



# Agenda

Title of Meeting:	<b>Rotherham Place Board: ICB Business</b>
Time of Meeting:	<b>10.00am</b> – 11.00am
Date of Meeting:	Wednesday 17 January 2024
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, Chief Nurse, NHS SY ICB R. Jenkins, CEO, TRFT
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	Quality, Patient Safety and Experience Report	10 mins	JP	Enc 2
3	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	CE	Enc 3
<b>Standard Items</b>				
4	Minutes and Action Log from 20 December 2024 Meeting	5 mins	Chair	Enc 4i & 4ii
5	Communication to Partners		Chair	Verbal
6	Risks and Items for Escalation to ICB Board		Chair	Verbal
7	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>			
8	Date of Next Meeting: Wednesday <b>21 February 2024</b> at 10:15am.			

## GLOSSARY

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



**South Yorkshire**  
Integrated Care Board

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

**January 2024**

### Rotherham Place Delivery Dashboard - January 2024

Performance Comparison - Rotherham Place/FT v National

October 2023

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	5.12%	24.69%	0 out of 106	3rd out of 106
RTT	92%	61.12%	58.16%	0 out of 106	33rd out of 106
IAPT 6 Week Wait*	75%	97.00%	88.80%	90 out of 106	37th out of 106

\*IAPT Figures are as at September 2023

#### Performance This Month

Key:

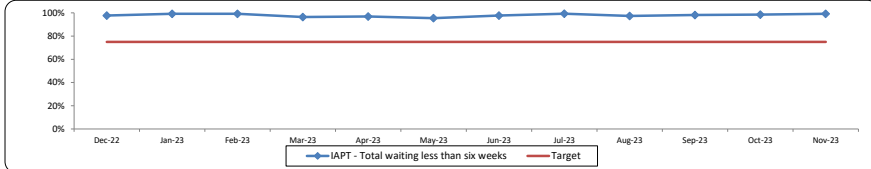
Meeting standard - no change from last month	●	▲	■
Not meeting standard - no change from last month	●	▲	■
Meeting standard - improved on last month	●	▲	■
Not meeting standard - improved on last month	●	▲	■
Meeting standard - deteriorated from last month	●	▲	■
Not meeting standard - deteriorated from 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%	●▲■	●▲■	●▲■	●
Mixed Sex Accommodation	0	●▲■	●▲■	●▲■	●
Improving					
Last month met but previous not met or YTD not met					
Deteriorating					
Not met last month but met previously or YTD met					
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer 28 Day Faster Diagnosis	75%	●▲■	●▲■	●▲■	●
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 - January 2024

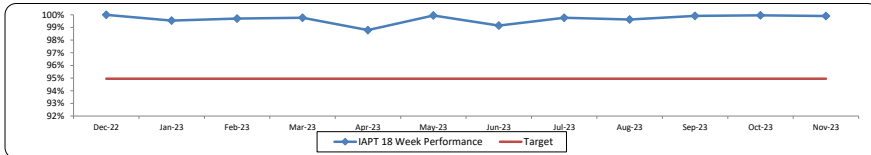
**IAPT 6 Week Wait**  
 The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks.  
 The 6 week waits position for Rotherham Place as at end November was 99.3%. This is above the standard of 75%. October performance was 98.5%.  
 Self-referral into the service is now established and contributing to this position.

		Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
6 Week Waiting List Performance	Actual	97.7%	99.2%	99.3%	96.4%	96.9%	95.4%	97.7%	99.3%	97.3%	98.2%	98.5%	99.3%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



**IAPT 18 Week Wait**  
 The 18 week waits position for the service as at end November was 100%. Performance is consistently meeting the 95% standard for 18 weeks.

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



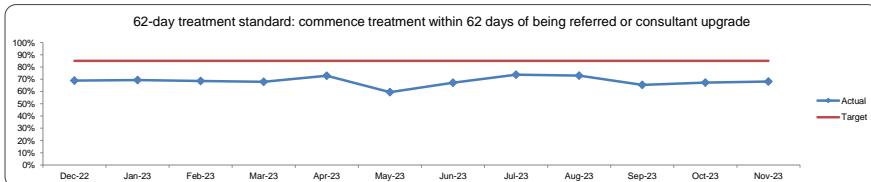
**IAPT Supporting Narrative**  
 Local comparison (published data September 23) shows the following benchmark position against Rotherham Place 97%  
 Barnsley – 96%  
 Doncaster – 83%  
 Sheffield – 99%  
 National – 88.8%

**Cancer Waits**  
 This section has been updated to align to the recent guidance on modernising and streamlining cancer waiting times  
 In November the 28 day Faster Diagnosis standard did not achieve the target of 75% at 74.1% up from October's performance of 73.2%  
 The 31 day standard was not achieved in November, with performance at 82.2% against the standard of 96%. October performance was 84.9%  
 In November the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 68.1% for Rotherham Place. October performance was 67.2%.

	Sep-23	Oct-23	Nov-23
28 Day	●	●	●
31 day	●	●	●
62 day	●	●	●

**Focus on - Cancer**

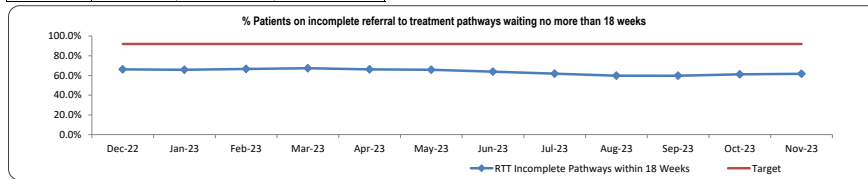
	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%	65.5%	67.7%	74.8%	76.8%	73.5%	74.1%	72.2%	79.7%	77.1%	73.6%	73.2%	74.1%
31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients	96%	92.1%	81.3%	86.6%	82.4%	89.1%	78.2%	81.7%	87.6%	88.3%	86.1%	84.9%	82.2%
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	85%	68.9%	69.3%	68.6%	67.9%	72.8%	59.4%	67.1%	73.7%	73.0%	65.4%	67.2%	68.1%



