



# Agenda

Title of Meeting:	<b>Rotherham Place Board: ICB Business</b>
Time of Meeting:	10.15am – 11.00am
Date of Meeting:	Wednesday 15 November 2023
Venue:	Elm Room, Oak House, Moorhead Way, Bramley S66 1YY
Chair:	<b>Chris Edwards</b>
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:	S Cassin, NHS SY ICB 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
2	Medical Director Update	10 mins	JP	Verbal
3	Quality, Safety and Patient Experience Report	5 mins	JP	Enc 3
4	Medicines Management – End of Year Report	10 mins	SL	Enc 4
5	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	CE	Enc 5
<b>Standard Items</b>				
6	Minutes and Action Log from 18 October 2023 Meeting	5 mins	Chair	Enc 6i & 6ii
7	Communication to Partners		Chair	Verbal
8	Risks and Items for Escalation to ICB Board		Chair	Verbal
9	Standing Items <ul style="list-style-type: none"> <li>• Rotherham Place Performance Report (monthly)</li> <li>• Risk Register (<i>monthly for information</i>)</li> <li>• Place Prescribing Report (Feb)</li> <li>• Quality, Patient Safety and Experience Dashboard (Jan)</li> <li>• Medical Director Update (Quarterly – (Feb)</li> </ul>			
10	Date of Next Meeting: Wednesday <b>20 December 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**  
**Rotherham Place Performance Report for 2023/24**

**November 2023**

### Rotherham Place Delivery Dashboard - November 2023

#### Performance Comparison - Rotherham Place/FT v National

August 2023

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	9.38%	27.49%	0 out of 106	8th out of 106
RTT	92%	59.79%	57.99%	0 out of 106	40th out of 106
IAPT 6 Week Wait*	75%	96.00%	89.70%	92 out of 106	39th out of 106

\*IAPT Figures are as at July 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
Cancer 28 Day Faster Diagnosis	75%	●●	●▲	●▲	●
Mixed Sex Accommodation	0	●▲	●▼	●▲	●

#### Deteriorating

Not met last month but met previously or YTD met

Target	Previous Month	Last Month	Current Month	Next Month Predicted
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#### Concern

Not met last two months

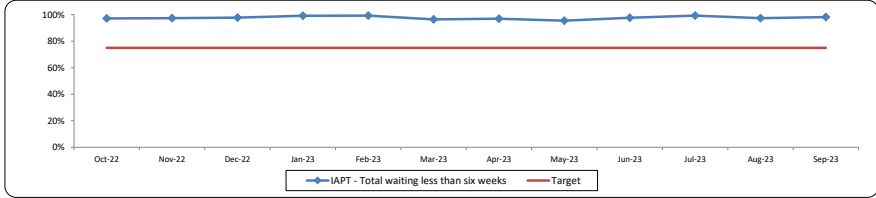
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 62 days	85%	●●	●●	●●	●
Diagnostics	1%	●▼	●▼	●▲	●
Referral to treatment	92%	●▼	●▼	●▼	●
Cancelled Operations	0	●▼	●▲	●▲	●
Cancer Waits: 31 days	96%	●▲	●▲	●▲	●

### Rotherham Place Delivery Dashboard - November 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 September was 98.2%. This is above the standard of 75%. August performance was 97.3%.  
 Self-referral into the service is now established and contributing to this position.

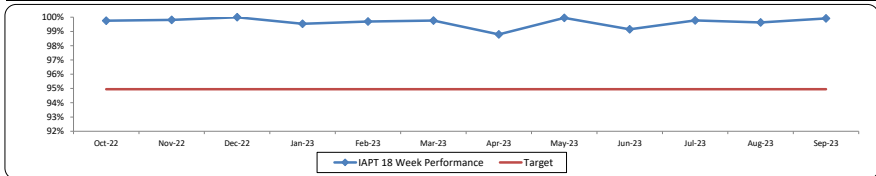
		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
6 Week Waiting List Performance	Actual	97.1%	97.4%	97.7%	99.2%	99.3%	96.4%	96.9%	95.4%	97.7%	99.3%	97.3%	98.2%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



#### IAPT 18 Week Wait

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

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



#### IAPT Supporting Narrative

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

- Barnsley – 98%
- Bassetlaw – 96%
- Doncaster – 77%
- Sheffield – 99%
- National – 89.7%

#### Cancer Waits

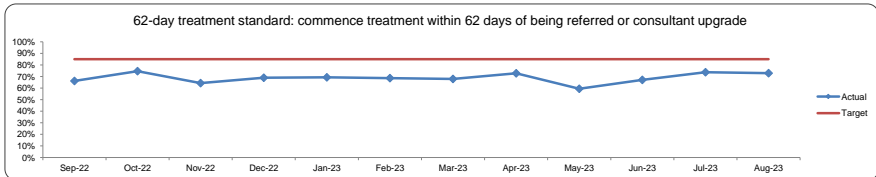
This section has been updated to align to the recent guidance on modernising and streamlining cancer waiting times

In August the 28 day Faster Diagnosis standard achieved the target of 75% at 77.1% down from July's performance of 79.7%  
 The 31 day standard was not achieved in August, with performance at 88.3% against the standard of 96%. July performance was 87.6%  
 In August the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 73% for Rotherham Place. July performance was 73.7%.

	Jun-23	Jul-23	Aug-23
28 Day	●	●	●
31 day	●	●	●
62 day	●	●	●

#### Focus on - Cancer

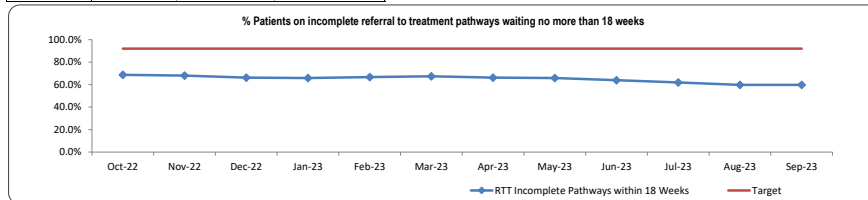
	Target	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%	63.2%	68.0%	69.1%	65.5%	67.7%	74.8%	76.8%	73.5%	74.1%	72.2%	79.7%	77.1%
31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients	96%	87.6%	90.3%	88.4%	92.1%	81.3%	86.6%	82.4%	89.1%	78.2%	81.7%	87.6%	88.3%
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	85%	66.2%	74.6%	64.3%	68.9%	69.3%	68.6%	67.9%	72.8%	59.4%	67.1%	73.7%	73.0%



### Rotherham Place Delivery Dashboard - November 2023

Referral to Treatment					
RTT Incomplete Pathways did not meet the 92% standard in September at 59.8% based on provisional data. The position for August was 59.8%.					
In September there were 1146 waiters over 52 weeks, 210 over 65 weeks, 14 over 78 weeks and 0 over 104 weeks:					
Provider	Total	Over 52 Weeks	Over 65 Weeks	Over 78 Weeks	Over 104 Weeks
The Rotherham NHS Foundation Trust	30166	621 (54%)	49 (23%)	2 (14%)	0 (-)
Barnsley Hospital NHS Foundation Trust	20	0 (0%)	0 (0%)	0 (0%)	0 (-)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1087	21 (2%)	11 (5%)	1 (7%)	0 (-)
Sheffield Teaching Hospitals NHS Foundation Trust	6490	421 (37%)	124 (59%)	8 (57%)	0 (-)
Sheffield Children'S NHS Foundation Trust	1174	59 (5%)	20 (10%)	3 (21%)	0 (-)
Other provider	953	24 (2%)	6 (3%)	0 (0%)	0 (-)
<b>All Providers</b>	<b>39890</b>	<b>1146 (100%)</b>	<b>210 (100%)</b>	<b>14 (100%)</b>	<b>0 (-)</b>

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



	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
RTT Incomplete Pathways within 18 Weeks	92%	68.7%	68.0%	66.2%	65.8%	66.7%	67.4%	66.2%	65.9%	64.0%	61.9%	59.8%	59.8%
RTT Incomplete Pathways over 52 Weeks	0	529	542	548	582	572	593	712	798	811	918	1079	1146
RTT Incomplete Pathways over 65 Weeks	0	180	189	194	185	173	127	132	150	146	151	220	210
RTT Incomplete Pathways over 78 Weeks	0	59	62	78	72	65	34	36	36	28	21	9	14
RTT Incomplete Pathways over 104 Weeks	0	1	1	3	3	4	1	1	2	3	3	0	0

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

	% Over 13 Weeks	Jun-23	Jul-23	Aug-23	Sep-23	Target
All specialities - total incomplete	52.6%	64.0%	61.9%	59.8%	59.8%	92%
Cardiology	49.9%	68.5%	64.3%	64.1%	61.1%	92%
Cardiothoracic Surgery	35.5%	81.6%	77.3%	78.9%	75.0%	92%
Dermatology	51.2%	63.0%	61.7%	60.1%	60.8%	92%
Ear, Nose & Throat (ENT)	58.6%	64.6%	60.4%	56.9%	54.8%	92%
Gastroenterology	32.9%	89.5%	89.7%	86.0%	84.8%	92%
General Medicine	7.3%	90.6%	90.3%	88.9%	96.4%	92%
General Surgery	57.2%	58.0%	57.9%	55.2%	55.1%	92%
Geriatric Medicine	30.0%	91.2%	90.6%	93.2%	86.7%	92%
Gynaecology	56.1%	56.6%	56.6%	54.4%	55.7%	92%
Neurology	64.0%	48.4%	43.5%	43.7%	44.5%	92%
Neurosurgery	60.6%	53.4%	55.3%	49.4%	52.5%	92%
Ophthalmology	60.2%	60.5%	55.2%	52.4%	51.1%	92%
Other - Medical Services	41.0%	76.7%	75.5%	73.0%	71.4%	92%
Other - Mental Health Services	0.0%	-	-	-	-	92%
Other - Paediatric Services	48.8%	70.0%	68.7%	66.6%	65.5%	92%
Other - Surgical Services	42.0%	72.0%	70.2%	68.7%	69.4%	92%
Other - Other Services	25.4%	87.6%	85.1%	78.7%	82.4%	92%
Plastic Surgery	60.5%	65.9%	59.3%	57.4%	53.2%	92%
Rheumatology	17.0%	95.0%	93.3%	95.8%	94.3%	92%
Thoracic Medicine	39.3%	69.6%	68.5%	68.5%	74.3%	92%
Trauma & Orthopaedics	56.9%	56.8%	56.6%	54.2%	55.4%	92%
Urology	49.8%	69.8%	69.0%	66.6%	67.4%	92%

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

Total Incomplete 18 Week Pathways - Rotherham Place	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Number of Pathways	30282	29953	29794	30177	30410	30356	35153	35823	36945	38333	39284	39890
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	13463	13134	12975	13358	13591	13537	18334	19004	20126	21514	22465	23071

#### RTT Supporting Narrative

Latest provisional data for September shows 20 specialities under the 92% standard, with just General Medicine (96.4%) and Rheumatology (94.3%) meeting the Standard.

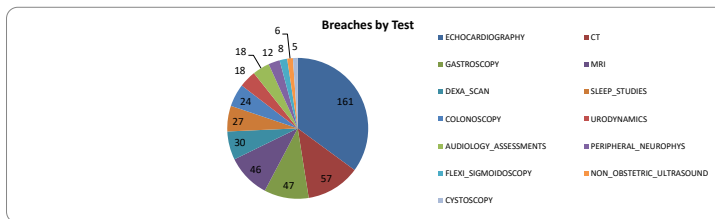
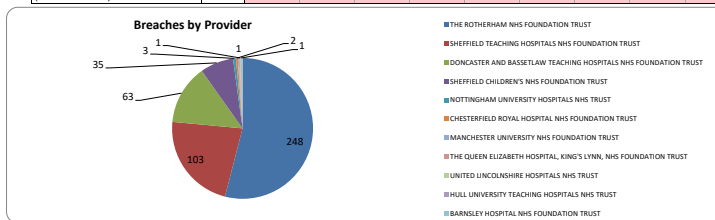
Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in August (59.8%):  
 Barnsley – 69% / Doncaster – 62.2% / Sheffield – 64.8% / National – 58%

In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information. 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 - November 2023

Diagnostic Waiting Times	
Provisional performance in September of 7.5% exceeds the <1% standard.	
459 Breaches occurred in September:	
248 (54%) at The Rotherham NHS Foundation Trust (157 Echocardiography, 44 CT, 17 Sleep Studies, 13 Uroynamics, 12 Gastroscopy, 4 Colonoscopy, 1 Cystoscopy)	
1 (0%) at Barnsley Hospital NHS Foundation Trust (1 Uroynamics)	
63 (14%) at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (19 MRI, 17 Audiology Assessments, 11 CT, 11 Dexa Scan, 4 Non Obstetric Ultrasound, 1 Peripheral Neurophys)	
103 (22%) at Sheffield Teaching Hospitals NHS Foundation Trust (32 Gastroscopy, 20 Colonoscopy, 19 Dexa Scan, 11 Peripheral Neurophys, 8 Flexi Sigmoidoscopy, 4 Cystoscopy, 3 Uroynamics, 2 MRI, 1 CT, 1 Sleep Studies, 1 Echocardiography, 1 Non Obstetric Ultrasound)	
35 (8%) at Sheffield Children's NHS Foundation Trust (22 MRI, 9 Sleep Studies, 3 Gastroscopy, 1 Uroynamics)	
9 (2%) at Other Providers (3 MRI, 3 Echocardiography, 1 Non Obstetric Ultrasound, 1 Audiology Assessments, 1 CT)	

	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	12.5%	12.3%	19.3%	17.3%	9.0%	5.1%	6.4%	8.4%	7.6%	8.3%	9.4%	7.5%



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

September-23 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	664	46	6.9%
Computed Tomography	1142	57	5.0%
Non-obstetric ultrasound	1804	6	0.3%
Barium Enema	0	0	0.0%
DEXA Scan	194	30	15.5%
Audiology - Audiology Assessments	367	18	4.9%
Cardiology - echocardiography	827	161	19.5%
Cardiology - electrophysiology	0	0	0.0%
Neurophysiology - peripheral neurophysiology	35	12	34.3%
Respiratory physiology - sleep studies	160	27	16.9%
Uroynamics - pressures & flows	34	18	52.9%
Colonoscopy	286	24	8.4%
Flexi sigmoidoscopy	85	8	9.4%
Cystoscopy	94	5	5.3%
Gastroscopy	388	47	12.1%
<b>Total Diagnostics</b>	<b>6080</b>	<b>459</b>	<b>7.5%</b>

### Rotherham Place Delivery Dashboard - November 2023

#### Eliminating Mixed Sex Accommodation

There were 0 breaches of this standard in August 2023.

	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
Number of mixed sex accommodation breaches (commissioner)	0%	2	0	1	2	1	2	0	0	0	0	2	0

#### Incidence of C.diff

Performance for Rotherham Place overall in September was 9 cases. 7 cases in September occurred at Rotherham FT. In the YTD there have been a total of 51 cases.

Rotherham FT performance for September is 2 cases and 17 in the YTD.

	Jul-23	Aug-23	Sep-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 - November 2023

**Percentage in 4 hours or less (type 1)**

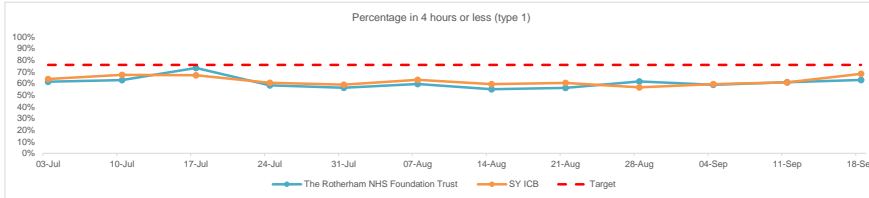
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of September 2023 was 61.4%

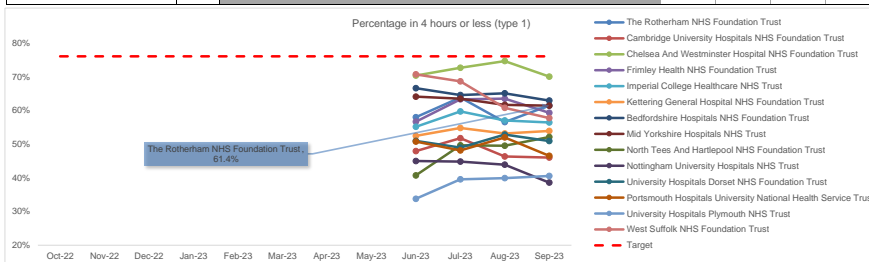
Data below shows benchmarking against the other 13 trusts that took part in the trial.

