities	19/06/2023	Mark Janvier	Request has been made for AI production of minutes from auto transcriptions. Pending. Request for automation of activities required to mailbox monitoring has been made. Pending. Request for shared admin resource across MO has been made. Rejected.	Quarterly			19/06/2023	Currently with lead risk owner to review scoring

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 20 September 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Dr Jason Page
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	<p>Wendy Allott, Chief Finance Officer (Roth), NHS SY ICB Ben Anderson, Director of Public Health, RMBC Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse (Roth), NHS SY ICB Nicola Curley, Director of Children’s Services, RMBC Chris Edwards, Executive Place Director (Roth), NHS SY ICB Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Gordon Laidlaw, Deputy Director of Communications, NHS SY ICB Toby Lewis, Chief Executive, RDaSH Claire Smith, Deputy Place Director (Roth), NHS SY ICB Dr Neil Thorman, Primary Care Representative, RPCCG Julie Thornton, Care Group Director (Roth), RDaSH</p>
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	<p>THE CHAIR CONFIRMED THAT THIS MEETING WAS NOT QUORATE FOR DECISION MAKING therefore no business transacted. Items for information only.</p> <p>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.</p>

Members Present:

Dr Jason Page (**JP**), Medical Director, NHS SY ICB
 Shafiq Hussain (**SH**), Chief Executive, VAR
 Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB

Participants:

Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
 Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust

In Attendance:

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

Item Number	Discussion Items
i24/09/23	Place Performance Report
	<p>LG gave highlights from this month's performance report.</p> <p>Strong performance is still being seen on IAPT on the 6 & 18 week target. The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks. Rotherham is consistently achieving targets, both in the 90's.</p> <p>National changes are taking place with reporting on cancer waits. Focus will be on two key targets and the performance report will be changed to reflect these:</p> <ul style="list-style-type: none"> • The 28-day Faster Diagnosis Standard (75%) • One headline 62-day referral to treatment standard (85%) • One headline 31-day decision to treat to treatment standard (96%) <p>All cancer targets except breast 2 week referral were not met. Most slightly improved apart from a small drop in performance on 28 day faster diagnosis from 74.1% to 72.2%. This is a challenging area but TRFT has reported improvement since this report.</p> <p>On the A&E 4 hour wait standard, compared to all pilot sites Rotherham is in the top quarter of all pilot sites.</p> <p>In relation to ambulance handovers, the position had remained similar to that reported last month, however early data for September shows a much improved position on lost hours.</p> <p>Learning disability health checks are a little low this month but historically this tends to improve in quarters 3 and 4.</p> <p>Although 7 day length of stay has increased slightly, Rotherham is still below the South Yorkshire average and the length of stay right to reside is low.</p> <p>Rotherham now has 47 patients on the virtual ward. This is the highest in South Yorkshire.</p> <p>Members noted this month's Place performance.</p>
i25/09/23	Quality, Patient Safety and Experience Report
	<p>Members received the report for information.</p> <p>JP drew attention to the letter from NHS England welcoming the independent inquiry following the verdict in the trial of Lucy Letby. It also reminded NHS Leaders and Boards of the importance of good governance in implementing and overseeing the Freedom to Speak Up Policy and the obligations of the Fit and Proper Framework for Board member recruitment. Subsequently, NHS SY ICB has written to NHS colleagues within our Place partnership to assess arrangements in place for accessible and effective speak up arrangements within their organisations so that at its September meeting, assurance can be provided to the Integrated Care Board membership.</p>
i26/09/23	Vaccination Update
	<p>JP confirmed that, thanks to the hard work of Jo Martin and her colleagues, a comprehensive plan for both flu and covid vaccinations is in place for Rotherham Place.</p>

All Primary Care Networks (PCNs) are signed up to deliver vaccines to eligible cohorts. Frontline acute and community staff will be vaccinated by TRFT and Doncaster PCNs will support RDaSH vaccination plans. A roving vaccination team will vaccinate hard to reach staff and some social care staff some of whom may also be supported via pharmacies. The order of approach will be care homes first, then frontline staff, social care staff, and hard to reach groups.

BA confirmed that the vaccination will work against the new Covid variant. Although this latest variant had produced a slight increase in the number of patients in TRFT with Covid (currently 10), it was expected as the colder months approach. It is reported to be more contagious but as yet unknown how serious the symptoms will be.

SH asked whether vaccinations will be offered to voluntary sector volunteers as in past years. JP will discuss with JM.

Action: JP

i27/09/23 ICB Board Assurance Framework

Members received the risk register, issues log and business assurance framework for information.

Discussion followed about risk log and how best Rotherham Place Board members can develop an approach for input into the ICB risk process going forward. SS will feedback to ICB colleagues.

i28/09/23 Minutes and Action Log from 19 July 2023 Meeting

The minutes from the July meeting were accepted as a true and accurate record. No meeting had taken place in August.

The action log was reviewed and up to date.

i29/09/23 Communication to Partners

None.

i30/09/23 Risks and Items for Escalation

None.

i31/09/23 Future Agenda Items:

Standing Items

- Rotherham Place Performance Report
- Place Prescribing Report (Oct)
- Risk Register (Monthly for information)
- Quality, Patient Safety and Experience Dashboard (August)
- Quarterly Medical Director Update (Oct)

i31/09/23 Date of Next Meeting

The next meeting will take place on **Wednesday 18 October 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

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
Nicola Curley	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

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
		No August Meeting				
20-Sep-23	i26/09/23	Vaccination Update	JP to discuss with JM whether VCS volunteers will be offered vaccination again this year.	JP	Green	