### Rotherham Place Delivery Dashboard - January 2024

Referral to Treatment					
RTT Incomplete Pathways did not meet the 92% standard in November at 61.7% based on provisional data. The position for October was 61.1%.					
In November there were 1023 waiters over 52 weeks, 149 over 65 weeks, 8 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	27964	662 (65%)	68 (46%)	2 (25%)	0 (-)
Barnsley Hospital NHS Foundation Trust	42	0 (0%)	0 (0%)	0 (0%)	0 (-)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1020	23 (2%)	3 (2%)	1 (13%)	0 (-)
Sheffield Teaching Hospitals NHS Foundation Trust	6193	264 (26%)	54 (36%)	1 (13%)	0 (-)
Sheffield Children'S NHS Foundation Trust	1122	58 (6%)	20 (13%)	4 (50%)	0 (-)
Other provider	948	16 (2%)	4 (3%)	0 (0%)	0 (-)
<b>All Providers</b>	<b>37289</b>	<b>1023 (100%)</b>	<b>149 (100%)</b>	<b>8 (100%)</b>	<b>0 (-)</b>

	Sep-23	Oct-23	Nov-23
18 week wait	●	●	●
52 week wait	●	●	●
65 Week Wait	●	●	●
78 week wait	●	●	●
104 week wait	●	●	●



	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
RTT Incomplete Pathways within 18 Weeks	92%	66.2%	65.8%	66.7%	67.4%	66.2%	65.9%	64.0%	61.9%	59.8%	59.8%	61.1%	61.7%
RTT Incomplete Pathways over 52 Weeks	0	548	582	572	593	712	798	811	918	1079	1146	1095	1023
RTT Incomplete Pathways over 65 Weeks	0	194	185	173	127	132	150	146	151	220	210	179	149
RTT Incomplete Pathways over 78 Weeks	0	78	72	65	34	36	36	28	21	9	14	6	8
RTT Incomplete Pathways over 104 Weeks	0	3	3	4	1	1	2	3	3	0	0	0	0

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

	% Over 13 Weeks	Aug-23	Sep-23	Oct-23	Nov-23	Target
All specialities - total incomplete	49.4%	59.8%	59.8%	61.1%	61.7%	92%
Cardiology	52.6%	64.1%	61.1%	62.8%	58.2%	92%
Cardiothoracic Surgery	29.9%	78.9%	75.0%	77.3%	83.6%	92%
Dermatology	49.9%	60.1%	60.8%	63.3%	62.5%	92%
Ear, Nose & Throat (ENT)	59.7%	56.9%	54.8%	53.1%	51.7%	92%
Gastroenterology	34.3%	86.0%	84.8%	83.8%	80.7%	92%
General Medicine	17.9%	88.9%	96.4%	96.3%	92.9%	92%
General Surgery	52.2%	55.2%	55.1%	56.3%	59.0%	92%
Geriatric Medicine	21.3%	93.2%	86.7%	82.1%	86.5%	92%
Gynaecology	53.9%	54.4%	55.7%	56.2%	56.4%	92%
Neurology	60.0%	43.7%	44.5%	48.5%	49.9%	92%
Neurosurgery	62.0%	49.4%	52.5%	46.4%	45.4%	92%
Ophthalmology	40.8%	52.4%	51.1%	59.2%	71.0%	92%
Other - Medical Services	40.3%	73.0%	71.4%	71.2%	71.2%	92%
Other - Mental Health Services	0.0%	-	-	-	100.0%	92%
Other - Paediatric Services	38.7%	66.6%	65.5%	68.0%	70.9%	92%
Other - Surgical Services	38.7%	68.7%	69.4%	69.1%	71.6%	92%
Other - Other Services	22.5%	78.7%	82.4%	81.5%	86.0%	92%
Plastic Surgery	64.4%	57.4%	53.2%	49.5%	46.4%	92%
Rheumatology	25.8%	95.8%	94.3%	91.0%	88.1%	92%
Thoracic Medicine	24.5%	68.5%	74.3%	80.1%	86.2%	92%
Trauma & Orthopaedics	56.3%	54.2%	55.4%	56.5%	54.9%	92%
Urology	43.6%	66.6%	67.4%	65.5%	66.5%	92%

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

Total Incomplete 18 Week Pathways - Rotherham Place	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Number of Pathways	29794	30177	30410	30356	35153	35823	36945	38333	39284	39890	39422	37289
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	12975	13358	13591	13537	18334	19004	20126	21514	22465	23071	22603	20470

#### RTT Supporting Narrative

Latest provisional data for November shows 20 specialities under the 92% standard, with just General Medicine (92.9%) and Other - Mental Health Services (100%) meeting the Standard.

Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in November (61.7%): Barnsley – 68.6% / Doncaster – 60.7% / Sheffield – 62.9% / South Yorkshire – 63.1%

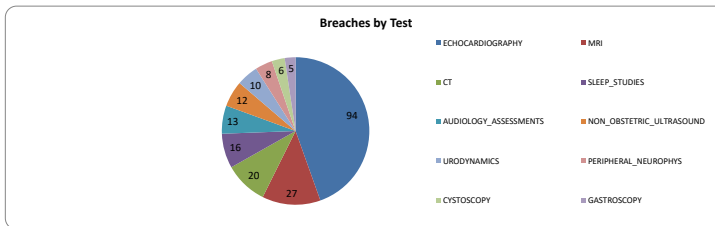
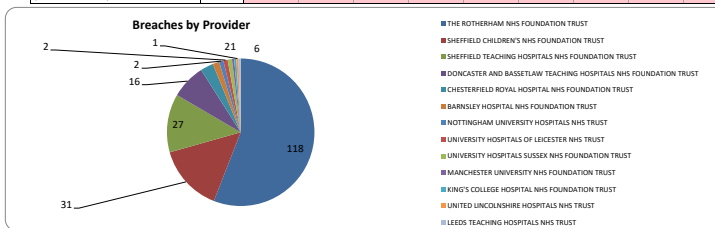
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information.