TRFT is 3rd highest out of the 14 pilot sites in September

	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	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
The Rotherham NHS Foundation Trust	76%									58.0%	63.8%	56.5%	61.4%
<b>TRFT Plan</b>										50.0%	50.0%	55.0%	55.0%
Cambridge University Hospitals NHS Foundation Trust	76%									47.9%	51.7%	46.3%	46.0%
Chelsea And Westminster Hospital NHS Foundation Trust	76%									70.3%	72.6%	74.6%	70.0%
Frimley Health NHS Foundation Trust	76%									56.6%	63.2%	63.5%	59.3%
Imperial College Healthcare NHS Trust	76%									55.1%	59.7%	57.0%	56.4%
Kettering General Hospital NHS Foundation Trust	76%									52.4%	54.8%	53.1%	53.9%
Bedfordshire Hospitals NHS Foundation Trust	76%									66.6%	64.5%	65.0%	62.9%
Mid Yorkshire Hospitals NHS Trust	76%									64.1%	63.4%	61.6%	61.4%
North Tees And Hartlepool NHS Foundation Trust	76%									40.7%	49.6%	49.5%	52.1%
Nottingham University Hospitals NHS Trust	76%									45.0%	44.8%	43.9%	38.6%
University Hospitals Dorset NHS Foundation Trust	76%									50.9%	48.9%	52.8%	50.9%
Portsmouth Hospitals University National Health Service Trust	76%									50.7%	48.1%	51.9%	46.5%
University Hospitals Plymouth NHS Trust	76%									33.8%	39.5%	39.9%	40.5%
West Suffolk NHS Foundation Trust	76%									70.6%	68.6%	60.7%	57.7%



### Rotherham Place Delivery Dashboard - November 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 reported a mean of 8 minutes 56 seconds for category 1 calls in October for Rotherham Place. The position in September was 8 minutes 5 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in October was 53.8% a decrease from September performance at 68.2%.		
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 Response Times Performance (Rotherham Place)

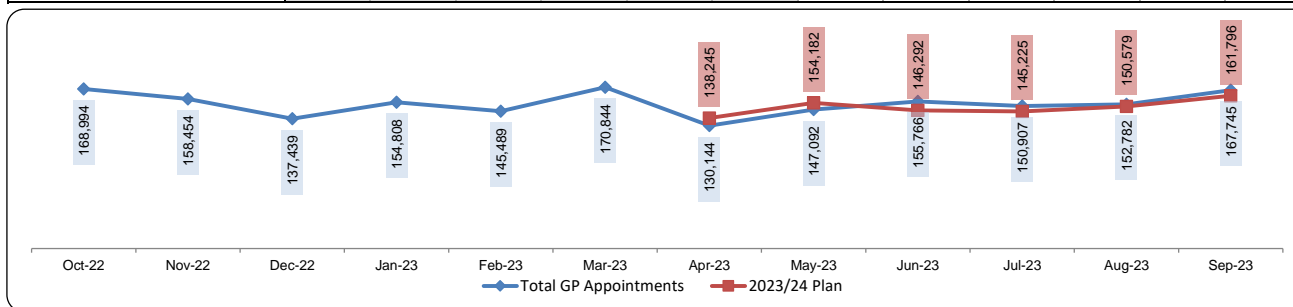
	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Cat 1 Mean	00:10:11	00:11:32	00:08:29	00:08:43	00:09:02	00:08:12	00:08:39	00:09:13	00:09:01	00:08:17	00:08:05	00:08:56
Cat 2 Mean	00:45:44	01:14:30	00:21:45	00:30:21	00:29:33	00:20:38	00:23:46	00:27:59	00:26:01	00:24:22	00:24:53	00:26:30
Cat 3 90th Percentile	05:38:15	08:12:05	02:25:00	03:27:39	03:27:19	02:32:00	03:06:08	03:28:34	03:04:43	03:18:45	02:34:33	03:09:29
Cat 4 90th Percentile	07:30:41	14:45:42	01:30:45	02:30:26	04:13:50	03:10:26	05:46:52	01:50:02	04:26:26	01:24:04	10:39:53	02:20:33

#### Handovers at TRFT

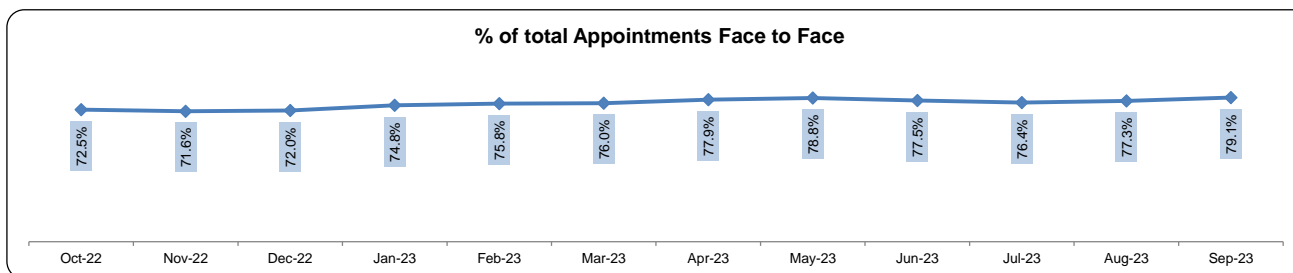
	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
% Handovers WITHIN 15 minutes	37.1%	34.6%	55.4%	48.1%	62.8%	61.3%	68.6%	65.2%	66.2%	64.8%	68.2%	53.8%
% Handovers OVER 30 minutes	38.3%	43.4%	18.3%	24.8%	15.0%	13.6%	7.3%	12.0%	8.7%	13.7%	7.7%	13.6%
% Handover OVER 60 minutes	21.1%	29.0%	8.8%	12.9%	4.9%	5.2%	1.9%	4.6%	2.8%	5.8%	1.4%	5.0%
Number of ambulance handovers OVER 60 minutes (RFR)	358	507	145	202	95	99	37	88	54	114	28	105

### GP Appointments

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Total GP Appointments	168,994	158,454	137,439	154,808	145,489	170,844	130,144	147,092	155,766	150,907	152,782	167,745
2023/24 Plan							138,245	154,182	146,292	145,225	150,579	161,796
Variance to 2023/24 Plan							- 8,101	- 7,090	9,474	5,682	2,203	5,949



	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
% of total Appointments Face to Face	72.5%	71.6%	72.0%	74.8%	75.8%	76.0%	77.9%	78.8%	77.5%	76.4%	77.3%	79.1%



## 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	Jun-23	Jul-23	Aug-23	Sep-23	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	80.80%	81.10%	81.00%	81.90%	66.70%
Protecting People From Avoidable Harm	Jul-23	Aug-23	Sep-23	2023/24 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	1	2	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)	7	7	9	51	Actual
	4	3	3	20	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	2	1	2	17	Actual
	1	1	1	7	Plan
Mental Health: Monthly Indicators	Jul-23	Aug-23	Sep-23	2023/24 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	7.1%	9.3%	11.3%	11.3%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	47.70%	54.66%	56.79%	52.43%	50.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Urgent Cases	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Target
Percentage of CYP with ED that start treatment within one week of referral	-	100.0%	-	-	95.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Non-Urgent Cases	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 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)	Jun-23	Jul-23	Aug-23	Sep-23	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 72 hours	89%	93%	96%	100%	80.0%

## Health Outcomes

CYP Access (1+ contacts)	Apr-23	May-23	Jun-23	Jul-23	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4680	8890	4740	4600	4250
Perinatal Access (No. of Women)	Apr-23	May-23	Jun-23	Jul-23	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	225	230	225	225	TBC
Discharges follow up in 72 hours	Apr-23	May-23	Jun-23	Jul-23	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	95%	72%	86%	81%	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 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2
People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end)	1101	1041	1197	1106	1086
Target (Local)			918		
Community Mental Health (MH) Access (2+ contacts)	Apr-23	May-23	Jun-23	Jul-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)	2270	2440	2445	2435	TBC
Learning Disability Annual Health Checks	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Checks	-	46	61	87	67
Register	-	1739	1739	1739	1739
Trajectory	92	92	92	92	92
2 Hour Urgent Community Response	May-23	Jun-23	Jul-23	Aug-23	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	83%	83%	74%	68%	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. Latest month is Provisional.					
Virtual Ward					
Place holder - content TBC					
Looked After Children					
Placeholder - content TBC					

**BCF**

ACS Admissions		May-23	Jun-23	Jul-23	Aug-23	Sep-23
Number of Ambulatory Care Sensitive Admissions	Actual	297	291	294	284	234
	Target	245	245	245	245	245
Discharges to Usual Place of Residence		May-23	Jun-23	Jul-23	Aug-23	Sep-23
% Discharged to Usual Place of Residence	Actual	94.7%	95.7%	95.3%	93.7%	95.2%
	Target	93.5%	93.5%	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.

		01-Oct	08-Oct	15-Oct	22-Oct
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	<b>South Yorkshire and Bassetlaw</b>	<b>12.4%</b>	<b>11.8%</b>	<b>13.1%</b>	<b>15.7%</b>
	Barnsley Hospital NHS Foundation Trust	24.9%	27.2%	28.2%	37.6%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	10.4%	8.5%	11.9%	11.0%
	Sheffield Teaching Hospitals NHS Foundation Trust	11.1%	10.1%	10.1%	12.7%
	The Rotherham NHS Foundation Trust	7.1%	7.3%	9.4%	9.2%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	<b>South Yorkshire and Bassetlaw</b>	<b>41.5%</b>	<b>41.7%</b>	<b>42.3%</b>	<b>49.2%</b>
	Barnsley Hospital NHS Foundation Trust	65.4%	71.8%	65.9%	80.0%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	7.0%	8.5%	3.6%	2.7%
	Sheffield Teaching Hospitals NHS Foundation Trust	46.4%	35.0%	47.9%	45.2%
	The Rotherham NHS Foundation Trust	14.3%	26.7%	30.0%	23.7%
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>383</b>	<b>390</b>	<b>404</b>	<b>428</b>
	Barnsley Hospital NHS Foundation Trust	54	56	48	54
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	90	93	121	120
	Sheffield Teaching Hospitals NHS Foundation Trust	165	188	184	199
	The Rotherham NHS Foundation Trust	44	52	51	55

## Rotherham Place Board (ICB Committee) – Meeting 15<sup>th</sup> November 2023

### NHS SY ICB (Rotherham Place) Quality, Patient Safety and Experience Dashboard Report September/October 2023

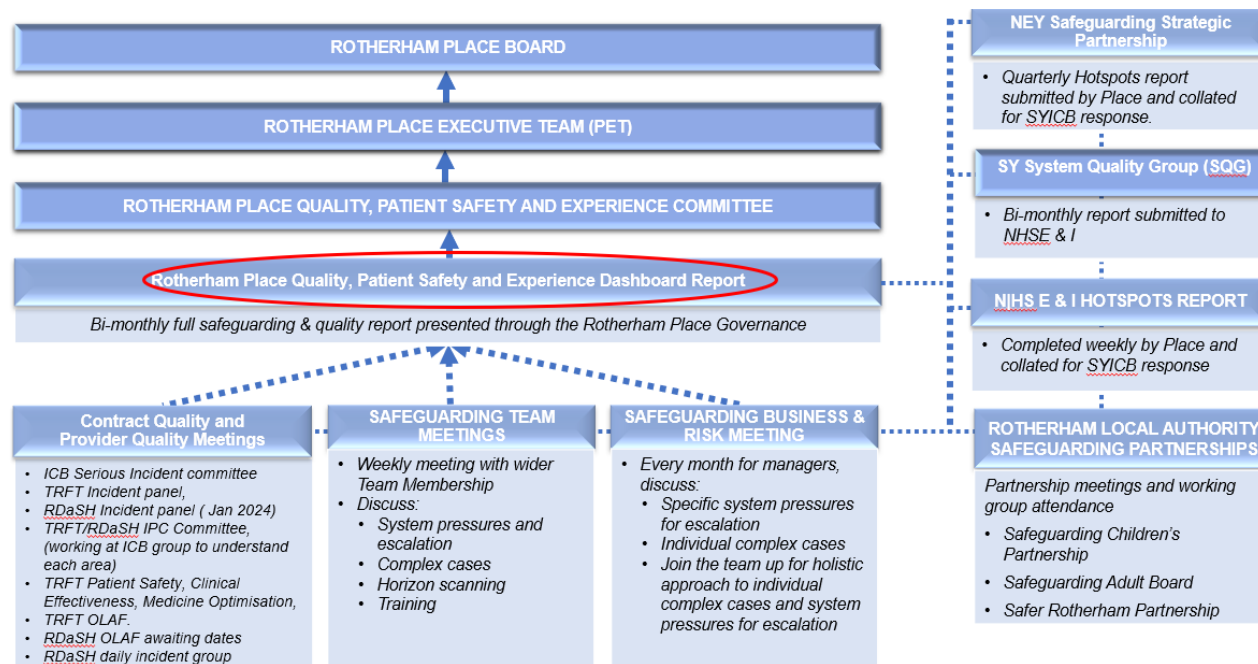
<b>Lead Executive</b>	<b>Sue Cassin, Chief Nurse</b>
<b>Lead Officer</b>	<b>Kirsty Leahy, Head of Quality</b>

#### Purpose

To update Rotherham Place Board on business activity up to October 2023 covering the Rotherham Quality Agenda.

#### Background

The NHS SY ICB (Rotherham Place) Quality, Patient Safety and Experience Dashboard Report (attached) is a rolling report updated weekly ensuring information is readily available around key risks and issues and will feed directly into Rotherham Place Board as shown below. Elements of the report will be used to supply information for the Rotherham Place Executive Team (PET), NHSE Quality Hotspot report for Surveillance Quality Group (SQG) and the SY ICB Quality, Performance, Patient Involvement and Experience Committee.



#### Analysis of key issues and of risks

Analysis of key risks and issues are contained within the report.

#### Patient, Public and Stakeholder Involvement

None. Business reporting.

#### Financial Implications

None.



**Approval history**

Due to limited staff numbers during October this report has not followed the usual approval process.

NHS SYICB Rotherham Place Quality Team – not presented this month.

NHS SYICB Rotherham Place Executive – not presented this month.

**Recommendations**

Note and discuss content of report.

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

November 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 June 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

Provider	Level of Surveillance				
	July 2023	Sept 2023	Nov 2023	SOF	CQC Overall Rating
<b>NHS Foundation Trusts</b>					
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	2	Requires Improvement
The Rotherham NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement
<b>Independent Providers/Specialised Mental Health Providers</b>					
Byron Lodge Rotherham	New routine	Routine	Routine		Requires Improvement
Care 4 U Care Limited, Rotherham		New routine	Routine		Requires Improvement
Roche Abbey Care Home, Rotherham		New routine	Routine		Requires Improvement
Waterside Grange, Rotherham		New routine	Routine		Requires Improvement
<b>Primary Care</b>					
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement
Shakespeare Road PMS, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement

## SECTION 1 Rotherham Place Brief Overview

Issue	Key Status/ Risks / Concerns	Mitigating actions
<b>The Rotherham NHS Foundation Trust</b>		
Industrial action	Industrial action continues to impact on services. There is currently no further known planned industrial action but it is likely that they will continue throughout winter and maintain a risk to the system. Elective recovery is more challenging now due to cancellations on strike days and the ICB continue to support the Trust and partners with daily system calls during industrial action, wider planning from social care and other partners to support flow etc. Our winter plan was presented to Place Leadership Board and approved and there is a planned scenario testing event to take place in November to support appropriate escalations across Place.	Debriefs after strike period to ensure learning across Place and SY. Early planning briefs with all partners Daily meetings to check in on system pressures
Cancer	Cancer care performance is an area of concern for TRFT particularly for 62 Day performance and the 28-day Faster Diagnosis Standard (FDS). Working alongside the Cancer Alliance to support improvement and it must be recognised that there is a steady improvement in recent months (Q1 to present with the exception of FDS). The Place leadership team had a deep dive into elective recovery including cancer this summer and our Quarterly Performance review with NHSE and Executive colleagues within SY ICB took place October 23 both of which provided further assurance regarding key actions being taken to mitigate risks.	Exploration of mutual aid within SY ICB continues to take place. Continuing to work with the Cancer Alliance to deliver the required improvements.
Previous issues raised ERCP	A retrospective external review of ERCP services is being undertaken in response to issues raised – NHSE leading to provide update. Two cases heard at Doncaster Coroners Court February 2023. Summary of the verdict: <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> The trust is working towards recommencing the service in October 2023 and an action in place to regain JAG accreditation.	Oversight, assurance NHSE CQM (Contract Quality Meeting)
<b>Safeguarding/ Media Interest Case</b> An independent investigation has been commissioned via NHSE for a child death	Final report published on the 5 <sup>th</sup> of October. <a href="#">COMMS Final Report YMN October 2023 publication version.pdf (syics.co.uk)</a> Actions been worked through.	Oversight, assurance, and support from the ICB Safeguarding team. Strategic safeguarding group CQM (Contract Quality Meeting)

Issue	Key Status/ Risks / Concerns	Mitigating actions
		RSCP (Rotherham Safeguarding Childrens Partnership)
<b>RDaSH</b>		
<b>CQC Quality Improvement Plan</b>	<p>There were 78 Must do and Should do actions identified by CQC in the Well-led inspection (covering the whole Trust footprint). As at July 2023 77 actions have been completed and 1 remains amber. This relates to the risks assessment of service users going on section 17 leave (long stay rehabilitation wards). Completion of the audit cycle required before this action can be closed but RDaSH are confident there is sufficient evidence for this to be closed.</p> <p>The RDaSH Well Led Inspection action plan has been superseded by a CQC Quality Improvement Plan. Further detail can be found at <a href="https://www.rdash.nhs.uk/news-and-events/board-of-directors-agenda-pack-27-july-2023/">https://www.rdash.nhs.uk/news-and-events/board-of-directors-agenda-pack-27-july-2023/</a></p>	<p>Updates on the position for the CQC action plan are reported at Contract Quality meetings</p> <p>CQC engagement meetings are held periodically by CQC with the Trust. The CQC continue to inspect using a risk-based methodology which means that they inspect services in NHS Trusts and independent health providers where there is a clear risk to safety. Currently, they have advised RDaSH that they do not have intelligence that there is risk to safety within the Trust.</p>
<b>Primary Care</b>		
<b>Rotherham's 28 General Practices CQC ratings:</b>		
Outstanding	1	The Gate
Good	24	
Requires Improvement	3	Crown Street, Shakespeare Road, Swallownest
Inadequate	0	
<b>Crown Street Surgery, Rotherham</b>	Last inspected May 22. RI overall (safe, effective and well-led). Breach <a href="#">Reg 12</a> .	CQC inspections have now restarted with those practices listed as RI remaining on the priority list for re-inspection. Primary Care support continues.
<b>Shakespeare Road PMS, Rotherham</b>	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach <a href="#">Reg 12</a>	CQC inspections have now restarted with those practices listed as RI remaining on the priority list for re-inspection. Primary Care support continues.
<b>Swallownest Heath Centre, Rotherham</b>	Inspected Oct 21. RI overall – all <a href="#">KLOEs</a> . Breach of <a href="#">Reg 12</a> , <a href="#">15</a> & <a href="#">17</a>	Primary Care support continues along with national accelerated programme. Taking account of the

Issue	Key Status/ Risks / Concerns	Mitigating actions
	A CQC follow-up visit took place 14 June 2023, report issued 27 September 2023 – practice remains RI overall, though has moved to 'good' for caring, and responsive.	continued RI status, the practice will be prioritised for a further Contract & Quality Visit and remain under enhanced surveillance.
<b>Woodstock Bower Surgery, Rotherham</b>	Unrelated to current CQC status, this practice received an enhanced Contract & Quality Visit 04 October 2023 including the attendance of the Medical Director following a 'whistle blowing' complaint to the CQC in September 2023.	<p>There were found to be several areas where further work in conjunction with the practice is needed:</p> <ul style="list-style-type: none"> <li>• A review of the high rate of emergency admissions alongside the seemingly low referral rate.</li> <li>• A review of the management of conflicts of interest when using external staff to undertake core contract responsibilities.</li> <li>• Medical staffing levels.</li> </ul> <p>We will work with the practice and undertake a formal revisit in 3 months-time (January 2024). The CQC have been informed of the visit findings.</p>
<b>Care Homes</b>		
<b>Care Homes</b>	As of 18/10/23 4 Care Homes closed to admission with several homes having numerous beds out of commission for refurbishment.	
<b>Byron Lodge Rotherham</b>	CQC overall rating requires improvement. Date of inspection visit: 12 April 2023. Date of publication: 12 May 2023. 8 people placed via fully funded CHC.	Safe and well checks completed and sent to RMBC. Weekly meetings with Byron Lodge are still being carried out. RMBC oversight. PLACE involvement.
<b>Waterside Grange</b>	CQC visit concerns	Safe and well checks completed and sent to RMBC. RMBC oversight. PLACE involvement.
<b>Roche Abbey</b>	CQC visit concerns	Safe and well checks completed and sent to RMBC. RMBC oversight. PLACE involvement.

Issue	Key Status/ Risks / Concerns	Mitigating actions
<b>Regulation 28</b>		
<b>Rotherham Place</b>	No Regulation 28 restrictions for RDaSH. Coroner has informed TRFT that they will be issuing a Regulation 28 regarding a recent case for “neglect” following the death of an inpatient by self-harm. Awaiting formal/written report.	Regulation 28 has been added to the TRFT and RDaSH Contract Quality agenda as standard.
<b>IPC</b>		
HCAI's	Work remains ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies.	Continues
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 around urine sampling and catheter care.	Continues. Links into the hydration project. Reducing UTI's will reduce GNBSI's. Also looking into themes identified to plan reduction and improvement projects/ work.
C Difficile cases - increasing nationally and this is evident in Rotherham as a comparison to last year.	Work on going to look at themes and reduction strategies required. Some themes identified and in the process of planning improvement and potential reduction projects in collaboration with TRFT and Medicines management.	Continues. With work on the themes. Working on a newsletter with MM. The reduction/ improvement will not have an immediate effect on the figures due to identification being quarterly. 23/24 thresholds breached due to unrealistic setting and not based on rates.
Measles	Cases increasing around the UK and seen in Y+H. NHSE and UKHSA requests and support in having processes in place are ongoing at Place level through the Health Protection Committee membership with additional requirement of primary care.	Event held in Rotherham through HPC membership. Acknowledgment that Primary care inclusion required. SYICB template to be shared by Sheffield for completion at Place level for Primary Care involvement. No reports of increased cases regionally as expected following children returning to school.
Necrotising Fasciitis (NF)/ Strep A	Increase in cases seen in Sheffield and Barnsley. UKHSA involved. Information shared by STH plastic surgeons for Primary care within SYICB.	No reports of NF in Rotherham. Strep A cases not replating to throats appear to have decreased over the past few months. TRFT monitor this information so they will continue to do so and inform of any increases or cases of NF.

Issue	Key Status/ Risks / Concerns	Mitigating actions
<b>Workforce</b>		
<b>Rotherham Place Safeguarding &amp; Quality Team</b> workforce concerns.	Number of staff on sick leave and planned annual leave over October half term.	Being supported by ICB colleagues.
<b>CHC</b>		
<b>Winter beds</b>	Previously had 30 beds to manage the winter pressures from hospital discharges – these are now to be spot-purchased beds which will have a major increase on workload for the CHC team.	
Significant challenges from the LA regarding several issues including Safeguarding responsibilities	CHC are continuing to face significant challenges from the LA regarding a number of issues including Safeguarding responsibilities, which clearly do not fit under our remit and the percentage split and commissioning of Joint packages of care.	Multi-agency CHC Operational meetings have been scheduled the first meeting took place on 17/10/23 – a plan has been identified to address multi agency issues any items for escalation will be identified individually in future reports
Disputes on eligibility outcomes	Disputes on eligibility outcomes continue to impact on the CHC National Standards of 80% of cases completed within 28 days and no cases over 12 weeks (see section 6 below) There are currently 11 cases in dispute panel at this present time.	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, unfortunately due to staffing issues this work is currently on hold
Capacity of EMI nursing placements	Rotherham area remains low with an increasing number of care homes requesting 1:1 to manage falls and behaviours that challenge.	CHC continue to work with partner organisations to address the issues, work has begun to develop a multi-agency process which will be included in the operational meetings update
LD placements/provisions	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, RDASH and ICB colleagues to address this issue and source appropriate care provisions. Access to RMBC enhanced brokerage services has been requested and if agreed will help support the commissioning and monitoring of quality individual provisions.



Issue	Key Status/ Risks / Concerns	Mitigating actions
<b>Safeguarding</b>		
Volume DHRs, SARs, learning reviews, CSPRs etc	Notification of a Sheffield SAR involving a patient that had been in a placement in Rotherham prior to transfer to Sheffield. Start-up meeting being arranged. Ongoing DHR x1, x1 SAR including x2 patients and x1 SAR / Thematic Review ongoing.	Statutory requirement RSAB RSCP SRP PLACE Board ICB/NHSE
Provider safeguarding concerns	Current increase in the number of provider concerns linked to varying Safeguarding issues being raised locally in Rotherham. This is an evolving situation which is being closely monitored both locally at the ICB in Rotherham Place by the Safeguarding Team as well as in partnership with RMBC and other partners.	Statutory process RSAB & sub group Provider to provider meetings PLACE Board ICB/NHSE
<b>LD &amp; Autism</b>		
<b>LeDeR</b>	An ICB centralised team commenced on the 1 <sup>st</sup> July 2023 to address current and backlog of cases. Reporting on LeDeR for future reports will be provided by the central team.	
<b>Capacity Issues</b>	Capacity issues remain and are reflected across the board by partners in RDASH and RMBC.	
<b>Bed provision</b>		<ul style="list-style-type: none"> <li>• One flat left at Phoenix House, held for a ward discharge.</li> <li>• 10 flats in Mexborough currently being filled. Thurcroft (Elysium) will be for more complex needs. Taking referrals but still awaiting CQC inspection for registration.</li> <li>• Single accommodation recognised as a key with fill rates.</li> <li>• RMBC brokerage are asking placements in Rotherham to prioritise Rotherham first.</li> <li>• Lack of community provision and placements for all ages, continues to impact service.</li> </ul> <p>Mental health with risky behaviours or Autism only currently causing blockages in the system due to the lack of availability to move on.</p>

Issue	Key Status/ Risks / Concerns	Mitigating actions
<p><b>117/LD and Independent Placements</b></p>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity issues remain and are reflected across the board by partners in RDaSH and RMBC.</li> <li>• Significant pressures on RDaSH for PICU and acute mental health beds mean that out of area hospital admissions have continued to rise. Spend to date is £736,000 rising. Delayed discharges due to lack of community providers/suitable housing further impact on this.</li> <li>• Currently have 21 people in out of area locked rehab placements. RDaSH have suggested looking at the possibility of an NHS locked rehab provision for Rotherham which would reduce out of area placements. (average £5000 per week per patient with average length of stay 2 years - £520,000).</li> <li>• There is no step-down provision within Rotherham and this has caused issues with RDaSH (delayed discharges and an increase in out of area placements).</li> <li>• The safe space offered by Touchstone has now moved and is able to provide a face-to-face service.</li> <li>• Lack of learning disability 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>

Issue	Key Status/ Risks / Concerns	Mitigating actions
		Goldcrest ward (NHS open rehab) is to shut. RDaSH have stated the monies from this will be used to enhance the Assertive Outreach Team with an emphasis on supporting discharges and preventing admissions.

#### New CQC Reports published in October 2023

Provider	Name	Rating	Publication	URL
Methodist Homes	The Beeches	Requires improvement	30/09/2023	<a href="http://www.cqc.org.uk/location/1-242047707">http://www.cqc.org.uk/location/1-242047707</a>
Swallownest Health Centre	Swallownest Health Centre	Requires improvement	27/09/2023	<a href="http://www.cqc.org.uk/location/1-545452796">http://www.cqc.org.uk/location/1-545452796</a>
The Karri Clinic Ltd	Kinvara Private Hospital	Good	23/10/2023	<a href="http://www.cqc.org.uk/location/1-5150499674">http://www.cqc.org.uk/location/1-5150499674</a>
Southside Specialist Dementia Care Ltd	Rotherwood Care Home		11/10/2023	<a href="http://www.cqc.org.uk/location/1-140147187">http://www.cqc.org.uk/location/1-140147187</a>

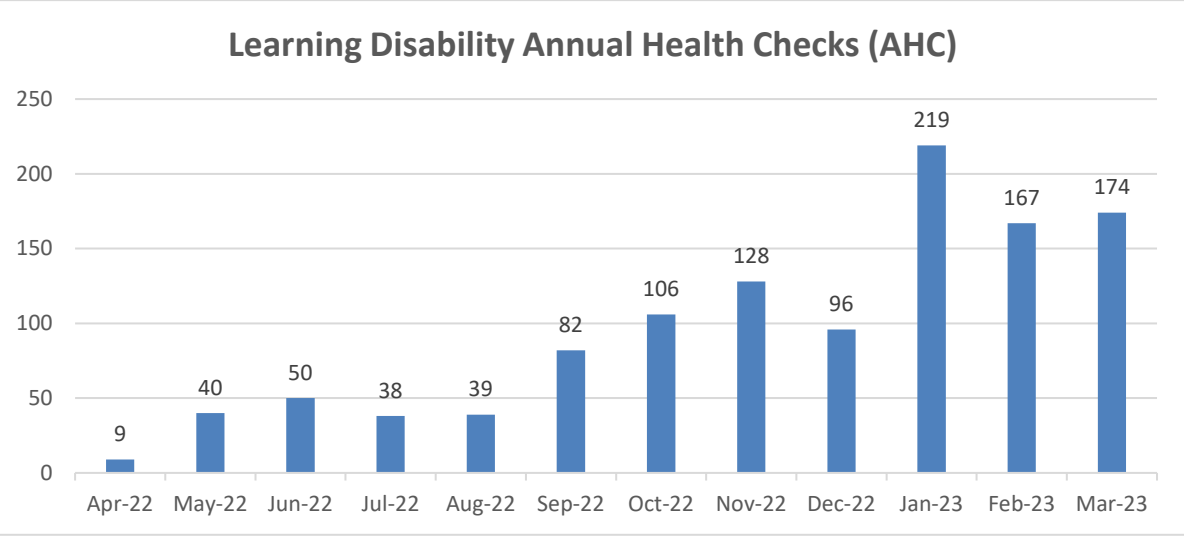
## SECTION 2 KEY UPDATES

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

<b>Primary Care</b>	The Senior Manager for Primary Care continues to have monthly meetings with the Lead CQC Inspector for Rotherham to discuss concerns, but the CQC is experiencing reorganisation and therefore visits will only be undertaken on a risk basis. All three RI practices have been visited by the Primary Care Team and remain under closer review of their performance overall, and Swallownest will be revisited. The Primary Care Team continue to provide support to all practices at this time.
<b>Rotherham Hospice</b>	Quarterly Contract Performance Meetings between Hospice / ICB take place. KPI suite in place and ICB received Hospice Compliance& Assurance Report for consideration/assurance.
<b>Safeguarding Adults and children including LAC</b>	<ul style="list-style-type: none"> <li>• Notification of a Sheffield SAR involving a patient that had been in a placement in Rotherham prior to transfer to Sheffield. Start-up meeting being arranged. Ongoing DHR x1, x1 SAR including x2 patients and x1 SAR / Thematic Review ongoing.</li> <li>• Current increase in the number of provider concerns linked to varying Safeguarding issues being raised locally in Rotherham. This is an evolving situation which is being closely monitored both locally at the ICB in Rotherham Place by the Safeguarding Team as well as in partnership with RMBC and other partners.</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</b>	<p>Healthwatch Rotherham have published a number of documents, <a href="https://healthwatchrotherham.org.uk/news-and-reports">https://healthwatchrotherham.org.uk/news-and-reports</a>. These include</p> <ul style="list-style-type: none"> <li>• A very positive report on their enter and view visit to Eastwood Care Home</li> <li>• Their recent activity including Rotherham Show</li> <li>• Worked with Age UK on a 'lets talk' session aimed at older people caring for themselves in extreme temperatures</li> <li>• Their September 'What we have Heard' report, collated from speaking with 60 people. The main negative issues raised were GP access, waiting times in A&amp;E and for treatment generally</li> <li>• Deaf Futures engagement – the information from this is being used to inform services at Rotherham hospital, working with the Engagement officer; and will also feed into a larger piece of work across South Yorkshire, that Healthwatch are leading on, alongside the SYB engagement team</li> </ul> <p>The GP patient survey was published in July 2023. This is due to be discussed at Primary Care committee October 2023 (deferred from September). Prior to 2022, data was presented at CCG and practice level. From 2022, data is presented at ICS, PCN and practice level, but not at place. It is possible to extract some place level data, but this is not so easily accessible to patients and practices. This</p>

	<p>means that there is considerable flattening of data across ICBs, and even across PCNS, which doesn't help us in identifying outliers who are performing exceptionally well, or where there is potential for improvement. An SYB level report has been presented to QPPIE. Noteworthy across the board are the low satisfaction rates with telephone access – the surveys would have been completed in January 2003, so reflect the position at that point, and not any movement or changes since then. Low performing practices in that area should be advised to carry out additional survey/patient experience work.</p> <p>However, some points can be made on the data as presented in the slide pack</p> <ul style="list-style-type: none"> <li>• Because all data is grouped either across the ICB or in PCNs, its much harder to see the outliers, which is what we looked for previously</li> <li>• Generally across the ICB all results are in line with national average, the exception being telephone access falling 6% below national average (who found telephone access easy)</li> <li>• Generally the Rotherham PCNs cluster around the middle of the tables, and in some instances score very high (not one consistently, no pattern)</li> <li>• However Rotherham Central North tends to score lowest of the Rotherham PCNs in most of the questions where the comparison is available, and generally in the lowest 3rd of all ICB PCNs</li> </ul>
<p><b>CHC and Independent Placements</b></p>	<ul style="list-style-type: none"> <li>• CHC are continuing to face significant challenges Multi-agency CHC operational meetings have been scheduled to address ongoing issues and support a joint review/revision of the CHC SOP .</li> <li>• Disputes on eligibility outcomes continue to impact on the CHC National Standards of 80% of cases completed within 28 days and no cases over 12 weeks (see section 6 below) There are currently 11 cases in dispute panel at this present time. The CHC team hope to begin 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, unfortunately this work has been put on hold due to staffing issues</li> <li>• Capacity of EMI nursing placements across the Rotherham area remains low with an increasing number of care homes requesting 1:1 to manage falls and behaviours that challenge. CHC continue to work with partner organisations to address the issues</li> <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. Multi agency access to RMBC enhanced brokerage has been requested to support cases that CHC have responsibility.</li> <li>• Freedom of Information (FOI) Request received which have a significant time implication for both the CHC and s117 teams.</li> </ul>
<p><b>117/LD and Independent Placements</b></p>	<ul style="list-style-type: none"> <li>• Capacity issues remain and are reflected across the board by partners in RDaSH and RMBC.</li> <li>• Significant pressures on RDaSH for PICU and acute mental health beds mean that out of area hospital admissions have risen again. So far this year we have spent £736,000 and this continues to rise. Delayed discharges due to lack of community providers/suitable housing further impact on this.</li> <li>• We currently have 21 people in out of area locked rehab placements. RDaSH have suggested looking at the possibility of an NHS locked rehab provision for Rotherham which would reduce out of area placements. (average £5000 per week per patient with average length of stay 2 years - £520,000).</li> <li>• There is no step-down provision within Rotherham and this has caused issues with RDaSH. As well as delayed discharges from the ward we have seen an increase in out of area placements.</li> <li>• The safe space offered by Touchstone has now moved and is able to provide a face to face service.</li> </ul>

	<ul style="list-style-type: none"> <li>• Lack of learning disability 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> <li>• Goldcrest ward (NHS open rehab) is to shut. RDaSH have stated the monies from this will be used to enhance the Assertive Outreach Team with an emphasis on supporting discharges and preventing admissions.</li> </ul>
<b>C(e)TR</b>	<p>DSR and C(E)TR <a href="#">new guidance</a> has been published and is now in use. However, like many other ICBs, we are still in the process of collating and updating documents and ensuring a consistent approach across the ICB. Some of the changes are:</p> <ul style="list-style-type: none"> <li>• Implementing the self-referral process – in process.</li> <li>• Ensuring the actions are followed up and monitored – in place but depends upon capacity.</li> <li>• All panel members have the required training – completed.</li> <li>• An ICS scrutiny panel that will need to convene at least on a quarterly basis – in process.</li> <li>• Greater emphasis on sharing information across partners within Place to ensure appropriate data flow – in process</li> <li>• Recommended fees for panel members – not yet look at.</li> </ul>
<b>LeDeR</b>	<p>NHS SY ICB (Rotherham) have 35 active cases. 30 of 35 are initial reviews and 5 of 35 are focussed reviews with 1 of these on hold. 6 of 35 relate to CDOP. An ICB centralised team commenced on the 1<sup>st</sup> July 2023 to address current and backlog of cases. Reporting on LeDeR for future reports will be provided by the central team.</p>

<p><b>Learning Disability Annual Health Checks (AHC)</b></p>	<p>Work has been ongoing to promote the uptake of Enhanced Annual Health Checks for people with a learning disability. NHSE set a national target of 75% uptake. During the year 2022-2023 in Rotherham there were 1412 recorded on the register and a total of 1148 health checks were undertaken totalling 81% which surpasses the 75% target. Going forward, a new system is now in place called Ardens, which automatically pulls data through quarterly from practice systems, removing the need for practices to submit manually via CQRS.</p>  <table border="1"> <caption>Learning Disability Annual Health Checks (AHC)</caption> <thead> <tr> <th>Month</th> <th>Count</th> </tr> </thead> <tbody> <tr><td>Apr-22</td><td>9</td></tr> <tr><td>May-22</td><td>40</td></tr> <tr><td>Jun-22</td><td>50</td></tr> <tr><td>Jul-22</td><td>38</td></tr> <tr><td>Aug-22</td><td>39</td></tr> <tr><td>Sep-22</td><td>82</td></tr> <tr><td>Oct-22</td><td>106</td></tr> <tr><td>Nov-22</td><td>128</td></tr> <tr><td>Dec-22</td><td>96</td></tr> <tr><td>Jan-23</td><td>219</td></tr> <tr><td>Feb-23</td><td>167</td></tr> <tr><td>Mar-23</td><td>174</td></tr> </tbody> </table>	Month	Count	Apr-22	9	May-22	40	Jun-22	50	Jul-22	38	Aug-22	39	Sep-22	82	Oct-22	106	Nov-22	128	Dec-22	96	Jan-23	219	Feb-23	167	Mar-23	174
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Mar-23	174																										
<p><b>Infection Prevention and Control</b></p>	<ul style="list-style-type: none"> <li>• HCAI's - Work remains ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies. Continues</li> <li>• 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 around urine sampling and catheter care. Links into the hydration project. Reducing UTI's will reduce GNBSI's. Also looking into themes identified to plan reduction and improvement projects/ work.</li> <li>• C Difficile cases - increasing nationally and this is evident in Rotherham as a comparison to last year. Work on going to look at themes and reduction strategies required. Some themes identified and in the process of planning improvement and potential reduction projects in collaboration with TRFT and Medicines management. Work on the themes continues. Working on a newsletter with MM. The reduction/ improvement will not have an immediate effect on the figures due to identification being quarterly. 23/24 thresholds breached due to unrealistic setting and not based on rates.</li> <li>• Measles - Cases increasing around the UK and seen in Y+H. NHSE and UKHSA requests and support in having processes in place are ongoing at Place level through the Health Protection Committee membership with additional requirement of primary care. Event held in Rotherham through HPC membership. Acknowledgment that Primary care inclusion required. SYICB template to be shared by Sheffield for completion at Place level for Primary Care involvement. No reports of increased cases regionally as expected following children returning to school.</li> <li>• Necrotising Fasciitis (NF)/ Strep A - Increase in cases seen in Sheffield and Barnsley. UKHSA involved. Information shared by STH plastic surgeons for Primary care within SYICB. No reports of NF in Rotherham. Strep A cases not replating to throats</li> </ul>																										

	appear to have decreased over the past few months. TRFT monitor this information so they will continue to do so and inform of any increases or cases of NF.
<b>PSRIF including Patient Safety Specialist</b>	<p><b>NHSE Patient Safety Incident Response Framework (PSIRF) update -</b></p> <p>As pace gathers towards the implementation of PSRIF from Autumn 2023 guidance has been shared regarding the change of reporting platforms. From September 2023 all organisations who previously reported to NRLS (National Reporting and Learning System) will start the switch to recording on the new Learn from Patient Safety Events (LFPSE) service. This will replace the NRLS. From Autumn 2023 organisations will also make the transition from the NHSE Serious Incident Framework (SIF) to the NHSE Patient safety incident response framework (PSIRF). This means there will be changes to the expectations and processes associated with recording information about the response to patient safety incidents. Ultimately, LFPSE implementation will mean that organisations no longer use the previous reporting platform named StEIS (Strategic Executive Information System) for any purposes. However, to reduce complexity during the transition period and to maintain data flows while further enhancement to the LFPSE system is made, organisations are asked to continue to use StEIS for now, <b>even</b> where they have moved to operate under PSIRF. During this transition period, providers are asked to use StEIS to record incidents that are subject to Patient Safety Incident Investigation (PSII). A new incident type has been added to StEIS that allows organisations to record incidents which are responded to using PSII. This approach has already been taken successfully used by PSIRF Early Adopter organisations. StEIS will continue to be available and operational for now. It is envisaged that as new activities and processes under PSIRF become more embedded and as the latest LFPSE versions and capabilities develop, StEIS closures can be considered to new incidents from October 2024. StEIS will continue to be available for managing incidents for a period after this point and access to legacy data.</p> <p>Further information: <a href="#">NHS England » Learn from patient safety events (LFPSE) service</a></p>
<b>Serious Incidents and Never Events</b>	<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>
<b>Complaints and Patient Experience</b>	<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> Latest data is August 2023.</p>
<b>SEND</b>	No update for October.