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 - January 2024

Diagnostic Waiting Times	
Provisional performance in November of 3.4% exceeds the <1% standard.	
211 Breaches occurred in November:	
118 (56%) at The Rotherham NHS Foundation Trust (90 Echocardiography, 11 CT, 9 Sleep Studies, 3 Uroynamics, 2 Gastroscopy, 3 Cystoscopy)	
3 (1%) at Barnsley Hospital NHS Foundation Trust (2 CT, 1 Uroynamics)	
16 (8%) at Doncaster and Basethlaw Teaching Hospitals NHS Foundation Trust (7 Audiology Assessments, 8 Non Obstetric Ultrasound, 1 Peripheral Neurophys)	
27 (13%) at Sheffield Teaching Hospitals NHS Foundation Trust (7 Peripheral Neurophys, 3 Cystoscopy, 1 Uroynamics, 7 MRI, 4 CT, 2 Echocardiography, 3 Non Obstetric Ultrasound)	
31 (15%) at Sheffield Children's NHS Foundation Trust (17 MRI, 7 Sleep Studies, 2 Gastroscopy, 5 Uroynamics)	
16 (8%) at Other Providers (1 Gastroscopy, 3 MRI, 2 Echocardiography, 1 Non Obstetric Ultrasound, 6 Audiology Assessments, 3 CT)	

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	19.3%	17.3%	9.0%	5.1%	6.4%	8.4%	7.6%	8.3%	9.4%	7.5%	5.1%	3.4%



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

November-23 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	887	27	3.0%
Computed Tomography	1073	20	1.9%
Non-obstetric ultrasound	1852	12	0.6%
Barium Enema	0	0	0.0%
DEXA Scan	151	0	0.0%
Audiology - Audiology Assessments	402	13	3.2%
Cardiology - echocardiography	778	94	12.1%
Cardiology - electrophysiology	0	0	0.0%
Neurophysiology - peripheral neurophysiology	33	8	24.2%
Respiratory physiology - sleep studies	148	16	10.8%
Uroynamics - pressures & flows	35	10	28.6%
Colonoscopy	312	0	0.0%
Flexi sigmoidoscopy	89	0	0.0%
Cystoscopy	141	6	4.3%
Gastroscopy	326	5	1.5%
<b>Total Diagnostics</b>	<b>6227</b>	<b>211</b>	<b>3.4%</b>

### Rotherham Place Delivery Dashboard - January 2024

#### Eliminating Mixed Sex Accommodation

There were 0 breaches of this standard in October 2023

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

#### Incidence of C.diff

Performance for Rotherham Place overall in November was 11 cases. 9 cases in October occurred at Rotherham FT. In the YTD there have been a total of 72 cases. Rotherham FT performance for November is 7 cases and 29 in the YTD.

	Sep-23	Oct-23	Nov-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	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
Cancelled operations re-booked within 28 days (Breaches)	0				6	9	6	7	11	5	5	13

#### Wheelchairs for Children

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

	Target	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	Q3 2023/24
Percentage of equipment delivered within 18 weeks	92%	100.0%	100.0%	100.0%	100.0%	98.7%	99.1%	97.9%	98.0%	100.0%	100.0%	100.0%



### Rotherham Place Delivery Dashboard - January 2024

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

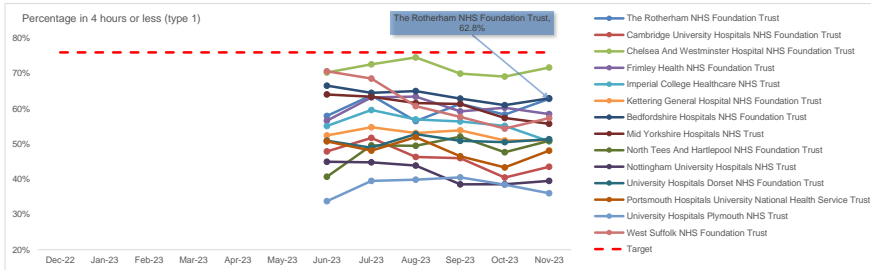
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of November 2023 was 62.8%

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 November

	Target	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
The Rotherham NHS Foundation Trust	76%							58.0%	63.8%	56.5%	61.4%	58.3%	62.8%
<b>TRFT Plan</b>								<b>50.0%</b>	<b>50.0%</b>	<b>55.0%</b>	<b>55.0%</b>	<b>60.0%</b>	<b>60.0%</b>
Cambridge University Hospitals NHS Foundation Trust	76%							47.9%	51.7%	46.3%	46.0%	40.5%	43.6%
Chelsea And Westminster Hospital NHS Foundation Trust	76%							70.3%	72.6%	74.6%	70.0%	69.1%	71.7%
Frimley Health NHS Foundation Trust	76%							56.6%	63.2%	63.5%	59.3%	60.3%	58.5%
Imperial College Healthcare NHS Trust	76%							55.1%	59.7%	57.0%	56.4%	55.1%	50.8%
Kettering General Hospital NHS Foundation Trust	76%							52.4%	54.8%	53.1%	53.9%	51.0%	51.0%
Bedfordshire Hospitals NHS Foundation Trust	76%							66.6%	64.5%	65.0%	62.9%	61.0%	63.0%
Mid Yorkshire Hospitals NHS Trust	76%							64.1%	63.4%	61.6%	61.4%	57.4%	55.7%
North Tees And Hartlepool NHS Foundation Trust	76%							40.7%	49.6%	49.5%	52.1%	47.6%	50.9%
Nottingham University Hospitals NHS Trust	76%							45.0%	44.8%	43.9%	38.6%	38.6%	39.5%
University Hospitals Dorset NHS Foundation Trust	76%							50.9%	48.9%	52.8%	50.9%	50.5%	51.4%
Portsmouth Hospitals University National Health Service Trust	76%							50.7%	48.1%	51.9%	46.5%	43.4%	48.1%
University Hospitals Plymouth NHS Trust	76%							33.8%	39.5%	39.9%	40.5%	38.5%	36.0%
West Suffolk NHS Foundation Trust	76%							70.6%	68.6%	60.7%	57.7%	54.4%	57.4%



### Rotherham Place Delivery Dashboard - January 2024

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 54 seconds for category 1 calls in December for Rotherham Place. The position in November was 9 minutes 18 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in November was 49.6% a decrease from November performance at 56.9%.		
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)

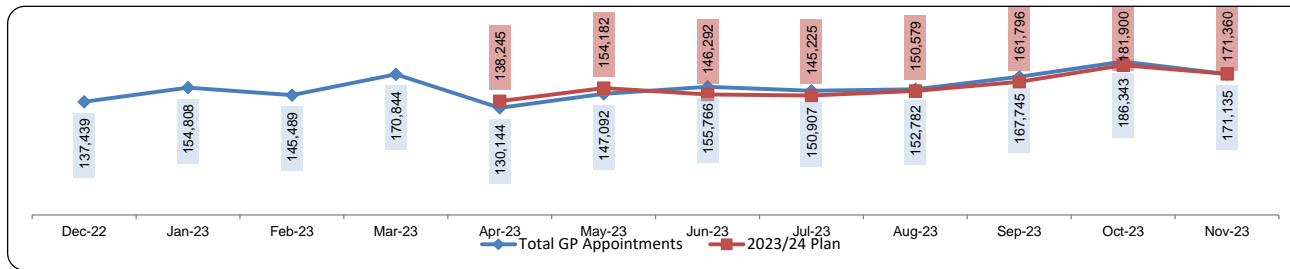
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Cat 1 Mean	00:08:29	00:08:43	00:09:02	00:08:12	00:08:39	00:09:13	00:09:01	00:08:17	00:08:05	00:08:56	00:09:18	00:08:54
Cat 2 Mean	00:21:45	00:30:21	00:29:33	00:20:38	00:23:46	00:27:59	00:26:01	00:24:22	00:24:53	00:26:30	00:35:04	00:39:52
Cat 3 90th Percentile	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	03:36:33	04:56:32
Cat 4 90th Percentile	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	06:08:09	03:16:40

#### Handovers at TRFT

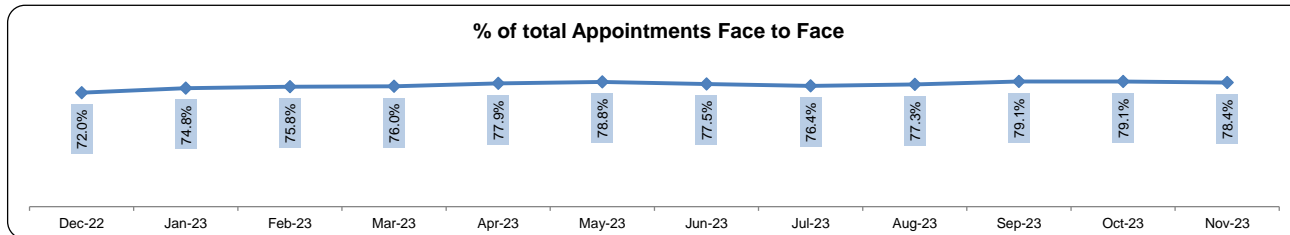
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
% Handovers WITHIN 15 minutes	55.4%	48.1%	62.8%	61.3%	68.6%	65.2%	66.2%	64.8%	68.2%	53.8%	56.9%	49.6%
% Handovers OVER 30 minutes	18.3%	24.8%	15.0%	13.6%	7.3%	12.0%	8.7%	13.7%	7.7%	13.6%	9.4%	18.7%
% Handover OVER 60 minutes	8.8%	12.9%	4.9%	5.2%	1.9%	4.6%	2.8%	5.8%	1.4%	5.0%	1.0%	6.4%
Number of ambulance handovers OVER 60 minutes (RFR)	145	202	95	99	37	88	54	114	28	105	22	144

### GP Appointments

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Total GP Appointments	137,439	154,808	145,489	170,844	130,144	147,092	155,766	150,907	152,782	167,745	186,343	171,135
2023/24 Plan					138,245	154,182	146,292	145,225	150,579	161,796	181,900	171,360
Variance to 2023/24 Plan					- 8,101	- 7,090	9,474	5,682	2,203	5,949	4,443	- 225



	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
% of total Appointments Face to Face	72.0%	74.8%	75.8%	76.0%	77.9%	78.8%	77.5%	76.4%	77.3%	79.1%	79.1%	78.4%



## 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	Aug-23	Sep-23	Oct-23	Nov-23	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	81.00%	81.90%	83.00%	83.80%	66.70%
Protecting People From Avoidable Harm	Sep-23	Oct-23	Nov-23	2023/24 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	1	1	1	4	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	1	0	1	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	9	10	11	72	Actual
	3	4	3	27	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	2	5	7	29	Actual
	1	2	1	10	Plan
Mental Health: Monthly Indicators	Sep-23	Oct-23	Nov-23	2023/24 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	11.3%	13.4%	15.4%	15.4%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	56.10%	46.67%	53.96%	51.80%	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 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2	Target
Proportion entering treatment waiting two weeks or less	56%	63%	74%	88%	60.0%
Care Program Approach (CPA)	Aug-23	Sep-23	Oct-23	Nov-23	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 72 hours	96%	100%	100%	92%	80.0%

## Health Outcomes

CYP Access (1+ contacts)	Jul-23	Aug-23	Sep-23	Oct-23	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4600	4605	4675	4730	4250
Perinatal Access (No. of Women)	Jul-23	Aug-23	Sep-23	Oct-23	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	225	220	215	215	TBC
Discharges follow up in 72 hours	Jul-23	Aug-23	Sep-23	Oct-23	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	81%	73%	75%	79%	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)	Jul-23	Aug-23	Sep-23	Oct-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)	2435	2425	2385	2390	TBC
Learning Disability Annual Health Checks	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Checks	61	87	67	78	135
Register	1739	1739	1739	1739	1739
Trajectory	92	92	92	92	125
2 Hour Urgent Community Response	Jul-23	Aug-23	Sep-23	Oct-23	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	74%	75%	76%	73%	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		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Number of Ambulatory Care Sensitive Admissions	Actual	295	286	283	347	331
	Target	245	245	245	249	249
Discharges to Usual Place of Residence		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
% Discharged to Usual Place of Residence	Actual	96.0%	94.2%	95.0%	94.8%	95.0%
	Target	94.0%	94.0%	94.0%	93.5%	93.5%

**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.

		26-Nov	03-Dec	10-Dec	17-Dec
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	<b>South Yorkshire and Bassetlaw</b>	<b>12.0%</b>	<b>12.2%</b>	<b>12.2%</b>	<b>11.3%</b>
	Barnsley Hospital NHS Foundation Trust	19.2%	19.5%	17.7%	6.8%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	9.9%	9.5%	10.2%	11.7%
	Sheffield Teaching Hospitals NHS Foundation Trust	11.5%	11.8%	11.5%	12.5%
	The Rotherham NHS Foundation Trust	9.5%	9.9%	11.6%	11.1%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	<b>South Yorkshire and Bassetlaw</b>	<b>40.7%</b>	<b>40.4%</b>	<b>33.8%</b>	<b>29.4%</b>
	Barnsley Hospital NHS Foundation Trust	79.3%	70.8%	55.7%	12.9%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	7.4%	7.6%	2.8%	9.9%
	Sheffield Teaching Hospitals NHS Foundation Trust	39.2%	41.5%	41.4%	42.9%
	The Rotherham NHS Foundation Trust	18.4%	22.5%	16.7%	19.6%
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>422</b>	<b>444</b>	<b>476</b>	<b>518</b>
	Barnsley Hospital NHS Foundation Trust	59	59	53	56
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	113	120	131	121
	Sheffield Teaching Hospitals NHS Foundation Trust	204	214	229	284
	The Rotherham NHS Foundation Trust	46	51	63	56