## SECTION 3 Patient Quality and Safety Report

### 1. INFECTION PREVENTION AND CONTROL

**RDaSH:** There have been no cases of Health Care Associated Infection so far this year (23/24).

**Hospice:** There have been no cases of Health Care Associated Infection so far this year (23/24).





## HEALTHCARE ASSOCIATED INFECTION (HCAI)

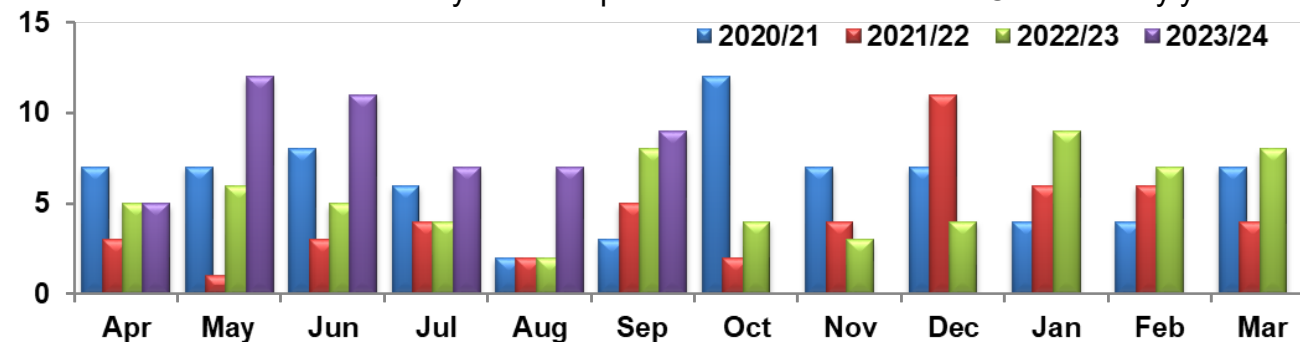
HCAI:	TRFT	NHSR
MRSA	0	2
MSSA	5	38
Clostridium Difficile	17	51
E Coli	20	114
Klebsiella spp	13	41
Pseudomonas aeruginosa	3	12

TRFT 2023/24 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	4	4	2	1	2						
Monthly Plan*	1	1	2	1	1	1	2	1	2	2	1	1
Year to Date	4	8	12	14	15	17						
Year to Date Plan*	1	2	4	5	6	7	9	10	12	14	15	16

NHS Rotherham CCG 2023/24 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	12	11	7	7	9						
Monthly Plan*	3	4	4	4	4	4	3	3	3	4	4	4
Year to Date	5	17	28	35	42	51						
Year to Date Plan*	3	7	11	15	19	23	26	29	32	36	40	44

### Figure comparison for NHS Rotherham CCG of CDI

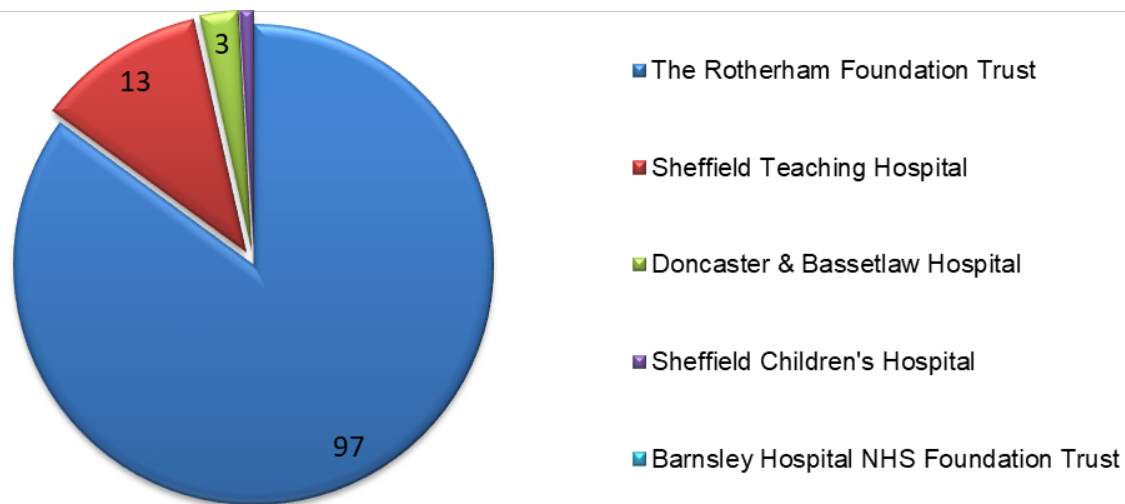
The chart below shows a side by side comparison of the number of all CDI cases by years.



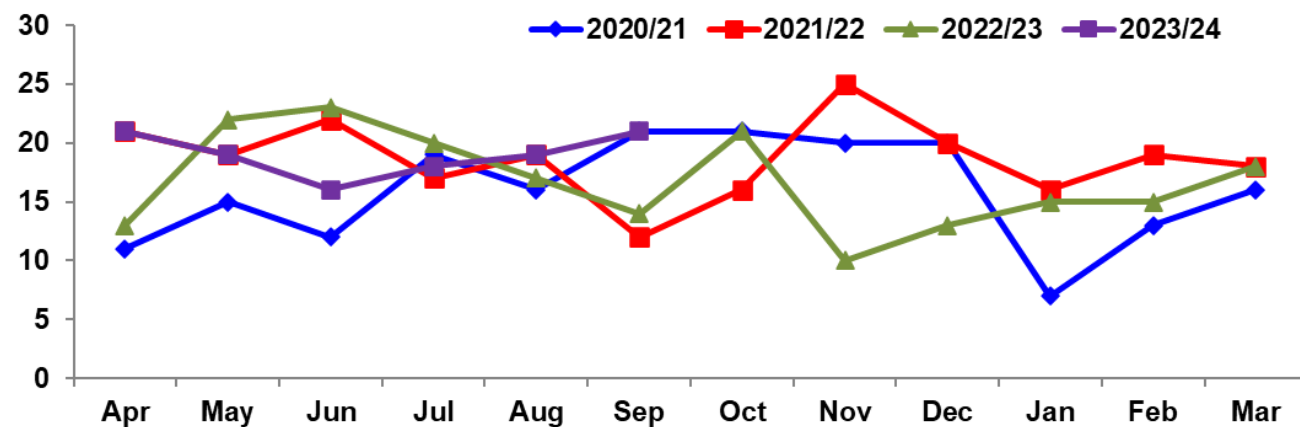
TRFT 2023/24 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	3	2	5	3	2						
Monthly Plan*	5	3	4	5	4	4	6	3	3	2	3	3
Year to Date	5	8	10	15	18	20						
Year to Date Plan*	5	8	12	17	21	25	31	34	37	39	42	45

RCCG 2023/24 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	21	19	16	18	19	21						
Monthly Plan*	15	16	17	17	17	17	15	15	14	15	14	15
Year to Date	21	40	56	74	93	114						
Year to Date Plan*	15	31	48	65	82	99	114	129	143	158	172	187

**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)*

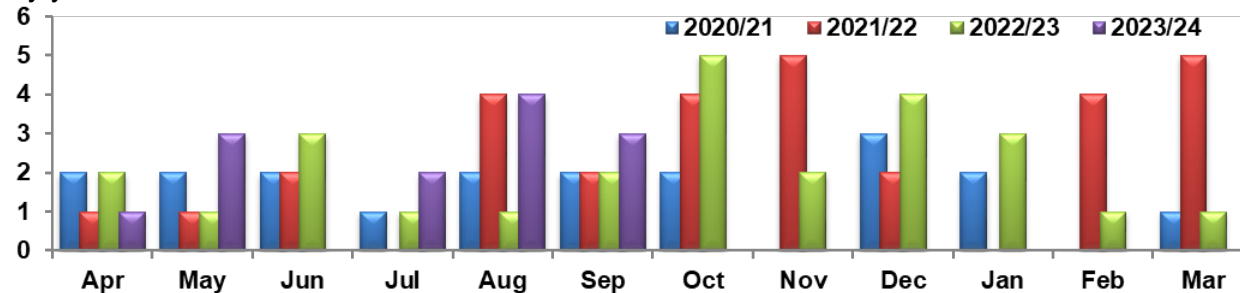
TRFT for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	0	2	0	0	0	1						
Monthly Plan*	0	0	1	0	1	1	1	0	0	1	0	0
Year to Date	0	2	2	2	2	3						
Year to Date Plan*	0	0	1	1	2	3	4	4	4	5	5	5

RCCG for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	1	3	0	1	4	3						
Monthly Plan*	1	2	2	1	3	3	2	2	2	1	1	1
Year to Date	1	4	4	5	9	12						
Year to Date Plan*	1	3	5	6	9	12	14	16	18	19	20	21

**Figure comparison for NHS Rotherham CCG of Pseudomonas Aeruginosa**

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



**Klebsiella Spp**

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

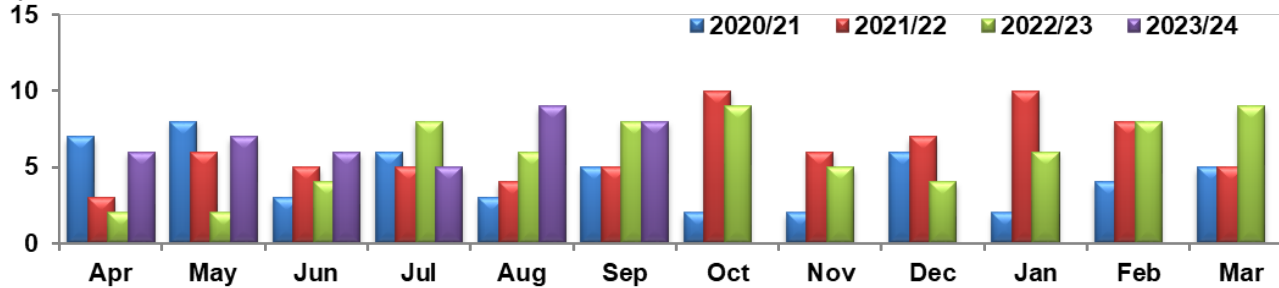
TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	0	1	1	3	4						
Monthly Plan*	0	1	1	1	0	2	1	1	1	1	1	1
Year to Date	4	4	5	6	9	13						
Year to Date Plan*	0	1	2	3	3	5	6	7	8	9	10	11

RCCG for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	6	7	6	5	9	8						
Monthly Plan*	5	5	5	5	4	5	5	4	4	5	4	4
Year to Date	6	13	19	24	33	41						
Year to Date Plan*	5	10	15	20	24	29	34	38	42	47	51	55

### Figure comparison for NHS Rotherham CCG of Klebsiella Spp

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



## 2. MORTALITY RATES

The latest mortality data has now been updated to April and May 2023 for the SHMI and the HSMR respectively. As per the previous position, the HSMR is currently within the 'as expected' category. The in-month HSMR for May 2023 was 88.15, which is statistically within the 'as expected' band. If the national HSMR values are ranked (lowest to highest) the Trust's HSMR is 48th of 122 acute, non-specialist NHS providers with the Trust being 1st out of the 4 regional acute non-specialist NHS providers.

The SHMI has remained stable at 106.8 (data for April 2023). The coding team continue to improve the accuracy of the coding but TRFT has seen a drop-off in depth of coding since September 2022 when it was no longer able to code previously-coded co-morbidities. Further work is underway to better understand where the most significant changes have occurred, and engagement with clinicians continues to identify opportunities to improve the depth of coding.

There were no diagnosis groups that were reported as 'higher than expected'.

Crude mortality was 1.5% over the period, compared to 1.4% regional average (acute, non-specialist Trusts).

### 3. SERIOUS INCIDENTS AND NEVER EVENTS

SI's and Never Events continue to be logged and managed as per the Serious Incident Framework, which will be replaced with PSIRF by Autumn 2023.

The 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](#).

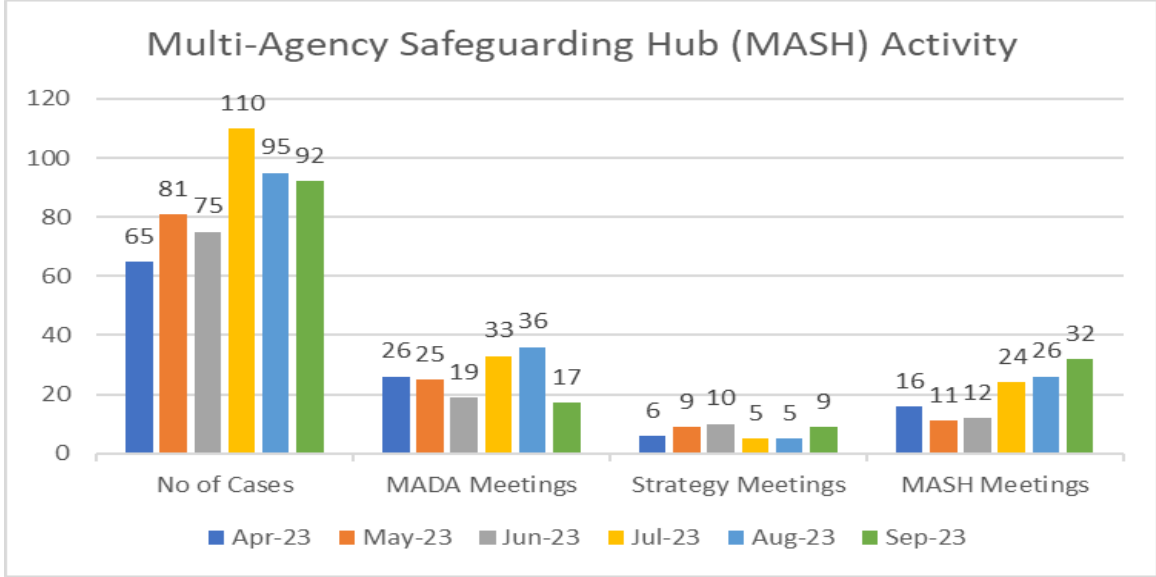
SI Position 12.08.2023 to 13.10.2023	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Open at start of period	20	12	1	11	7	0
Closed during period	7	0	0	0	0	0
De-logged during period	0	0	0	0	0	0
<b>New during period</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
Of the above number that are New NE	0	0	0	0	0	0
Total Open at end of period	21	13	1	13	7	0
Of the above the number that are NE	0	0	0	0	0	0
Final Report Status	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Final Reports awaiting additional information	16	0	0	7	0	0
**Investigations 'On Hold'	1	3	1	1	0	0
CCG approved Investigations above 60 days	0	1	0	N/A	N/A	0
Investigations above 60 days without approval	11	1	0	N/A	N/A	0
Final Reports due at next SI Meeting	3	2	0	N/A	N/A	0

*\*Out of Area: Performance Managed by responsible CCG. Final Reports are discussed by committee for comment/closure agreement upon receipt as response is time sensitive.*

*\*\*'On Hold' pending investigation undertaken by Police or Healthcare Safety Investigation Branch (HSIB)*

### 4. SAFEGUARDING VULNERABLE CLIENTS

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

SAFEGUARDING AREA OF INTEREST	IN ROTHERHAM:																																			
MASH	 <p><b>Multi-Agency Safeguarding Hub (MASH) Activity</b></p> <table border="1"> <thead> <tr> <th>Category</th> <th>Apr-23</th> <th>May-23</th> <th>Jun-23</th> <th>Jul-23</th> <th>Aug-23</th> <th>Sep-23</th> </tr> </thead> <tbody> <tr> <td>No of Cases</td> <td>65</td> <td>81</td> <td>75</td> <td>110</td> <td>95</td> <td>92</td> </tr> <tr> <td>MADA Meetings</td> <td>26</td> <td>25</td> <td>19</td> <td>33</td> <td>36</td> <td>17</td> </tr> <tr> <td>Strategy Meetings</td> <td>6</td> <td>9</td> <td>10</td> <td>5</td> <td>5</td> <td>9</td> </tr> <tr> <td>MASH Meetings</td> <td>16</td> <td>11</td> <td>12</td> <td>24</td> <td>26</td> <td>32</td> </tr> </tbody> </table>	Category	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	No of Cases	65	81	75	110	95	92	MADA Meetings	26	25	19	33	36	17	Strategy Meetings	6	9	10	5	5	9	MASH Meetings	16	11	12	24	26	32
Category	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23																														
No of Cases	65	81	75	110	95	92																														
MADA Meetings	26	25	19	33	36	17																														
Strategy Meetings	6	9	10	5	5	9																														
MASH Meetings	16	11	12	24	26	32																														
Care Homes – Quality & Safeguarding Concerns	As of 24/10/23 - 3 Care Homes closed to admission with several homes having numerous beds out of commission for refurbishment.																																			
Volume DHRs, SARs, learning reviews, CSPRs etc	Notification of a Sheffield SAR involving a patient that had been in a placement in Rotherham prior to transfer to Sheffield. Start-up meeting being arranged. Ongoing DHR x1, x1 SAR including x2 patients and x1 SAR / Thematic Review ongoing.																																			
Hidden Harms – any insight/emerging issues, concerns	Increasing amount of people in the community needing acute mental health beds. Both Learning disability and Autism and Mental health. This has led to increased LAEPs and out of area placements. Increased pressure on Rotherham acute services to monitor and repatriate when possible.																																			
Provider safeguarding concerns	Current increase in the number of provider concerns linked to varying Safeguarding issues being raised locally in Rotherham. This is an evolving situation which is being closely monitored both locally at the ICB in Rotherham Place by the Safeguarding Team as well as in partnership with RMBC and other partners.																																			

## Safeguarding News/Information

### Safeguarding Awareness Week 2023 – 20<sup>th</sup> to the 24<sup>th</sup> November 23

Welcome to the [Itinerary of events](#) available to professionals, workers and volunteers. All booking is hosted by Eventbrite and the link to each event is in the event description. Please note some sessions have a restriction on numbers attending, so book early to avoid disappointment. Some events are still in the planning stages and details will be available very soon.