## Rotherham Place Board (ICB Committee) – Meeting 17<sup>th</sup> January 2024

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

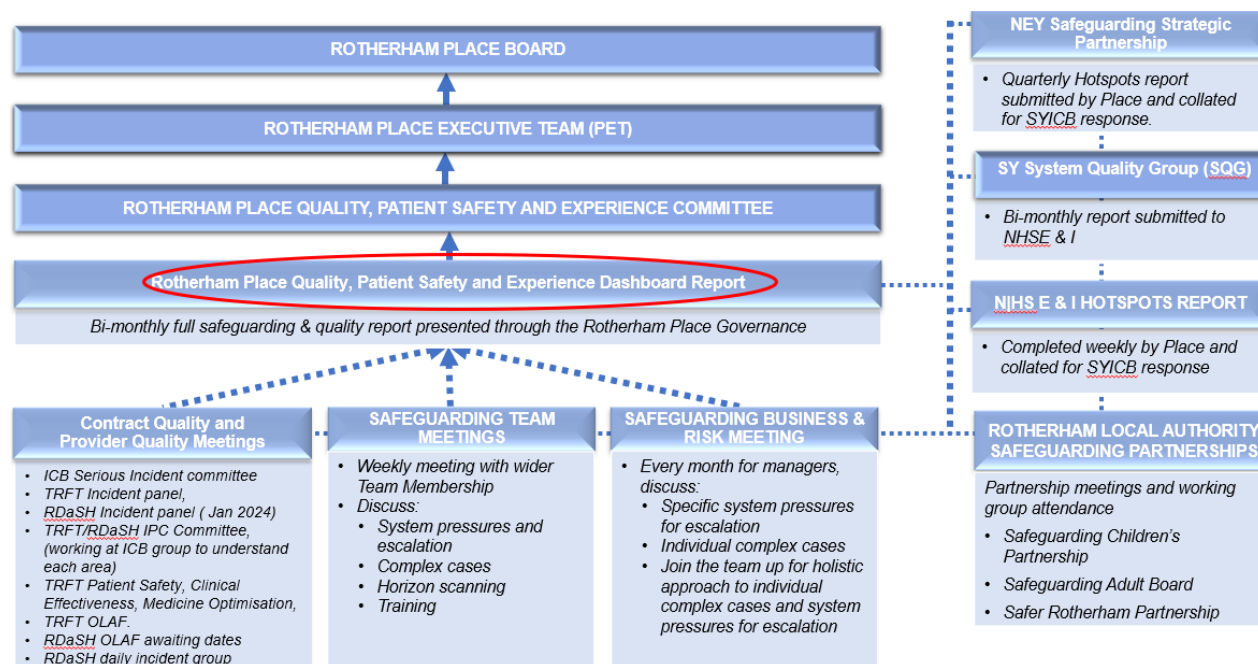
<b>Lead Executive</b>	<b>Sue Cassin, Chief Nurse Andrew Russell, Chief Nurse</b>
<b>Lead Officer</b>	<b>Kirsty Leahy, Head of Quality</b>

#### Purpose

To update Rotherham Place Board on business activity up to December 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.



<b>Financial Implications</b>
None.
<b>Approval history</b>
NHS SYICB Rotherham Place Quality Team – not presented this month. NHS SYICB Rotherham Place Executive – 4 <sup>th</sup> January 2024
<b>Recommendations</b>
Note and discuss content of report.

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

January 2024

**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				
	Sept 2023	Nov 2023	Jan 2024	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	Routine	Routine	Routine		Requires Improvement
Care 4 U Care Limited, Rotherham	New routine	Routine	Routine		Requires Improvement
Roche Abbey Care Home, Rotherham	New routine	Routine	Routine		Requires Improvement
Waterside Grange, Rotherham	New routine	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 Overview/Systems Quality Group

Issue	Key Status/ Risks / Concerns	Mitigating actions
<b>The Rotherham NHS Foundation Trust</b>		
Industrial action	The December and January junior doctor Industrial action will continue to impact on services and remain a risk to the system. Impact will be across acute, mental health and primary care providers with challenge to elective services. Risk assessment underway highlighting areas of concern which are being worked and addressed across PLACE. ICB will continue to provide support/on call systems during.	Debriefs pre and post-strike period to ensure learning across Place and SY. Early planning briefs with all partners Daily meetings to check in on system pressures. On call rota.
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> Awaiting NHSE national guidance for ERCP services which will guide the pathway for the trust.	Oversight, assurance NHSE CQM (Contract Quality Meeting)
Paediatric Audiology screening programme – national programme	The Newborn Hearing Screening Programme reviewed the data of every newborn baby born in England (2018-2023) and identified four Trusts who had diagnosed significantly fewer babies with a permanent childhood hearing impairment (PCHI) than expected, following initial hearing screening assessment. Recognising the system wide nature of the issues identified, a National Paediatric Hearing Improvement Programme has been established by NHS England to support providers and ICBs to improve the quality of these services. The programme is undertaking work to understand the scale of the problem and the number of children who have been affected, and to develop the strategic tools and interventions to support sustainable improvements. A set of system recommendations for immediate action have been developed. These have been informed by stakeholders including regional and ICB clinical and quality leads as well as the	SY system working and within each PLACE. SY Quality Improvement Group/ Quality Leads/QPPIE CQM NHSE UKAS

Issue	Key Status/ Risks / Concerns	Mitigating actions
	<p>outcomes of the reviews of root cause analyses of the incidents and other pilot service assessments by UKAS.</p> <p>The review outcome did not identify significant concerns with a programme of ongoing work identified and monitoring.</p>	
<b>RDaSH</b>		
CQC Quality Improvement Plan	<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>RDaSH Board of Directors will consider a series of self-assessments/ reviews, based on the key lines of enquiry from the regulator, the Care Quality Commission (CQC) over 2023/24.</p> <p>In September 2023, the Board considered organisational preparedness around the theme of “Safe” and a series of recommendations were agreed in this area.</p> <p>Further detail can be found at <a href="#">Board-of-Directors-Agenda-Pack-28-September-2023.pdf</a> (<a href="http://rdash.nhs.uk">rdash.nhs.uk</a>)</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	
<p>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; Swallownest and Crown Street will be revisited. The Primary Care Team continue to provide support to all practices at this time.</p>		
Crown Street Surgery, Rotherham	Last inspected August 2023. RI in all areas Breach <u>Reg 12</u> .	At the recent reinspection, Crown Street dropped to RI in all areas. They have been prioritised for a further Contract & Quality visit in the new year, which will involve the Medical Director as an escalation of concerns
Shakespeare Road PMS, Rotherham	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach <u>Reg 12</u>	CQC inspections have now restarted with those practices listed as RI remaining on the priority list for re-inspection. Primary Care support continues.
Swallownest Heath Centre, Rotherham	Last inspected June 2023. RI overall – all <u>KLOEs</u> . Breach of <u>Reg 12</u> .	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 has been prioritised for a further Contract & Quality Visit and remain under enhanced surveillance.
Woodstock Bower Surgery, Rotherham	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 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 approximately 3 months-time (January 2024). The CQC have been informed of the visit findings.</p>
<b>Care Homes</b>		
Care Homes	<p><b>Older peoples care homes as at 15/12/23</b></p> <ul style="list-style-type: none"> <li>• One statutory embargo</li> <li>• One statutory embargo and suspected norovirus outbreak</li> <li>• One voluntary embargo</li> <li>• One norovirus outbreak</li> <li>• One covid outbreak.</li> <li>• Several homes have a number of beds out of commission due to refurbishment.</li> </ul>	Weekly reporting via hotspots report.
Care Home Contract Concerns/Defaults	In October 2023, there were a total of 42 contract concerns raised against Adult Residential/Home Care/Nursing providers, involving 27 providers. 27 concerns have been substantiated, five unsubstantiated with the remaining 10 still being investigated. The three main themes for these concerns are: Medication, Missed/Late Calls and Quality of care. There are currently two services in a contract default position.	Monthly reporting via RMBC
Byron Lodge Rotherham	CQC overall rating requires improvement. Date of inspection visit: 12 April 2023. Date of publication: 12 May 2023. Eight people placed via fully funded CHC.	<p>Safe and well checks completed and sent to RMBC.</p> <p>Weekly meetings with Byron Lodge are still being carried out.</p> <p>RMBC oversight. PLACE involvement.</p>

Issue	Key Status/ Risks / Concerns	Mitigating actions
Waterside Grange	CQC visit concerns	Safe and well checks completed and sent to RMBC. RMBC oversight. PLACE involvement.
Roche Abbey	CQC visit concerns	Safe and well checks completed and sent to RMBC. RMBC oversight. PLACE involvement.
<b>Regulation 28</b>		
Rotherham Place	RDASH - No Regulation 28 restrictions. TRFT – One previous, no new.	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. NHSE looking into MSSA cases and any future workstreams focussing on this organism.
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. Alert received around a strain causing increase in severity of symptoms and mortality. No cases in Rotherham but this will be monitored and plans in place to manage if needed.
C Difficile ribotype 955 (new variant)	UKHSA Briefing Note on a new strain of C.difficile that appears to be associated with severe C.diff disease and ease of spread with outbreaks hard to contain. IPC lead working with both providers, risk assessments and management plans been agreed for onward reporting.	CQM Quality Leads & QPPIE IPC Committee NHSE reporting
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 has now been

Issue	Key Status/ Risks / Concerns	Mitigating actions
		shared by Sheffield for completion at Place level for Primary Care involvement. Awaiting new guidance from UKHSA
Necrotising Fasciitis (NF)/ Strep A / invasive Group A strep (iGAS)	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 relating 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. There has been cases of invasive group A strep (iGAS) identified in Rotherham. currently looking into any links/ themes with the cases and will then undertake appropriate action.
Respiratory illnesses/ Norovirus	Increase in cases of respiratory illnesses and Norovirus are causing operational and capacity issues. Normal for this time of year, nothing out of the ordinary.	Being managed appropriately. Will be ongoing throughout winter.
<b>Workforce</b>		
Rotherham Place Safeguarding & Quality Team workforce concerns.	Number of staff on sick leave and planned annual leave impacting mainly Children's safeguarding.	Workforce issues will continue into the new year. Being supported by ICB colleagues around statutory functions.
<b>CHC</b>		
Winter beds	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 commenced. 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=several cases in dispute panel.	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



Issue	Key Status/ Risks / Concerns	Mitigating actions
		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.
<b>Safeguarding</b>		
Operation Stovewood	<p>Operation Stovewood commenced in 2014 as the single largest law enforcement investigation into non-familial child sexual abuse in the UK. The Rotherham investigation between 1997 and 2013 identified over 1100 victims and those who have been convicted jailed for over 255 years.</p> <p>A change in investigative approach from 1 January 2024 will mean that the NCA will no longer adopt any new investigations falling within the Stovewood terms of reference. They will continue to investigate open cases as a priority. From 2024 any new investigations will be investigated by South Yorkshire Police, and this is a key step, as it demonstrates ongoing progress against one of the priorities, around working with local partners and communities to rebuild public confidence in agencies.</p> <p>South Yorkshire Police has continued to investigate CSE throughout this period across South Yorkshire and within Rotherham where the offence falls outside of the time period covered by Operation Stovewood. In the latest inspection carried out by His Majesty's Inspectorate of Constabulary and Fire &amp; Rescue Service (HMICFRS), South Yorkshire Police were assessed as outstanding at protecting vulnerable people.</p>	<p>Regulatory approval</p> <p>Open cases will be a priority and investigated under Stoverwood</p> <p>Public arena/High profile operation</p> <p>Previous community tensions</p> <p>SQG Oversight and awareness as national operation.</p> <p>Multi agency involvement including Public Protection.</p>
Volume DHRs, SARs, learning reviews, CSPRs etc	Ongoing DHR x1, x1 SAR including x2 patients and x1 SAR (Sheffield) ongoing.	<p>Statutory requirement</p> <p>RSAB</p> <p>RSCP</p> <p>SRP</p> <p>PLACE Board</p> <p>ICB/NHSE</p>
Provider safeguarding concerns	There are ongoing organisational Safeguarding adults enquiries for two care homes in Rotherham. The ICB is linked into the regular multi-professional meetings for both of these providers.	<p>Statutory process</p> <p>RSAB &amp; sub group</p> <p>Provider to provider meetings</p>