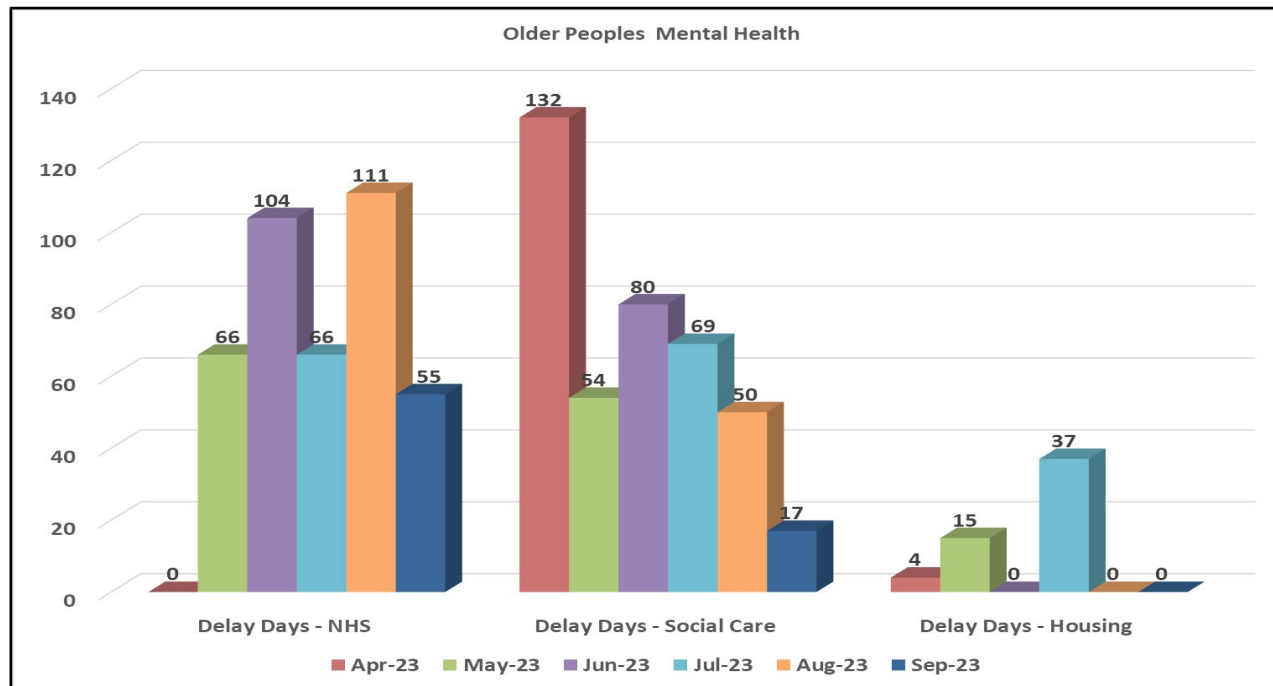
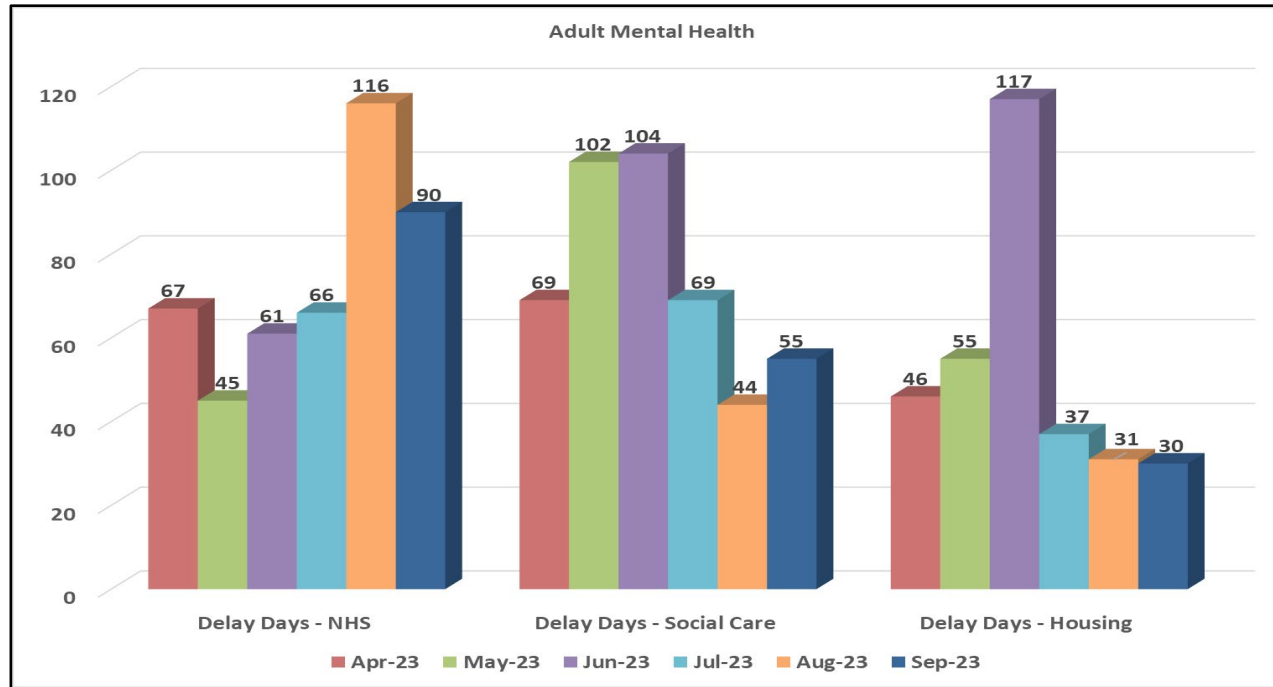
New Safeguarding Page has been set up on sharepoint for staff – in the early stages however work is being undertaken to build up this page to share information with colleagues [https://nhs.sharepoint.com/sites/03N\\_SYICB\\_Home/SitePages/Quality.aspx](https://nhs.sharepoint.com/sites/03N_SYICB_Home/SitePages/Quality.aspx)

## 5. CLINICALLY READY FOR DISCHARGE (CRFD)

CRFD meetings held weekly and RDaSH continue to hold Multi-Agency Discharge Events to promote improved inter-agency working to facilitate improved patient flow. Current delays around note complex cohort of patients deemed too high risk for community step down, but also not suitable for locked rehab so future planning is difficult with no identified plan. This has impacted on PICU in Rotherham.

<b>CRFD (but delayed) - Rotherham - AMHS</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>Jul-23</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>SUB TOTAL</b>
<b>Total Delay Days</b>	<b>182</b>	<b>202</b>	<b>282</b>	<b>172</b>	<b>191</b>	<b>175</b>	<b>1204</b>
<b>Total Number of Patients</b>	<b>11</b>	<b>11</b>	<b>13</b>	<b>8</b>	<b>9</b>	<b>8</b>	
<b>CRFD (but delayed) - Rotherham - OPMHS</b>	<b>Apr-23</b>	<b>May-23</b>	<b>Jun-23</b>	<b>Jul-23</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>SUB TOTAL</b>
<b>Total Delay Days</b>	<b>136</b>	<b>135</b>	<b>184</b>	<b>172</b>	<b>161</b>	<b>132</b>	<b>920</b>
<b>Total Number of Patients</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>11</b>	<b>9</b>	





## 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 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24
Percentage of cases meeting the 28 days metric > 80%	58%	82%		
No incomplete referral's exceeding 28 days by > 12 weeks +	9	11		

## 7. PRIMARY CARE

The table below indicates the current Care Quality Commission (CQC) rating for each of the 28 practices in Rotherham as at 28/062023

<b>Good *</b>		<b>Indicates an area which was previously 'requires improvement'</b>						
	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 *
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	Awaited	14.06.23	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

Hip Fracture Best Compliance is reported monthly at TRFT through its Integrated Performance Report. Performance for July is 76% against the target of 65%. This is an improvement on the last 3 months which have been below target.

## 9. CQUIN UPDATE

**TRFT** – The CQUIN schemes linked to payment for 2023-24 have been agreed between TRFT and SYICB. TRFT has submitted its reporting for Quarter 1. Performance is based on year-end achievement and there is not yet sufficient data to identify any trends.

**RDASH** - CQUIN Performance at Q4:

CCG1: Flu vaccinations for frontline healthcare workers – CQUIN **not met**

CCG10a: Routine outcome monitoring in CYP and perinatal mental health services - CQUIN **not met**

CCG10b: Routine outcome monitoring in community mental health services – CQUIN **met**

CG11: Use of anxiety disorder specific measures in IAPT– Awaiting final national report but anticipate CQUIN **met**

CCG12: Biopsychosocial assessments by MH liaison services– CQUIN **met**

## 10. COMPLAINTS AND COMPLIMENTS

**Via TRFT**

**Quarter 1**

There were 991 compliments received, 67 formal complaints and 567 concerns received in Quarter 1. Complaint response times were 100% and 11 complaints were re-opened. There were 3879 FFT responses received in Q1 with 97.7% positive. Fifteen comments were received through Care opinion and NHS UK. Division presentations this quarter included UECC, Surgery, Community and Children and Young People. Engagement and inclusion activity this month continued in the community and with teams within the Trust. Six new quality improvement themes for patient experience have been identified for 2022/3 and progress will be reported through TRFT's quarterly Patient Experience Report. **Via RDASH**

## Via Rotherham Place

No update for October

### 11. ELIMINATING MIXED SEX ACCOMMODATION

<b>RDaSH/Hospice</b> – there have been no recent breaches.	<b>TRFT</b> - there have been no breaches.
------------------------------------------------------------	--------------------------------------------

### 12. ASSURANCE REPORTS

<b>UECC</b>	<p>Long length-of-stay (21+ day) patients have increased this month, missing target for the first time in several months. This has historically been highly variable so additional attention should be paid to this measure if there continues to be high numbers of long length-of-stay patients. Meetings with system partners continue to take place to allow the escalation of problems and co-ordinate targeted action to address any issues.</p> <p>The proportion of ambulances exceeding a one-hour handover has fluctuated over the period, being close to 5% for April and June, and below 2% in May. Performance on this measure has been on a trend of improvement although it does continue to be above target. Despite this, in the most recent available data the Trust is in the top quartile for ambulance handovers within 15 minutes of arrival at 64% (Source: SEDIT). The proportion of patients waiting over 12 hours in A&amp;E increased in July to 5%, stalling a trend of improvement. The Trust is continuing to work toward this eventuality being all-but-eliminated in 2023/24 with the reintroduction of the 4-hour standard.</p> <p>This performance continues to show the slight reduction in non-elective pressure experienced in the Trust in recent months, which is due to ongoing work supporting improved flow through the Trust and across placed despite demand at the front door remaining high. The SDEC model has played a key role in streaming patients to an appropriate setting within the Trust or elsewhere and improved our ability to effectively manage the significant demands on our services. There continues to be higher numbers of patients with increased acuity who require additional support.</p>
<b>Cancer Standards</b>	<p>After several challenging months, performance in cancer has shown some signs of recovery, although in many areas it continues to under-deliver against the national constitutional standards. NHS England are expected to announce changes to national cancer standards in August 2023, with an expectation around a reduction in the numbers of standards as well as increased focus on the Faster Diagnosis Standard (FDS).</p> <p>Performance against the Faster Diagnosis Standard (FDS) continues to be variable, only being achieved in April 2023. Whilst the target is still not being consistently met, performance is still improved compared to historical data. The main tumour sites where TRFT is struggling to achieve the standard are Colorectal, Upper GI, Skin and Urology (Prostate). However, the latest unvalidated data shows a significant improvement across a number of these areas for July and August to date. Targeted operational huddles have been introduced to try to ensure clear communication and escalation of patients potentially breaching the 28 day standard, which has already proved effective in minimising unnecessary breaches in particular.</p>

<b>18wws</b>	<p>Ongoing industrial action is being managed with the main aim being to reduce its impact on patients, and to ensure patient safety throughout. However, this has inevitably impacted on capacity, although rigorous planning has reduced the extent of this reduction with the junior doctor industrial action in particular.</p> <p>A continuing decline in the RTT position is sitting alongside a growing waiting list, with challenges in increasing capacity to meet this demand leaving the RTT position now at its lowest point since September 2020.</p>
<b>52wws</b>	<p>There has been a significant increase in 52+ week waiters, although the growth in 65+ week waiters has been halted. The Trust continues to collaborate across the region to deliver the national expectation around long-waiters 2023/24.</p>
<b>6 wk diagnostics</b>	<p>Diagnostic Waiting Times (DM01) is 5.6% for July 2023 against the target of 1%.</p>
<b>Nurse Staff</b>	<p>TRFT welcomed 67 (52.08 WTE) new starters for the month of June 2023. 10 (7.66 WTE) were qualified nursing &amp; midwifery staff and 18 (14.42 WTE) were Nursing Support colleagues.</p> <p>June 2023 saw a slight decrease in voluntary leavers (29.13 WTE) compared with the previous month (31.06 WTE) and a decrease of 12.87 WTE against June 2022. Further analysis shows that of the 36 voluntary leavers for June 2023, 26 (21.91 WTE) had less than 5 years' service with TRFT, 9 (8.16 WTE) of which were in the nursing and midwifery staff group and 5 (4.41 WTE) were in the additional clinical services staff group. The highest leaving reason for the month of June 2023 was relocation (10.40 WTE) followed by other/not known (5.40 WTE).</p>

**13. ASSOCIATE CONTRACTS**

Trust	A&E Four Hour Access Standard (September 2023)	RTT 18ww Incomplete Pathways (August 2023)	Cancer 62 wait from urgent GP referral to first definitive treatment (August 2023)	Six Week Diagnostic (August 2023)
Sheffield Teaching Hospitals NHS Foundation Trust	72.7%	64.4%	45.5%	20.60%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	69.4%	62.8%	71.7%	38.55%
Barnsley Hospital NHS Foundation Trust	66.5%	70.4%	79.3%	3.20%
Sheffield Children’s Hospital NHS Foundation Trust	91.0%	56.7%	NA	30.90%

**14. CARE AND TREATMENT REVIEWS**

During August and September there were 3 hospital CTRs and no community CTRs .There was 1 emergency LAEP, resulting in a hospital admission. However, finding hospital placements was very difficult due to national bed pressures and the person having severe Autism. This led to a delay of 5 weeks, eventually resulting in the placement giving notice.

The ICB have suggested having a central CTR ‘hub’ to arrange 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**

Eleven patients are currently in hospital, and three in secure services. This has increased significantly as three patients have been in services for some time, but have only just received a diagnosis or learning disabilities or Autism. This has had a significant effect on the capacity of the Section 117 team. Two patients are due to be discharged in the next month. Three patients are fit for discharge but have no identified placement due to having capacity and engaging in self-harm. There is a lack of community placements with relevant experience wanting to take this risk.

The Safe Space project is still ongoing but significant concerns have not yet been addressed. Task and Finish Groups were set up to address these issues but there was no representation from Rotherham at the 2 meetings held.

Oversight visits continue for all this cohort but have been affected by capacity issues within the S117 team, meaning that this statutory time line has been missed.

**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. However, talks are happening to look at a small specific team with funding from the TCP monies for a South Yorkshire wide team. Work to address the CETR and DSR process with community teams has been put on hold to lack of capacity within the team.

Senior Navigators 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. They are currently working at capacity and have a waiting list.

## 17. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

An ICB centralised team commenced on the 1st July 2023 to address current and backlog of cases. . Reporting on LeDeR for future reports will be provided by the central team.

## 18. PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING

### Engagement activity and themes August- September 2023

#### Activity

#### NHS ICB South Yorkshire Engagement Team

Over the summer, the NHS SY engagement team has focused on building the foundation for solid structures across South Yorkshire; this has included

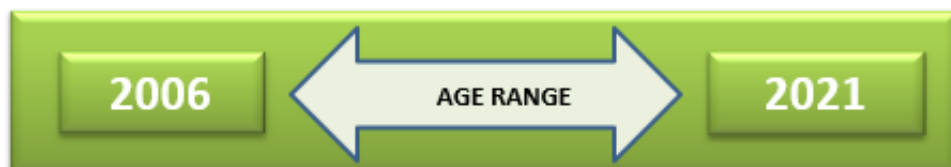
- Development of a toolkit for engagement; this is now finished, and is available on the engagement web pages
- Creation of a priority list of engagement asks and needs for the work of the whole organisation. This has been taken from all Place plans and the Joint Forward Plan, and will help to ensure that the team is aware of all large programmes that will need engagement support. It will also support a systematic and transparent approach to prioritising workloads and highlight large scale projects forthcoming over the next months.

#### Rotherham Place work and contacts have included:

- Support to the Population health management workstreams, linking the project leads, primary care in the target areas and community activity, to ensure the project is informed by engagement, and looking at the possibilities of building engagement to co-created solutions as the project develops. It is intended that this project goes live with the initial survey towards the end of October, with targeted and focused engagement to follow, in an iterative process.
- Working with the commissioning lead and Rotherham Maternity and Neonatal Voices Partnership to further develop their community contacts and ensure they are reaching out to less heard communities. The group is looking at recruiting an additional co-chair from A BAME background.
- Meeting with women from the South Asian community has taken place in September
- Recruitment process has been delayed and interviews are now planned for November
- Liaison with and support to Rotherham Healthwatch, as they are in transition again, advertising for a new manager currently. The Healthwatch contract ends in March 2024, and the engagement lead will be part of the procurement process led by RMBC
- Work with Kathy Wilkinson in VAR, and the One Life group to facilitate a number of health discussion and information groups for BAME women. This have included menopause, screening, end of life care and bereavement, maternity services and health concerns, and misinformation. The women involved have been very open, telling us how difficult it can be for them to openly discuss their health concerns with both family and health professionals, and looking at how some of these issues could be progressed. We are finalising a report from all the sessions, and looking at how we can build on these relationships in the future.
- Support and advice to place colleagues on community links, contacts, and engagement processes remains regular and part of routine tasks
- Contact also maintained with a variety of community organisations, both online and virtually

## 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> July 2023 to 31<sup>st</sup> July 2023.



Source of Referral	Number of Referrals
Police	10
MASH	1
Education	1
Strategy Meeting	2

**Type of CE Referral**

Child Sexual Exploitation (CSE) Notifications: 6

Child Criminal Exploitation (CCE) Notifications: 8





## 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

## 2022-23 End of Year Medicines Management 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 2023/24 Medicine Management activity.
<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 2022/23 position and outcomes in the attached report.

# 2022-23 Medicine Management Report End of Year NHS South Yorkshire SICBL Rotherham

Total 2022/23 prescribing costs = £48,075,853, and 2022-23 prescribing cost growth = 7.22% (4.82% 2021/22) adding £3,238,348 to Rotherham's prescribing costs, although this was the strongest prescribing cost growth for a number of years it remained below the cost growth for England = 7.86%

Rotherham's prescribing cost growth remained well below the average for England until April 22 whereby it has matched the cost growth for England although slightly below it.