Issue	Key Status/ Risks / Concerns	Mitigating actions
		PLACE Board ICB/NHSE
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.
<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. As at 16/11/2023 all files have been forwarded to the ICB centralised team for their information / action.	An update report on the Rotherham LeDeR Programme submitted in November  Rotherham LeDeR Programme November
<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>• Single accommodation recognised as a key with fill rates.</li> <li>• RMBC brokerage are asking placements in Rotherham to prioritise Rotherham patients first.</li> <li>• Lack of community provision and placements for all ages, continues to impact service and delay discharges.</li> <li>• New provision (Elysium) awaiting CQC registration.</li> <li>• Mental health with risky behaviours or autism only diagnosis currently causing blockages in the system due to the lack of availability to move on.</li> </ul>	
<b>117/LD and Independent Placements</b>	<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 this financial year is £616,336.40 (up to 15.12.23). Delayed discharges due to lack of community providers/suitable housing further impact on this.</li> <li>• Currently have 22 people in out of area locked rehab placements.</li> <li>• There is no longer a step-down provision within Rotherham, and this has caused issues with RDaSH (delayed discharges and an increase in out of area placements).</li> <li>• Lack of learning disability and autism provision and placements for all ages, continues to impact service along</li> </ul>	Escalated to Place and the ICS for strategic oversight and leadership from the ICB and NHSE within the Transforming Care Agenda.

Issue	Key Status/ Risks / Concerns	Mitigating actions
	<p>with inappropriate placements/environments. System/ nationwide issues.</p> <ul style="list-style-type: none"> <li>• Goldcrest ward (NHS open rehab) has now been closed. RDaSH Assertive Outreach Team to increase hours from January 2024.</li> <li>• Team continues to be a reactive service due to workload. This impacts on timely reviews for s117 community packages and has also meant there have been breaches to the statutory obligations in relation to Transforming Care patients.</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. 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>	Like many other ICBs, we are still in the process of collating and updating documents and ensuring a consistent approach across the ICB.

**New CQC Reports published in December 2023**

Provider	Name	Rating	Publication	URL	
Riverside Healthcare Limited Cheswold Park Hospital, Doncaster	Cheswold Park Hospital	<b>Inadequate</b>	15/12/2023	<a href="http://www.cqc.org.uk/location/1-107889029">http://www.cqc.org.uk/location/1-107889029</a>	Roherham patients are being identified who are placed within the facility and awaiting further guidance for next steps.

## SECTION 2 Key Updates

Title	Key Status/ Risks / Concerns / Good Practice
<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>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><b>Patient experience is collected in several ways:</b> Healthwatch Rotherham have published a number of documents, and have a regular programme of outreach activity <a href="https://healthwatchrotherham.org.uk/news-and-reports">https://healthwatchrotherham.org.uk/news-and-reports</a>.</p> <p><b>Providers</b></p> <ul style="list-style-type: none"> <li>• <b>TRFT</b> produces a comprehensive patient Experience and Engagement report, covering FFT, comments, complaints, and compliments, which is considered at the Patient Experience committee - for October (latest available), there are no exceptions to report.</li> <li>• <b>RDASH</b> – patient experience is addressed in the Quality data sets, with a regular overview of experience, which is being refined and developed.</li> </ul> <p><b>FFT - currently available up to September 2023 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></b></p> <p>Generally, figures for Rotherham services are in line with national averages. To note for September – numbers collected in Maternity services are low, and data not published. MH positivity is lower than the national average, but collection numbers are higher than previously, which is to be welcomed. GP and dental data have not been analysed at a practice level (capacity).</p> <p><b>National patient surveys - None to report on for Oct- Nov 2023</b></p> <ul style="list-style-type: none"> <li>• CYP Patient Experience Survey – Due 2024; Publication 2025 tbc</li> <li>• Adult Inpatient survey Fieldwork Jan – April 2024, Publication Aug 2024 (TBC)</li> <li>• Urgent and emergency care survey – fieldwork April 0 July 2024, publication Oct 2024 TBC</li> <li>• Maternity Survey Fieldwork April- June 2023, publication Jan 2024 (annual)</li> <li>• Community Mental Health Survey Fieldwork August – November 2023, publication March 2024 (TBC)</li> <li>• -GP patient survey – annual; Fieldwork Jan- April; publication July (approx.)</li> </ul>
<b>PSRIF including Patient Safety Specialist</b>	<p><b>NHSE Patient Safety Incident Response Framework (PSIRF) update -</b> 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</p>



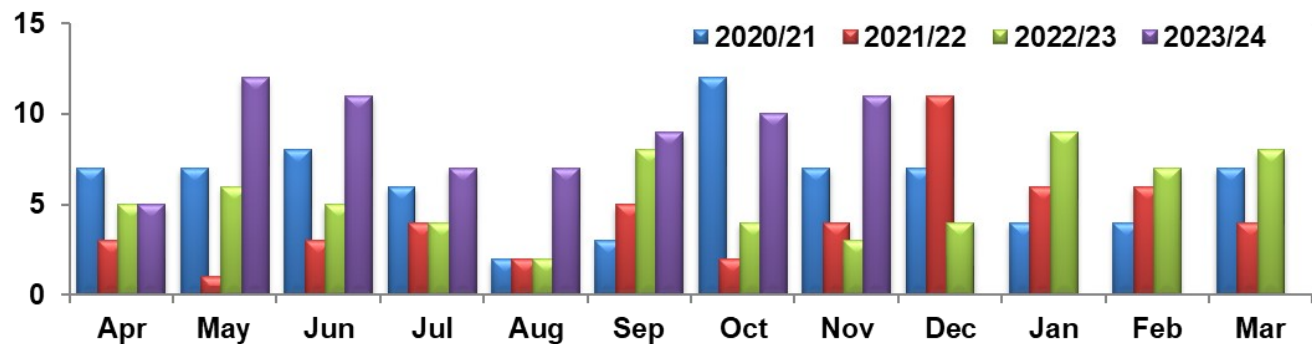
TRFT 2023/24 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	4	4	2	1	2	5	7				
Monthly Plan*	1	1	2	1	1	1	2	2	2	2	1	1
Year to Date	4	8	12	14	15	17	22	29				
Year to Date Plan*	1	2	4	5	6	7	9	11	13	15	16	17