NCSO\* issues contributed £1,731,316 (53.5%) to Rotherham's costs in the year 2022/23 Without the NSCO issues Rotherham's cost growth would = £743,965 (3.36%)

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

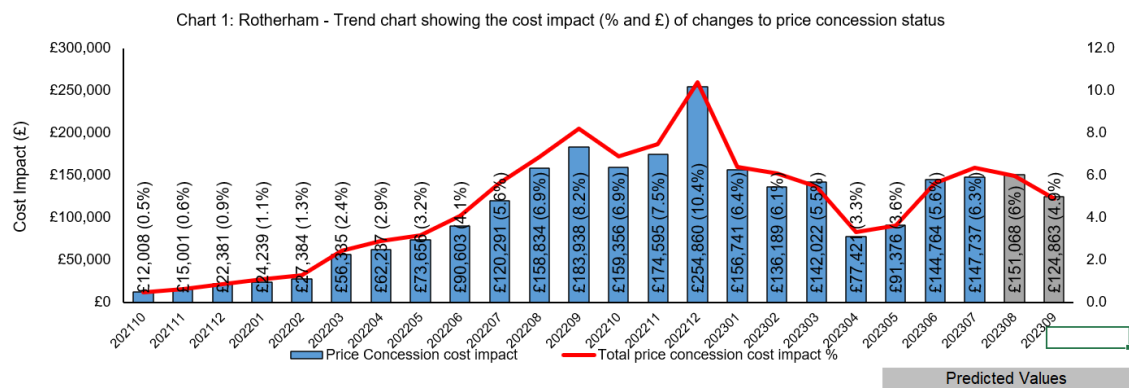
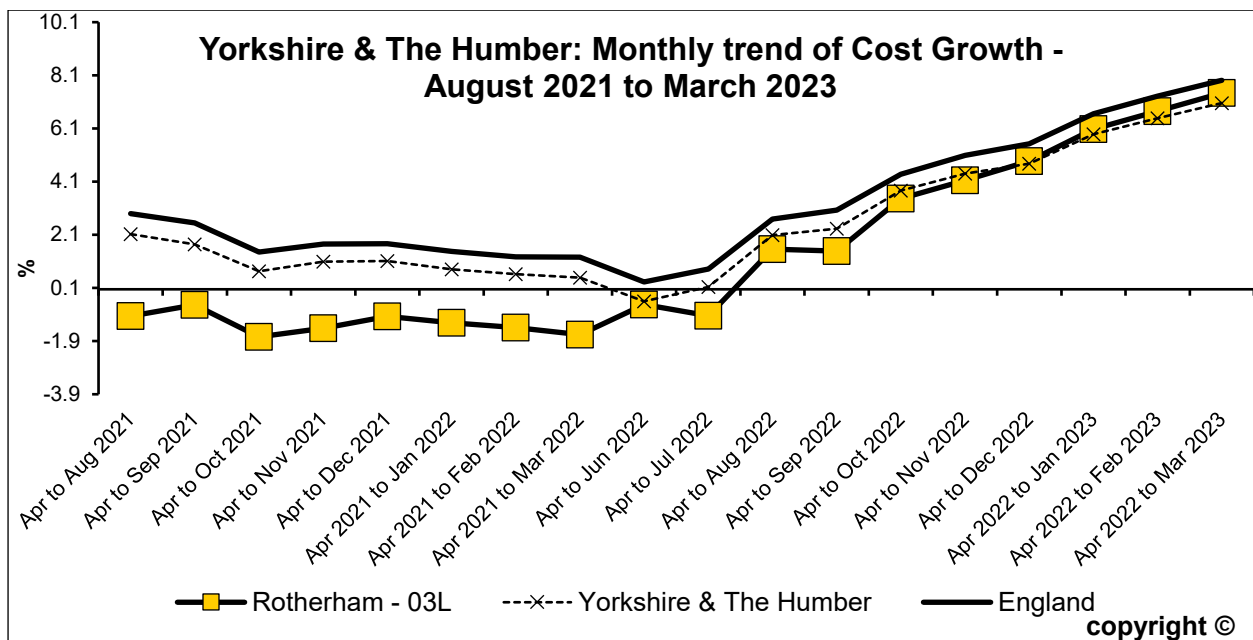
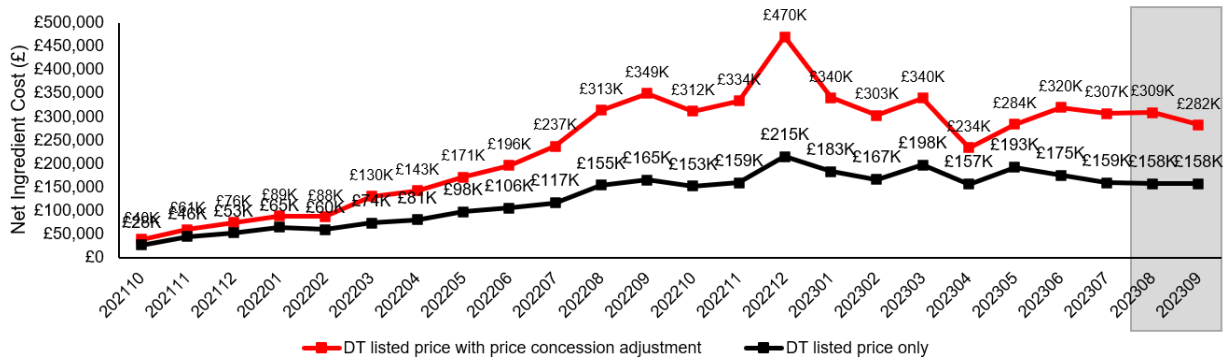
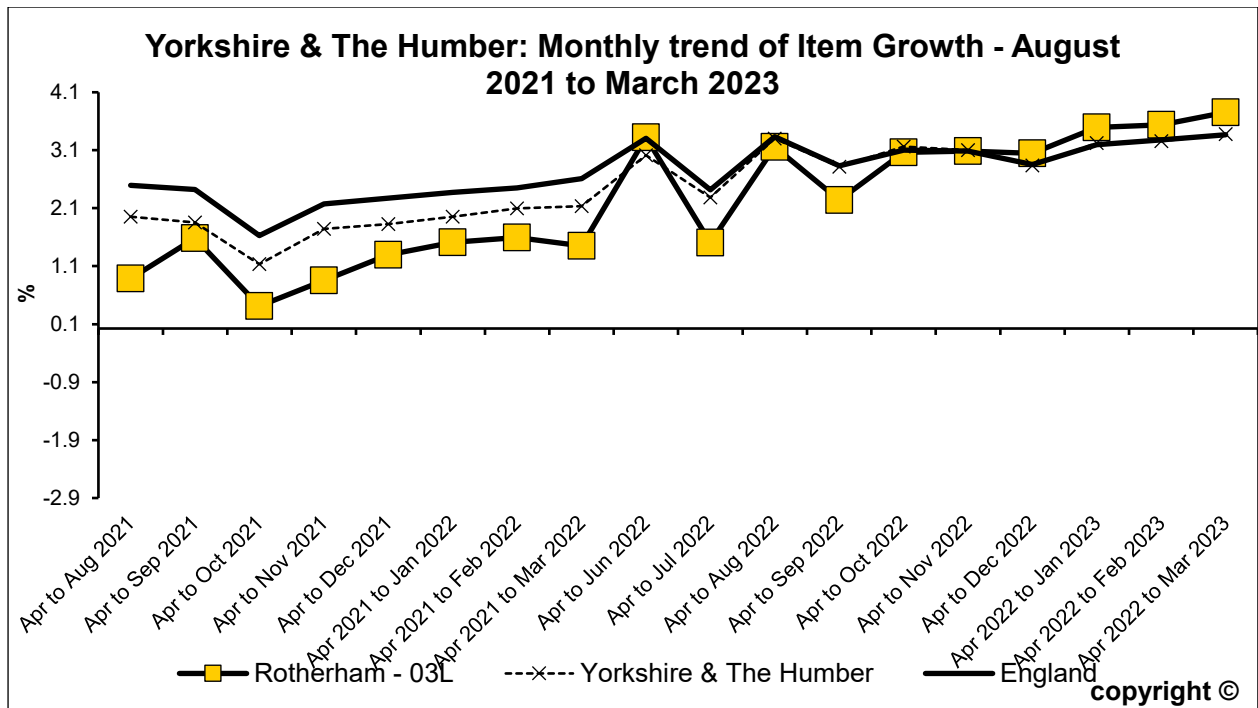


Chart 2: Rotherham - The effect of price concession changes over time (previous 2 years) based on predicted net ingredient cost (NIC)



Cost growth is to some extent being driven by item growth (Volume) Rotherham is showing strong item growth at 3.73% which is slightly above that for England = 3.34%. The graph below demonstrates that the past initiatives of stopping third party ordering and reducing the prescribing of items classified as suitable for self care have run their course and could be re-visited as item growth has now returned to national rates.



The two graphs below list the weighted prescribing cost /capita and items /capita using ASTROPU, this is a national indicator designed to adjust data for population size, age and deprivation across. Rotherham is shown as having a relative low prescribing cost / ASTROPU only just above the average for England, which is not the usual position for an area of high deprivation. However, the number of items/ prescribed significantly exceeds the average for England. In summary prescribing is very cost effective but the volume of prescriptions issued drives overall cost growth.

Weighted per capita prescribing costs				Weighted per capita prescribing frequencies			
Barnsley - 02P		50.64	45.40	Barnsley - 02P		2.14	2.11
Bradford District and Craven - 36J		50.08	43.77	Hull - 03F		1.92	1.89
Hull - 03F		49.71	43.36	North Lincolnshire - 03K		1.87	1.85
Doncaster - 02X		49.45	44.10	South Yorkshire		1.87	1.85
Wakefield - 03R		49.37	43.18	Sheffield - 03N		1.84	1.81
North Lincolnshire - 03K		49.10	43.24	<b>Rotherham - 03L</b>		<b>1.79</b>	<b>1.79</b>
South Yorkshire		48.07	43.69	Doncaster - 02X		1.77	1.74
West Yorkshire		47.72	41.92	North East Lincolnshire - 03H		1.71	1.67
Sheffield - 03N		47.37	42.28	Bradford District and Craven - 36J		1.70	1.67
Kirklees - X2C4Y		47.31	41.55	Kirklees - X2C4Y		1.69	1.66
North East Lincolnshire - 03H		46.36	39.38	Calderdale - 02T		1.68	1.64
Leeds - 15F		46.03	40.82	West Yorkshire		1.63	1.60
East Riding of Yorkshire - 02Y		45.66	40.11	Wakefield - 03R		1.63	1.60
Calderdale - 02T		45.42	39.47	Humber and North Yorkshire		1.59	1.56
<b>Rotherham - 03L</b>		<b>45.27</b>	<b>44.45</b>	East Riding of Yorkshire - 02Y		1.58	1.55
Humber and North Yorkshire		45.22	39.65	Leeds - 15F		1.54	1.51
England		43.85	38.84	England		1.47	1.45
North Yorkshire - 42D		43.59	38.59	North Yorkshire - 42D		1.47	1.44
Vale of York - 03Q		41.17	36.20	Vale of York - 03Q		1.34	1.31

Cost per ASTRO-PU      Items per ASTRO-PU

Quarterly trend of weighted per capita prescribing costs - April 2020 to March 2023      Quarterly trend of weighted per capita prescribing frequencies - April 2020 to March 2023

## Top 20 drugs by cost growth

BNF Chemical Substance	Actual cost variance	Item % increase decrease	Actual cost % increase / decrease	2022-23 Average item cost	Average item cost variance
Apixaban	£331,215.65	12%	11%	£49.32	-£0.16
Dulaglutide	£266,618.90	38%	38%	£70.57	£0.07
Empagliflozin	£258,084.04	31%	31%	£34.29	-£0.07
Detection Sensor Interstitial Fluid/Gluc	£225,428.91	57%	59%	£66.60	£0.69
Sulfasalazine	£191,319.45	-4%	142%	£55.06	£33.25
Dapagliflozin	£189,013.68	170%	173%	£34.03	£0.40
Ibandronic acid	£166,738.60	10%	213%	£98.25	£63.79
Sacubitril/valsartan	£159,400.31	53%	55%	£83.57	£1.07
Beclometasone dipropionate	£150,418.57	5%	10%	£18.43	£0.90
Semaglutide	£134,401.61	122%	115%	£75.53	-£2.50
Alendronic acid	£122,251.50	-5%	402%	£6.20	£5.02
Estradiol with progestogen	£120,870.56	55%	78%	£22.27	£2.82
Influenza	£116,061.86	1%	21%	£12.01	£1.94
Beclometdiprop/formoterol/glycopyrronium	£114,697.77	57%	58%	£42.36	£0.26
Famotidine	£111,132.69	95%	88%	£28.55	-£1.06
Fluticasone furoate/vilanterol	£101,791.05	3%	11%	£30.61	£2.18
Aripiprazole	£101,335.83	6%	187%	£31.58	£19.89
Carbocisteine	£93,005.83	9%	105%	£9.87	£4.64
Lercanidipine hydrochloride	£82,220.76	11%	97%	£6.21	£2.70
Amoxicillin	£73,481.86	36%	173%	£2.87	£1.44
Phenoxyethylpenicillin (Penicillin V)	£70,580.24	63%	221%	£7.06	£3.47

**NCSO** issues are behind the cost growth associated with sulfasalazine, ibandronic acid, alendronic acid, aripiprazole, carbocisteine, lercanidipine.

Apixaban continues to show strong item growth due to the improved diagnosis rates for AF and the drug has replaced warfarin across a number of indications. This is the biggest drug by cost nationally and accounts for 7% of all Rotherham's prescribing expenditure (£3,291,014) Apixaban is available as a generic and the price has recently dropped generic prescribing rates in Rotherham are almost 100%.

Diabetes drugs (Dulaglutide, empagliflozin, dapagliflozin, and semaglutide) are all showing strong item and therefore cost growth. Expenditure on diabetes products = £7,510,513 this = 15.62% of all prescribing cost and the current annual cost growth is 11.30%. This does not include continuous and intermittent continuous glucose monitoring (Flash Libre & Dexcom) where costs increased by 57% (£225,428) to £608,424. SICBL Rotherham has recognised that the ongoing management of diabetes will continue to be a challenge and all diabetes treatment pathways are being reviewed with all stakeholders with a greater focus on prevention and remission. All the diabetes drugs that are demonstrating the strong cost growth are supported by NICE guidance.

The heart failure drug Sacubitril/valsartan is showing strong cost and item growth 53% and 55% respectively resulted in an additional annual expenditure of £159,400. This intervention is also supported by a strong evidence base and NICE guidance.

HRT is also showing strong item growth of 55% and a cost growth of 78% due to increase patient awareness and demand adding £120,870.

Also, antibiotic prescribing having decreased during the COVID period is now returning to pre COVID rates with amoxycillin and penicillin adding an additional £144,062 to the annual total.

### **Top reductions in prescribing costs**

The resolution of NCSO issues for sertraline, enalapril, atorvastatin, pregabalin, macrogol, paracetamol, co-codamol, nefopam, pantoprazole, somatropin, aspirin, lansoprazole, eplerenone, simvastatin resulted in overall decrease in expenditure.

The reduction in the expenditure of blood glucose is due to active switching to more cost-effective products and more activity is planned in 2023/24

In the case of tinzaparin the decrease was because the drug was unavailable for part of 2022/23 and an alternative low molecular weight heparin was used.

Fluticasone propionate Tiotropium bromide Umeclidinium bromide are all inhalers, and their decreased use is due to switches to alternative products.

BNF Chemical Substance	Actual cost variance	Item % increase / decrease	Actual cost % increase / decrease	2022-23 Average item cost	Average item cost variance	Average item cost % increase / decrease
Sertraline hydrochloride	-£157,292.61	8%	-48%	£1.28	-£1.38	-52%
Tinzaparin sodium	-£110,341.16	-48%	-48%	£136.90	-£0.57	0%
Glucose blood testing reagents	-£70,493.07	-3%	-11%	£17.30	-£1.51	-8%
Enalapril maleate	-£62,700.57	-5%	-63%	£3.87	-£5.98	-61%
Fluticasone propionate (Inhalation)	-£58,968.04	-9%	-10%	£26.86	-£0.41	-2%
Atorvastatin	-£52,669.14	10%	-12%	£1.07	-£0.26	-20%
Pregabalin	-£52,107.36	6%	-34%	£2.55	-£1.53	-37%
Macrogol 3350	-£51,629.30	0%	-21%	£6.75	-£1.77	-21%
Tiotropium bromide	-£50,986.17	-8%	-10%	£24.56	-£0.32	-1%
Nefopam hydrochloride	-£49,690.80	11%	-31%	£5.24	-£3.18	-38%
Paracetamol	-£48,498.65	-3%	-10%	£4.17	-£0.35	-8%
Co-codamol (Codeine phosphate/paracetamol)	-£43,329.75	0%	-8%	£4.26	-£0.39	-8%
Umeclidinium bromide	-£41,699.22	-13%	-13%	£26.25	£0.07	0%
Pantoprazole	-£40,911.00	4%	-32%	£1.38	-£0.73	-35%
Somatropin	-£39,171.07	-15%	-25%	£476.46	-£69.63	-13%
Aspirin	-£38,000.92	-2%	-29%	£0.80	-£0.31	-28%
Sitagliptin	-£36,621.74	-11%	-11%	£32.15	-£0.05	0%
Lansoprazole	-£34,518.57	5%	-8%	£1.22	-£0.18	-13%
Eplerenone	-£33,691.88	17%	-53%	£4.24	-£6.32	-60%
Simvastatin	-£31,333.72	-9%	-24%	£0.98	-£0.18	-16%

### Item growth increases

The item growth for the atorvastatin, lansoprazole, amlodipine, ramipril reflects a rebound in prescribing following supply shortages and NCSO issues. It should be noted that expenditure has decreased despite the increase in use and all these agents are first line choice drugs for Rotherham.

The increase in amoxicillin, phenoxymethylpenicillin (Penicillin V) and doxycycline hyclate prescribing should level out as antibiotic prescribing returns to pre COVID levels. Antibiotic prescribing rates vary considerably across practices there is also evidence that patients from practices with lower antibiotic prescribing rates are accessing antibiotics from elsewhere (OOH, Extended access and PCN hubs). A Rotherham wide patient facing campaign working with communications and patient engagement has the potential to change patient behaviour.

The increased use of empagliflozin, and metformin reflects the strong growth in number of patients with diabetes up 14% over the last 3 years. HRT items are also showing strong growth.

## Item growth decreases

BNF Chemical Substance	2021-22 Items	Item variance	Actual cost variance	Item % increase decrease
Simvastatin	114,911	-10,843	-£31,333.72	-9%
Hypromellose	11,878	-9,536	-£10,770.30	-80%
Bendroflumethiazide	52,257	-5,895	-£11,655.92	-11%
Atenolol	40,554	-3,352	£11,634.27	-8%
Paracetamol	105,272	-2,884	-£48,498.65	-3%
Warfarin sodium	19,650	-2,715	-£14,319.19	-14%
Aspirin	117,869	-2,468	-£38,000.92	-2%
Cetirizine hydrochloride	17,202	-2,236	£12,149.36	-13%
Fluticasone propionate (Inhalation)	21,838	-1,860	-£58,968.04	-9%
Tiotropium bromide	21,266	-1,798	-£50,986.17	-8%
Gliclazide	26,594	-1,751	-£13,545.64	-7%
Temazepam	4,495	-1,729	£33,537.44	-38%
Umeclidinium bromide	12,654	-1,624	-£41,699.22	-13%
Loratadine	8,667	-1,454	-£4,012.59	-17%
Lisinopril	31,531	-1,392	-£3,630.40	-4%
Tramadol hydrochloride	29,041	-1,218	-£21,606.93	-4%
Quinine sulfate	15,015	-1,163	£2,474.32	-8%
Alendronic acid	25,768	-1,162	£122,251.50	-5%
Glucose blood testing reagents	33,420	-1,149	-£70,493.07	-3%
Sitagliptin	10,368	-1,122	-£36,621.74	-11%

The decrease in simvastatin use is offset by the increase in atorvastatin use and reflects the evidence base similarly the decrease in warfarin is offset by the increase in apixaban prescribing. Similarly, the reductions in the use of bendroflumethiazide and atenolol are offset by increase in the use of agents with a more robust evidence base.

Decrease use of hypromellose, loratadine, cetirizine reflects the ongoing commitment to the promotion of self-care

Glucose blood testing reagents and Quinine reductions are both due to active QIPP workstreams.

## 2022-23 Prescribing Incentive scheme


A prescribing incentive scheme was run over 2022/23 details below. The scheme comprised of a total of 13 criteria and here was an overall achievement of 82%.

The scheme has been completely refreshed for 2023/24 and as returned to the pre-COVID model where part of the scheme is linked to a practice's performance against its allocated prescribing budget, to incentivise a practice to have ownership of the cost of its prescribing.



	Title	Description	Target	Data resource	Date work must be completed
1 & 2	Insulin dose identification and recording	Review insulin patients and confirm the current dose (in units). Update the dosage instructions on the prescription	40% of insulin dosage instructions updated (1 point)	System reporting unit	27th Mar 23
			80% of insulin dosage instructions updated (2 points)		
3	PPI deprescribing (dose reduction &/or stopping)	Reduce the prescribing of PPIs for those patients without a medication or condition that requires long term PPI prophylaxis	To below 33% (of all PPI patients >18y)	System reporting unit	27 <sup>th</sup> Mar 23
4	Quinine use review	Reduction in patients on repeat quinine	10% reduction	System reporting unit	27 <sup>th</sup> Mar 23
5	Emollients to formulary	Review non-formulary emollients and switch to formulary	90%	ePACT data of all issues in a Quarter	31 <sup>st</sup> Dec 22 ePACT data collection is Jan- Mar 23
6	CCG preferred brand/product mop up	Ensure on-going compliance with CCG current preferred brands/products	95%	System reporting unit	27th Mar 23
7	Osmotic Laxative review	Review over 18's on osmotic alone as per guidance	To below 35% (of all laxative patients >18y)	System reporting unit	27 <sup>th</sup> Mar 23
8	Anticholinergic Burden	Use of Ardens template and searches to review patients on 2 or more "3-scoring" Anticholinergic medications	50%  Review & read code	System reporting unit	27 <sup>th</sup> Mar 23
9	patients on repeat hypnotic / anxiolytic / z drug prescribing have BDZ management plan recorded	Use of Benzodiazepine management plan within the last 12 months (i.e. from 1 <sup>st</sup> April 2022)	55%	System reporting unit	27 <sup>th</sup> Mar 23
10	Triple Therapy switch	Switching to Trelegy Ellipta as per SOP	90% switch	System reporting unit	27th Mar 23
11	Non-issuing of medication for documented long term conditions.	Action taken where a patient is prescribed medication for epilepsy or hypothyroidism, but that medication has not been issued for 3 consecutive months.	100% reduction	System reporting unit	27th Mar 23
12	Antibiotic prescribing volume reduction (National indicator)	Reduction in antibiotic prescribing volume compared to national	<0.871	National Data (PHE Fingertips)	Complete year as rolling 12-month data
13	Antibiotic broad spectrum usage (National Indicator)	Antibiotics broad spectrum (cefalosporins, quinolones and co-amoxiclav)	<10%	National Data (PHE Fingertips)	Complete year as rolling 12-month data

## QIPP Savings 22/23

Title	End of year saving	Supporting info & comments
<b>Changes of Combined Oral Contraceptives</b>	£9,211	Supply issues and extended prescription durations may affect savings.
<b>Edoxaban first line choice</b>	£47,821	Supporting practices to use most cost effective DOAC in 22/23
<b>Co-codamol formulation change</b>	£28,653	Continued savings from work undertaken in 21/22 period
<b>Iron Sulphate reduction</b>	£7,500	 Iron supplements QIPP.docx
<b>Computerised decision support tool</b>	£367,251	Active management of decision support tool
<b>Use of Vencarm</b>	£9,492	Change to more cost effective Venlafaxine brand
<b>Buprenorphine patch choice</b>	To commence	Chosen cheaper brand has been out of stock for several months
<b>Vitamin D switch to formulary</b>	£60,988	Rationalise to locally agreed choices.
<b>Total</b>	<b>£530,916</b>	

The 2022/23 QIPP programme delivered cost savings of **£530,916** within the year.

Rotherham has few opportunities to make efficiencies from brand switching and adherence to guidelines is high indicating that the most cost effective or drug with the strongest evidence base is usually the drug of choice. However, like many similar areas prescribing volume is high and this contributes to overall costs, in summary it's not what is prescribed it's the amount. Efficiencies from improved management of practice repeat prescribing systems and reducing waste are more challenging to deliver.

Rotherham has made efficiencies over the years from moving prescribing of nutritional products, continence and stoma appliances and wound care from GP practices to other health care professionals. This has not only result in cost efficiencies but also improved patient care.

This has been taken forward into 2022/23 with the medicine management team leading on projects to completely overall the management pathways for diabetes, heart failure and potentially other therapeutic areas.

## Medicine Safety Dashboard

A medicines safety dashboard was launched in 2022/23 this was incorporated into the Quality Contract for 2023/24

Medicines Management 2022/23 Medicines Safety Dashboard															
	1. DOACs & Warfarin			2. Hospital info recorded			3. Diabetes & Asthma			4. High Risk Monitoring					
Sep-23	DOAC & warfarin	DOACs needing "dose reduction"	DOACs needing "review and stop"	Hydroxy-chloroquine	Valproate and pregnancy prevent	Mental Health Hospital drug recording	Type 1 diabetes and a Flozin (SGLT2)	DDP-4 inhibitor & GLP-1 agonist	LABA and no ICS (Asthma register)	Minocycline	Methotrexate 10mg	Amiodarone	Total patients to review	Green Count	Red Count
Total patients to review	5	28	4	231	84	60	57	47	100	6	0	128	750		
TARGET	No Pts	No Pts	No Pts	100%	No Pts	100%	No Pts	No Pts	No Pts	No Pts	No Pts	100%		144	190

Things are improving:

- Hydroxychloroquine retinal screening continues to improve and now at 40%
- Amiodarone – again improved from 13% to 30% in a year.
- No methotrexate 10mg tablets for the first time ever!
- Overall number of patients needing a review is down from 829 to 750

The one area that has got worse is the DOACs needing “dose reduction”. However, this may be due to CrCl calculation being added back in the Quality Incentive Scheme (QIS) which has improved from 80.3% to 85.5% in the last quarter.

Also, there is concern that the valproate annual risk acknowledgement form (VARAF) indicator isn’t moving as these do not seem to be coming back from the neurologists yet.

## Medicine Management Projects

### Management of non-PBR drugs.

Rotherham continues to ensure that cost-effective biosimilars are used unless there are exceptional circumstance, and this has provided continued savings, with Rotherham Trust remaining at the top of all the national comparison graphs. e.g. Adalimumab 98% (vs 74% national), Etanercept 95% (vs 87% national)

In September 2022, a biosimilar for the Ophthalmology agent Ranibizumab (Lucentis) became available. Previous work has ensured this agent is used first line, and currently accounts for 56% of use significantly above the national (34%) average. Within the first month of release, TRFT transferred 100% of patients onto the biosimilar and has maintained this ever since. (vs a North of England average of 76%). This provided savings of £392K in the 23/24 financial year, and £336K saved from April to September 2023.

## Health Inequalities

### Hypertension

- A range of searches have been developed to help practices identify the missed opportunities in the management of hypertension and lipid modification.

- A dashboard outlining practice performance is sent to all practices every month.
- This initiative has been well received by practices.

## **Nutrition Prescribing**

In 2004 Rotherham removed all the prescribing and a management of nutritional products from GPs to the dietitians.

20 years on this service now manages all nutritional products, gluten free prescribing, specialist infant feeds, thickeners and inputs into the diabetes pathway redesign and Medicine Management Care Home Team.

The service model is supported by a nutrition contract that covers both Secondary and Primary care.

This model has produced considerable cost savings from the reduction in use of nutritional products.

The service supports 192 patients on tube feeds (101 adults 91 children), this is double the number from 2004. The service model has also enabled most tube feed patients to have their PEG tubes changed/managed in their own home. The service has worked with patients and carers to enable them to be more self-caring eg. Changing Y connectors (previously they would have to attend hospital), managing own balloon water changes (reducing work for community nursing). They have also supported some carers/patients to be self-caring with tube changes where they have requested this.

There are currently 493 patients receiving oral nutritional support (sip feeds) this is half the number that there was in 2004.

The latest development is the dietetic lead infant feeding pathway this was established to improve the diagnosis and management of cow's milk allergy.

17% of all Rotherham newborns are now being referred into this service, with 90% of referrals being seen within 7 days. Out of the 99 referrals seen between Apr-Jun 2023 only 2 patients were referred with suspected cow's milk protein allergy.

The nutrition contract needs to be re-tendered in the next 12 months.

## **Contenance and Stoma**

All continence and stoma products are managed and prescribed through a service run by specialist nurses. They manage all aspects of care for 1729 continence patients and 919 stoma patients. The service benchmarks well for costs and the some of the initial savings made against products were re-invested into increasing community provision.

In 2022/23 the service prevented 42 hospital admissions after being contacted by community nurses, they also prevent readmissions due to patients being discharged without the necessary appliances.

All catheter patients also screened for MRSA.

## **Wound Care**

All wound care products are supplied via a total purchase contract, this provides products for all patients receiving wound care in their own home or at their practice.

This model provides timely access to wound care products reduces waste and provides usage data which allows scrutiny of clinical care

The wound care contract needs to be re-tendered in the next 12 months.

## **Diabetes**

Rotherham has 18,000 patients with diabetes, this is an 14% increase pre-covid. Prescribing expenditure on diabetes = £7,510,513 15.62% of all Rotherham's prescribing costs and cost growth = 11.30%. An additional £608,424 is spent on continuous and continuous intermittent blood glucose monitoring with an annual cost growth of 57%.

There is a wide variation in practice performance in the management of diabetes especially in the management of HbA1c

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

- 50 T2D patients that are at a high risk of requiring insulin have accepted a meal replacement weight loss intervention.
- 400 T2D patients have been contacted and offered the chance to participate in one of four weight loss interventions (BETTY / DESMOND / The type 2 programme to remission formally the low-calorie diet / The digital weight management plan) 51 patients have taken up the offer.
- High dose insulin clinics to review patients on high doses of insulin that have poor HbA1c control will commence soon.
- 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.

A Rotherham wide diabetes strategy group has been established across SICBL Rotherham, TRFT and RMBC.

## **Heart Failure**

There are 2789 patients with diabetes in Rotherham and practice data shows a wide variation between practices in the prescribing of medication to manage heart failure.

The evidence strongly demonstrates that if the medication is maximised this reduces mortality of hospital admissions. However, managing heart failure has increased in complexity with the introduction of new drugs and the titration of medication is slow and resource intensive.

Funding had been obtained from NHSE to enable the HF specialist nurses to train and support the development of health care professionals based in the PCN to become HF champions to apply the evidence base to the management of HF with the aim to improve outcomes.

## **Antidepressant prescribing**

Patients that were identified as having no clear reason why they were continuing to take an antidepressant were invited to make contact if they wanted to discuss and seek support to stop their antidepressant medication.

7451 patients were texted  
 6598 patients followed the link  
 692 patients wished to stop their medication these patients and were supported by an independent prescribing pharmacist, via virtual meetings over teams.  
 405 patients stopped their antidepressants 252 reduced their dose.

The project has now moved on to reviewing patients taking hypnotics and anxiolytics and the early results are very encouraging.

This project was the successful double winner of a 2023 PRESCQIPP award.

### Care home hydration project

Following a successful bid, (The only successful bid in the North of England) 100k was received to support the care home hydration project.

To date, we have completed almost 100 training sessions, with 500 care home staff, at over 37 homes. The training has evolved into a comprehensive and improved program with the support of a dedicated dietetic assistant and funding from the national team. The feedback from care homes has been excellent and staff have felt motivated to improve and become “hydration champions”.

A Virtual Hydration training platform has recently been launched, with 7 modules and within a few months, 74 users have enrolled, with 450 modules completed on the courses to date.

Between April 2022 to April 2023 the team visited 13 pilot care homes. The data compares 6 months after the intervention, to the corresponding 6 calendar months of the previous year.

The table below shows huge improvements in a range of areas associated with dehydration, showing the training has made a very positive impact. This includes lowering UTIs even when stopping “prophylactic antibiotics”.

	Baseline 6 months	Intervention 6 months	%age decrease	
Ambulance	617	587	4.9%	vs All home increase 16.2%
Antibiotic course	396	350	11.6%	
Barrier products	69	47	31.9%	
Laxatives	631	559	11.4%	
Referrals	200	288	-44.0%	INCREASE - mobility, falls & SALT
Repeat Antibiotics	31	23	25.8%	
UTIs read coded	84	62	26.2%	

### Stuart Lakin

Head of Medicine Management NHS South Yorkshire SICBL Rotherham  
 November 2023



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

Rotherham Place Board

**15 November 2023**

<b>Author(s)</b>	Ruth Nutbrown – Head of Governance and 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 of Strategy & Partnerships
<b>Purpose of Paper</b>	
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 2 November 2023 by exception.	
<b>Key Issues / Points to Note</b>	
<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"> <li>• Risks are routinely reviewed and owned at Place, and give a clear picture of risks at Place; and that</li> <li>• The Place is satisfied that each identified risk is properly sized up (i.e. scored); and that</li> <li>• Places are satisfied that the right actions are in place to mitigate those risks back to the risk appetite score?</li> </ul> <p>Work is continuing in the development of the Rotherham Place Partnership Risk Register and Issues Log. Once complete, only the risks scoring 12 or more will be visible to the ICB corporate risk register.</p> <p>Heat Maps have been created to demonstrate the scoring as an overview. The risks, issues and objectives on the Heat Map available in Tab 3a are relative to those that are applicable to Rotherham Place, inclusive of ICB-wide and all place risks.</p>	

## Executive Summary

The BAF is attached at tab 5 on the excel spreadsheet.

The Rotherham Place SMT has joint oversight of the following BAF objectives and is asked to review these, please note these are arranged by Score.

*Table 1; BAF Objectives, by score*

Ref	Descriptor	Score	Actions
4.3	<p>The number of transformations workstreams within Places are being delivered. Inherent Risks are mitigated:</p> <p>a. potential funding gap.</p> <p>b. System operational pressures preventing transformation to reduce health inequalities and health outcomes.</p>	5x4=20	<ul style="list-style-type: none"> <li>• Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning.</li> <li>• Finalise July 2023 ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023.</li> <li>• ICB Transformation PMO review completed and methodology and approach being implemented.</li> </ul>
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"> <li>• 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives.</li> <li>• 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.</li> <li>• Change Programme implementation Q2 &amp; Q3; Transition to new Operating Model Q4.</li> </ul>
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;</p> <p>b. engage effectively with all parts of its population to understand quality and patient experience, especially with those seldomly heard; and</p>	4x2=8	<ul style="list-style-type: none"> <li>• Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board</li> <li>• Robust ICB 5-year Joint Forward plan - agreed at July board 2023.</li> <li>• Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake.</li> </ul>



	c. has effective plans to manage unwarranted variation in care and outcomes.		<ul style="list-style-type: none"> <li>• 360 Internal Audit HI completed May 23.</li> <li>• Audit and PHM SDG action plan presented to August QPPIE - HI internal audit to be included in the internal audit ICB annual Plan.</li> </ul>
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships.	2x3=6	<ul style="list-style-type: none"> <li>• Complete review of all ICB Functions as part of Phase 1 (to June 2023).</li> <li>• Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme.</li> <li>• Change Programme implementation Q2 &amp; Q3; Transition to new Operating Model Q4.</li> <li>• 360 HI audit undertaken and action plan in place.</li> </ul>
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"> <li>• Robust ICB 5-year Joint Forward plan - Draft June 2023.</li> <li>• Robust ICB 5 year joint forward plan with clear membership and governance.</li> <li>• Next step now to move to delivery and identifying delivery.</li> </ul>
3.1	<p>The ICB is working in the best way to make sure the best use of resources:</p> <p>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.</p>	1x3=3	<ul style="list-style-type: none"> <li>• BAF Deep-Dive with Operational Executive and revision, emending in 2023/24.</li> <li>• Review in conjunction with Running Cost Allowance work programme in Q1 23/24.</li> </ul>

There are currently a total of **48** 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
SY042	<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.	20	<ul style="list-style-type: none"> <li>• Place Committee.</li> <li>• Partnership Agreements.</li> </ul>
SY113	<b>Waiting times</b> – 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.	16	<ul style="list-style-type: none"> <li>• Implement SYBAF Diagnostics &amp; Elective Recovery Plan.</li> <li>• GIRFT improvement programme.</li> <li>• NHSE Quality Improvement support Patient initiated digital mutual aid system (PIDMAS) in development by NHSE to allow for better access and choices for patients.</li> </ul>
SY114	<b>Winter Planning</b> - 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.	16	<ul style="list-style-type: none"> <li>• Daily system co-ordination centre calls.</li> <li>Weekly winter check in calls.</li> <li>• Ongoing implementation of UEC recovery plan and 10 high impact measures.</li> <li>• Flu and Covid vaccination groups in place to oversee seasonal immunisation.</li> <li>Support by communications campaign to staff and public.</li> </ul>
SY102	<b>Learning Disability and Autism</b> - There is a risk that LDA patients are not receiving good quality care and treatment and are in hospital when they should not be, this is due to there being no LDA inpatient provision in SY and gaps in the community infrastructure to enable discharge and prevent admission, resulting in people being admitted inappropriately and sent out of area.	16	<ul style="list-style-type: none"> <li>• Safe and Wellbeing Check Improvement Plan.</li> <li>• Implementation of National Escalation.</li> <li>• Protocol for CQC inadequate ratings.</li> <li>• Provider Collaborative priority to look at inpatient beds for LDA.</li> <li>• Implementation of new CETR/DSR Policy including establishment of ICB Oversight Panel.</li> <li>• Inclusion of LDA Placement issues on SQG hotspot report for oversight.</li> </ul>

SY115	<b>Operational Recovery</b> - There is a risk that operational recovery for cancer services will be significantly hindered by further Industrial Action.	16	Continue to support local derogations in relation to cancer services if possible.
SY116	<b>Operational Recovery</b> - There is a risk that OMFS Consultant pressures for cancer services will lead to an increase and inequity in waiting time leading to potential harm for patients with head and neck cancer.	16	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.
SY117	<b>Paediatric Radiotherapy</b> - 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.
SY122	<b>Doncaster Royal Infirmary (DRI) - Backlog Maintenance</b> - Recent incidents at DRI including a fire at the maternity wing and failure of lifts have demonstrated significant risks within the estate of DRI. The risk has the potential to cause harm to patients, staff and visitors.	16	Risk summit held with local partners.
SY124	<b>National Trajectory for Learning Disability and Autism (LDA) Inpatients</b> - There is a risk that the ICB will not meet the national trajectory for 23/24 based on no more than 30 inpatients per 1 million population, this is due to an increased number of admissions across all 4 places and a number	16	<ul style="list-style-type: none"> <li>• Regular Case Reviews with place and Programme Director to identify and unblock barriers to discharge.</li> <li>• Expansion of Children and Young People Keyworker Programme – Prevent risk of admission, facilitate discharge promptly.</li> <li>• Development of Safe Place/Crisis beds as part of the crisis response pathway to prevent admission and</li> </ul>

	<p>of inpatients who are stuck in hospital with no clear discharge plans, this is also resulting in increased out of area placements being required which is having a significant impact on budgets due to the high cost packages involved with the spot purchased placements.</p>		<p>placement breakdown.</p> <ul style="list-style-type: none"> <li>• Development of an Autism Only Team working alongside existing teams on complex cases</li> <li>• Links with both MHLDA Provider Collaboratives who are leading on some of the identified priorities which sit under the overarching national LDA programme.</li> </ul> <p>Expansion of Forensic Outreach Liaison Services.</p> <ul style="list-style-type: none"> <li>• Delivery of SY LDA Housing Needs Assessment.</li> <li>• Implementation of the Care Education Treatment Review and Dynamic Support Register Policy to ensure that regular independent reviews are taking place to enable discharge planning and implement.</li> <li>• ICB assurance and escalation processes to provide overall assurance that we are meeting the policy requirements.</li> </ul>
SY028	<p><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.</p>	16	<p>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.</p>
SY082	<p><b>Adult Mental Health</b> - 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</p>	16	<p>Partnership eating disorders T&amp;F group established, Alternative to Crisis reduction/ prevention provision commissioned, Development of MH ARRS model in primary care.</p>

	<p>the capacity of these to meet the needs of 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>		
<p>SY123 (New)</p>	<p><b>Complaints</b> - Due to the volume of complaints lack of capacity, lack of data analysis or other learning from complaints may lead to a reputational, quality and safety risk, possibility of not meeting our oversight requirements and not listening to our public.</p>	<p>15</p>	<ul style="list-style-type: none"> <li>• More hours being focused in from other workstreams to support the complaints' function.</li> <li>• Acknowledgement letters changed to acknowledge delays in the process and asking not to contact.</li> </ul>

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	<p><b>Corporate ICB Capacity</b> - 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.</p>	12	<p>Shared functions and Place teams will work to build resilience within their functions during and post the running costs allowances programme.</p>
SY021	<p><b>LeDeR</b> - 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"> <li>• Barnsley Place commissioned Northeast 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>

SY001	<p><b>Cancer Waiting Times across the ICB-</b> 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"> <li>• 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</li> <li>• BHNFT are actively working with the CCG through the Barnsley Cancer Steering Board to improve pathways and ensure delivery of waiting times standards.</li> <li>• Programmes in place to develop rapid diagnostic approaches and community diagnostic hubs</li> <li>• Additional capacity via CDC being used and BHNFT are meeting 28 days faster diagnosis standard.</li> <li>• 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</li> <li>• Clinical prioritisation of waiting lists in place to minimise risk to patients.</li> <li>• 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.</li> </ul>
SY040	<p><b>CAMHS</b> - 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"> <li>• Weekly meeting between RICB and RDaSH, CAMHS and TRFT</li> <li>• Monthly CAMHS contract performance meeting.</li> </ul>

SY107	<p><b>Corporate ICB Capacity</b> – 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.</p>	12	<ul style="list-style-type: none"> <li>• ICB Place Committees/Leadership - oversight of risk and actions required to mitigate. QIPPE meetings and ICB operational executive</li> <li>• Place Governance in place for SEND, jointly with LA.</li> </ul>
SY108	<p><b>Community Paediatrics/Childrens Pathways</b> - There is a risk that current commissioned services, pathways and capacity of the services in place to support people are not aligned to meet the increasing needs of the CYP population (Including ASD Assessments, Sleep Pathways, Enuresis/Continence Support SALT and other related services is insufficient to meet the increasing demand resulting in people not receiving the timely care and support they require by the most appropriate service in the most appropriate setting. This could result in poor patient experience and impact upon quality of care and support. This also increases the risk that the ICB and Local Authority are unable to meet their statutory duties in relation to EHCP/SEND and means that children and young people are not having their needs met appropriately.</p>	12	<ul style="list-style-type: none"> <li>• Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diff, and this is unlikely to change.</li> <li>• The PSIRF process is also being implemented currently.</li> <li>• Each area has their own improvement/ reduction plan and are looking at themes and trends and actions required.</li> <li>• 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.</li> </ul>
SY118	<p><b>Infection Prevention and Control</b> - IPC risk and exceeding the target for c-diff- 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</p>	12	<ul style="list-style-type: none"> <li>• NHSMail has robust email filters to reduce phishing risk</li> <li>• SYICB has implemented MFA (multifactor authentication) for admin accounts</li> <li>• CareCert alerts issued nationally for critical system vulnerabilities are acted upon promptly</li> </ul>



	<p>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>		<ul style="list-style-type: none"> <li>• Robust backup processes in place MFA for NHSMail about to be rolled out to all staff</li> </ul>
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Changes from the previous presentation of Rotherham Place Partnership risk portfolio.

SY012 – Reviewed and closed

SY042 – Reviewed – residual risk score increased to 20, placed in Table 5

SY102 – Reviewed, residual score of 16 applied

SY107 / SY108 / SY118 – Residual Risk Score of 12 applied, placed in table 6

SY122 / SY123 / SY124 – New Risks

#### 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 4: Red Issues*

Ref	Descriptor	Score	Mitigation / Treatment
IL03	<p><b>Strike Action across health and social care workforce</b> - 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>	<b>20</b>	<p>Effective incident planning of services local discussion about derogations services that should continue during strike.</p>
IL12	<p><b>Cancer</b> – 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>	<b>20</b>	<ul style="list-style-type: none"> <li>• Breast waiting times are being monitored through the Regional Incident management team meetings.</li> <li>• Mutual aid has been fully explored through regional team.</li> <li>• However, capacity issues are reflected regionally and nationally.</li> <li>• Some capacity has been established through insourcing.</li> </ul>

IL13	<p><b>78/104 Week Waits</b> - 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"> <li>• Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.</li> </ul>
IL15	<p><b>Workforce</b> - 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"> <li>• Complete the organisational change as quickly and effectively as possible.</li> <li>• 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.</li> <li>• Provide as much support as possible to those leaving the organisation.</li> </ul>
IL07	<p><b>Urgent and Emergency Care</b> (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"> <li>• Note Contract led by West Yorkshire ICB.</li> <li>• South Yorkshire ICB executive represented on the Y&amp;H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS</li> <li>• Good engagement and representation from YAS at place and SY UEC Alliance Board.</li> <li>• 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.</li> <li>• The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups</li> </ul>

IL08	<p><b>SALT Provision</b> - 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.</p>	15	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Referral pathway for direct referral/access to services removed from SWYPFT website as they have ceased providing the services.</li> <li>• 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.</li> </ul>
IL09	<p><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.</p>	15	<ul style="list-style-type: none"> <li>• To communicate deployment of serious shortage protocols</li> <li>• 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.</li> <li>• To raise with the system control centres the possibility of dealing stock from hospitals</li> <li>• Release advice about alternatives and how they can be used</li> <li>• To raise with NHS region.</li> </ul>

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
- Rotherham Place Board
- Quality Patient Performance Improvement Experience (QPPIE)
- Finance and Investment
- Medicines Optimisation Assurance Group
- People Workforce and Culture Committee

The RR and IL is a live document and may have been updated since the papers deadline. The paper is as of 03 November 2023 at 08:00

**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.	<input checked="" type="checkbox"/>	Priority 2 - Tackling inequalities in outcomes, experience, and access.	<input checked="" type="checkbox"/>
Priority 3 - Enhancing productivity and value for money.	<input checked="" type="checkbox"/>	Priority 4 - Helping the NHS to support broader social and economic development.	<input checked="" type="checkbox"/>

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

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

<b>Are there any potential Risk Implications? (Including reputational, financial etc)?</b>
There are no risk implications.
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
There are no financial implications for this paper but notwithstanding some of the risk areas will have financial implications for the ICB.
<b>Are there any Procurement Implications?</b>
There are no procurement implications.
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
Not applicable
<b>Have you involved patients, carers, and the public in the preparation of the report?</b>
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.
<b>Appendices</b>
The following documents are appended to this cover paper: <ul style="list-style-type: none"> <li>• BAF, RR and IL</li> </ul>

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, COC, 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 Score								
<b>Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse</b>																	
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 - Bamsley: Wendy Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer	ICB Place Committees, supported by: - System Leaders Executive	Accountable	SY031, SY032, SY082, SY013, SY028, SY069, 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 - 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 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	3 x 3 = 9	Medium	- Greater certainty of finances and resources to provide planned services - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme. - 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	
<b>Objective 2: Tackle Inequalities in Outcomes, Experience and Access - Executive Lead - Chief Medical Officer</b>																	
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 - Bamsley: Wendy Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Chief Medical Officer: Dr David Critchton Executive Director of Strategy & Partnerships: Will Cleary-Gray	QIPPE, supported by: - ICB Place Committees - PHM SDG - Digital Research Innovation (DRI) SDG	Accountable	SY021, SY042, SY010, SY061, SY064, SY040	- ICB Constitution sets out statutory duties - ICB 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 - 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 QPPE 8th. Action plan progress to be presented to QPPE going forward - NHSE Assurance Framework - COC	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 E and capacity / resources) - 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 - 360 internal audit HIS action plan and annual HI internal audit undertaken	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 - agreed at July board 2023 - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and His measurement and regularly collecting patient experience and insights (inc PROMS metrics )		
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships.	Executive Place Directors - Bamsley: Wendy Lower / 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, IL02	- 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 H's	- Y&H Clinical Networks - NEV 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	2 x 3 = 6	Medium	- Evidence that the control measures are effective - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	HI Audit	
<b>Objective 3: Enhance Productivity and Value for Money - Executive Leads - Director of Strategy &amp; Partnerships/Chief Finance Officer</b>																	
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 Critchton (Chief Medical Officer) / Will Cleary-Gray (Dir. of Strategy and Partnerships) / Mark Janvier (Dir. of Corporate and Governance) / Christine Joy (Chief People Officer) / Lee Outwaite (Chief Finance Officer) / Andrew Ashcroft (Dir. of Comms and Engagement) Executive Place Directors - Bamsley: Wendy Lower / 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	1x3 = 3	High	- Review TOM and continually make changes when needed - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	- 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
<b>Objective 4: Help the NHS Support Broader Social and Economic Value - Executive Lead, Director of Strategy &amp; Partnerships</b>																	
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 (UEC SRO) 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 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.	Increased from 3 x 3 = 9 to 5x4=20	Low	- OSIR Training continues in the ICB, and we are further reviewing our system wider approach to the PMO and tracking our improvement/transformation work.	- Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning - finalises July 2023 - ICB OSIR 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.	Executive Place Directors - Bamsley: Wendy Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Director of Strategy and Partnerships: Will Cleary-Gray	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	COC 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	2x3= 6	Medium	- 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		

Ref	Place/ICB	Domain	Link to BAF/IR	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	Over sight	Date Issue Added to IL	Comments
1	All places	4, 6	BAF 1.2, BAF 2.2	<b>Workforce</b> - 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 Devanney	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	JBaF/Operational Performance Group People, Finance and Culture Committee		29/06/2023	

Ref	Category	Place	Domain	Link to Board Assurance Framework (R/ A, the applicable)	Risk Description	Initial Risk				Residual Risk				Date risk reviewed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Ongoing	14 added to risk log	Commentary to Support Review	Current	
						Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood										Impact
<b>ICB Wide / Shared Risks</b>																							
BY16 (NEW)	Mental Health Services Inc. LD(Author) CAMHS	Rotherham	1.2.6.8.8		<b>Trauma Resilience Service</b> - There is a risk of funding being unavailable from March 2025 onwards. Previous funding was received from Health and Justice since 2017/18 to support the Rotherham response to the findings of the Alexis Jay report in 2014. If external funding ceases there is a risk to the longevity of the service leaving a reduced service offer to those who have suffered exploitation. This could also result in adverse media attention. The Showwood investigation into non recent child sexual exploitation is expected to continue for a number of years	4	4	12	Accountable	Review of mental health services commissioned by Rotherham ICB to understand demand and value for money in current model. Working with TRS to reduce scan and support to apply for external funding where available.	Chris Edwards (Executive Place Director Rotherham)	Rotherham Place Executive Team	2	2	4	30/06/2023 11/08/2023	Sue Cassin / Claire Smith	No funding expected from Health and Justice, Rotherham Place ICB has funding identified to March 2025 however, with a significant deficit planned for next financial year funding of the model is unsustainable past this point. A full review of the outcomes of the service, funding for this cohort across our Place partners and required demand-led model moving forward is required and will commence shortly. Initial conversations have taken place to raise the risk with the provider and a meeting will discuss further in October. Risk to be tolerated. Review continues. Risk to be tolerated. Review continues.	Six Monthly	Rotherham Place Executive Monthly Business Review/Commissioning Group	Quality Performance/Incentives/Experiences	30/06/2023	
<b>ROTHERHAM PLACE PARTNERSHIP - RISKS</b>																							
RPFD1	Mental Health Services	Rotherham	1.2.5.8.8	1.2.2.1.2.2	There is a risk that the reconfiguration of RDaSH Rehabilitation Pathways may increase demand for acute services through increased delays in the whole pathway (leading to a possible increase in OCA placements)	3	4	12		RDaSH to present to the Place Leadership Team (Nov 2023) evidence and service development review of the decision to reconfigure rehabilitation pathways to decrease bed base whilst increasing community offer. Place partners to feedback and support in review of pathway design in order to mitigate risks across the to patients and staff.	Clare Smith SYVCB (Place Partnership)	Rotherham PET	2	4	8	6.10.23	Clare Smith Deputy Place Director (Rotherham)	RDaSH informed SYVCB colleagues of the decision to reconfigure pathways mid sept, this was discussed at our PLT on 6th October with a request for RDaSH to present to the group evidence and engage assurance for the model. This will be supported by Place colleagues and support provided to ensure all risks are mitigated	Dec-23	Monthly	Place Partnership Team		
RPFD2	Diabetes Pathway	Rotherham	1.2.5.8.8							Clare Smith SYVCB (Place Partnership)	Rotherham PET												
RPFD3	Mental Health Services Inc. LD(Author) CAMHS	Rotherham	1.2.5.8.8		<b>Trauma Resilience Service</b> - There is a risk of funding being unavailable from March 2025 onwards. Previous funding was received from Health and Justice since 2017/18 to support the Rotherham response to the findings of the Alexis Jay report in 2014. If external funding ceases there is a risk to the longevity of the service leaving a reduced service offer to those who have suffered exploitation. This could also result in adverse media attention. The Showwood investigation into non recent child sexual exploitation is expected to continue for a number of years	4	4	16	Accountable	Review of mental health services commissioned by Rotherham ICB to understand demand and value for money in current model. Working with TRS to reduce scan and support to apply for external funding where available.	Chris Edwards (Executive Place Director Rotherham)	Rotherham Place Executive Team	2	2	4	30/06/2023 11/08/2023	Sue Cassin / Claire Smith	No funding expected from Health and Justice, Rotherham Place ICB has funding identified to March 2025 however, with a significant deficit planned for next financial year funding of the model is unsustainable past this point. A full review of the outcomes of the service, funding for this cohort across our Place partners and required demand-led model moving forward is required and will commence shortly. Initial conversations have taken place to raise the risk with the provider and a meeting will discuss further in October. Risk to be tolerated. Review continues. Risk to be tolerated. Review continues.	Six Monthly	Rotherham Place Executive Monthly Business Review/Commissioning Group	Quality Performance/Incentives/Experiences	30/06/2023	
RPFD4	Financial position and required savings/efficiencies across Place	Rotherham	1.2.3.4.5.6.7.8		Financial Position across Place Partners - there is a risk that the significant financial challenge across Place Partners leads to organisational decisions on service delivery (including reduction or ceasing provision) that impact negatively on Place Partners and the overall outcomes/health and wellbeing of the Rotherham populations	4	5	20	Accountable	Rotherham Place Leadership Board, refreshed Place Plan 23-25 with clear Place Priorities. Formal processes in place for escalation across partners to weekly PLT meetings. Finance executive leads meet regularly with oversight at Board level.	Clare Smith SYVCB (Place Partnership) Wendy Abbott SYVCB Chief Finance Officer	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	6.10.23	Wendy Abbott / Claire Smith	Discussion have taken place with partners through the PLT regarding working collaboratively on any MFFS plans. Shared understanding of financial positions has been discussed and continues to be an agenda item at Board. Commitment across Place to leave no-one behind - in terms of understanding impact across Place partners of any decisions on savings/efficiencies. Joint roles in place in commissioning that support integration across Place on decision making	monthly	Rotherham Place Executive Monthly Business Review/Commissioning Group	Quality Performance/Incentives/Experiences		
<b>ROTHERHAM PLACE PARTNERSHIP - ISSUE LOG</b>																							



<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 18 October 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 Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse (Roth), NHS SY ICB Nicola Curley, Director of Children’s Services, RMBC Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH 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**), Executive Place Director (Roth), NHS SY ICB  
 Dr Jason Page (**JP**), Medical Director, NHS SY ICB  
 Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB  
 Claire Smith (**CS**), Deputy Place Director (Roth), NHS SY ICB

**Participants:**

Ben Anderson (**BA**), Director of Public Health, RMBC  
 Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB  
 Shafiq Hussain (**SH**), Chief Executive, VAR  
 Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB  
 Julie Thornton (**JT**), Care Group Director (Roth), RDaSH  
 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
<b>i32/10/23</b>	<b>Place Performance Report</b>
<p>CS explained that Rotherham’s quarterly Place review meeting with SY ICB had been held on 11 October to assess our progress. This included a deep dive into primary care performance which forms part of next month’s public Place Board agenda.</p> <p style="text-align: right;"><b>Action: LG for agenda</b></p> <p>CS went on to give highlights from this month’s performance report:</p> <ul style="list-style-type: none"> <li>• IAPT access continue to perform well and exceed the target</li> <li>• Cancer continues to be a challenged area with the 28 day diagnosis only being met in July so far.</li> <li>• Referral to treatment (RTT) is challenging with 535 patients in Rotherham waiting over 52 wks. TRFT gave assurances around meeting the target of zero</li> <li>• Diagnostics – is an area of challenge but compares well</li> <li>• A&amp;E performance was at 63% in September. A good position compared to South Yorkshire and the Trust is working to sustain this achievement</li> <li>• Ambulance delays – good performance with the over 30 minute target achieved every day in September and low numbers reported in hours lost.</li> <li>• More GP appointments are being offered now than pre covid and they continue to increase</li> <li>• There is increased care navigation at Primary care networks and a good level of face to face appointments are offered.</li> <li>• Urgent community response was above target after a slight dip in July.</li> <li>• Discharge - Rotherham performs well across South Yorkshire on all three areas.</li> </ul> <p>CE thanked CS for the update and noted the concern is around waiting times and the impact continued industrial action could have. Members noted that no more action is planned for the time being and unions have committed to pause for a month while talks take place.</p> <p>Members noted this month’s Place performance.</p>	
<b>i33/10/23</b>	<b>ICB Board Assurance Framework</b>
<p>Members received the risk register, issues log and Board assurance framework for information.</p> <p>CS advised that consideration is being given as to whether a separate risk register is required to flag local risks and determine escalation required.</p> <p>The Board noted the risk register, issues log and Board Assurance Framework.</p>	
<b>i34/10/23</b>	<b>Minutes and Action Log from 20 September 2023 Meeting</b>
<p>The minutes from the September meeting were accepted as a true and accurate record. The action log was reviewed and up to date.</p>	
<b>i35/10/23</b>	<b>Communication to Partners</b>
<p>None.</p>	

<b>i36/10/23</b>	<b>Risks and Items for Escalation</b>
None.	
<b>i37/10/23</b>	<b>Future Agenda Items:</b>
Standing Items <ul style="list-style-type: none"> <li>– Rotherham Place Performance Report (monthly)</li> <li>– Risk Register (Monthly for information)</li> <li>– Place Prescribing Report (Nov)</li> <li>– Quality, Patient Safety and Experience Dashboard (Dec)</li> <li>– Quarterly Medical Director Update (Nov)</li> </ul>	
<b>i38/10/23</b>	<b>Date of Next Meeting</b>
The next meeting will take place on <b>Wednesday 15 November 2023</b> 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**

<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>
18-Oct-23	i32/10/23	Place Performance Report	Primary Care Update to be added to November agenda.	LG	Green	