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	10	11				
Monthly Plan*	3	4	4	4	3	4	4	4	3	4	3	4
Year to Date	5	17	28	35	42	51	61	72				
Year to Date Plan*	3	7	11	15	18	22	26	30	33	37	40	44

### Figure comparison for NHS Rotherham ICB of CDI

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



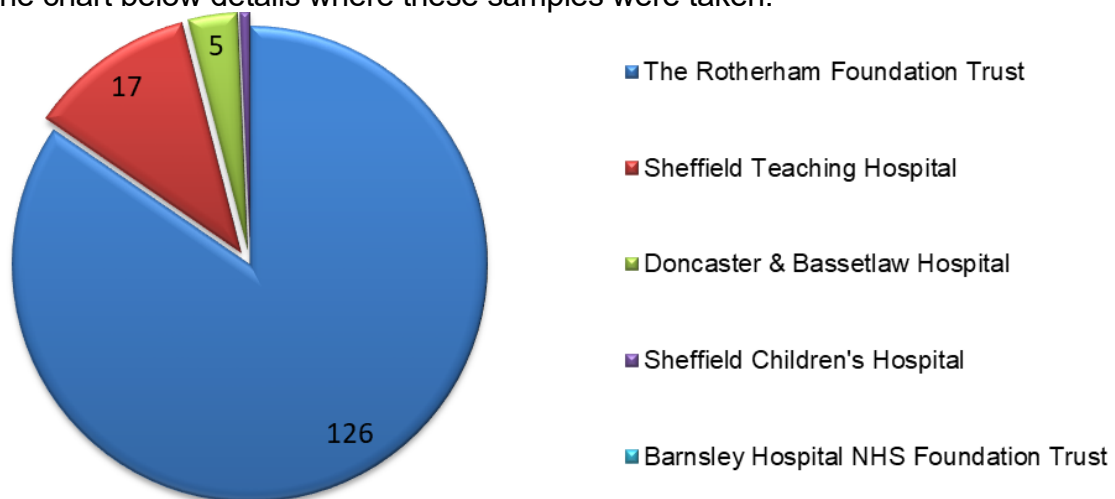
## E Coli

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

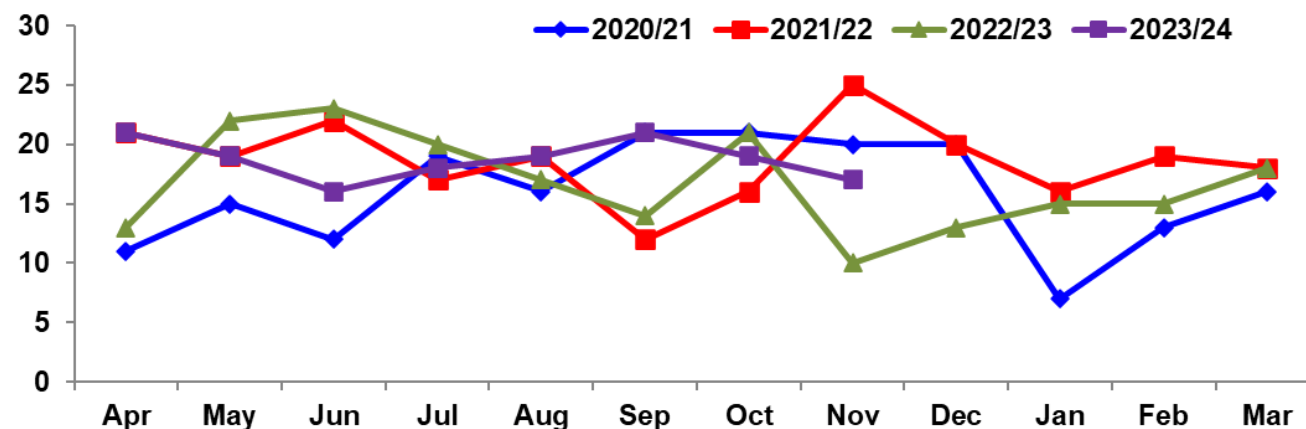
TRFT 2023/24 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	3	2	5	3	2	3	8				
Monthly Plan*	4	3	4	5	3	3	6	5	3	2	3	3
Year to Date	5	8	10	15	18	20	23	31				
Year to Date Plan*	4	7	11	16	19	22	28	33	36	38	41	44

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	19	17				
Monthly Plan*	16	16	16	18	17	17	15	16	14	14	14	14
Year to Date	21	40	56	74	93	114	133	150				
Year to Date Plan*	16	32	48	66	83	100	115	131	145	159	173	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	2	0				
Monthly Plan*	0	0	1	0	1	1	1	0	0	1	0	0
Year to Date	0	2	2	2	2	3	5	5				
Year to Date Plan*	0	0	1	1	2	3	4	4	4	5	5	5

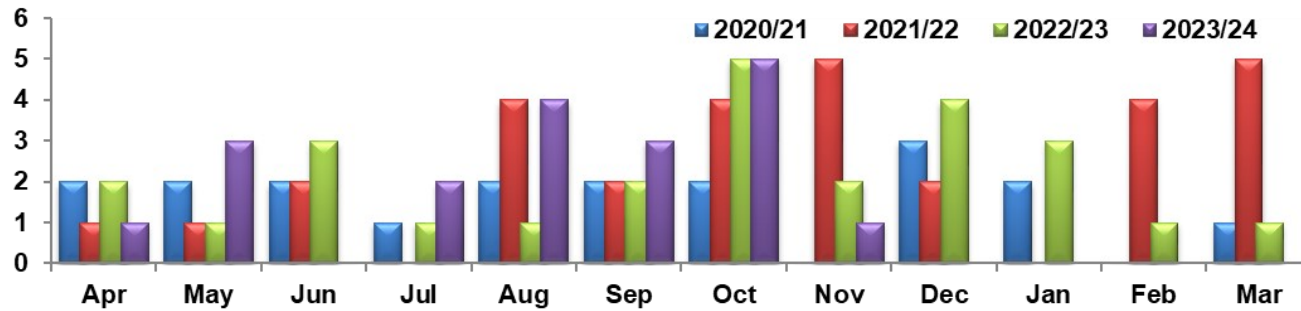
  

RCCG for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	1	3	0	1	4	3	4	1				
Monthly Plan*	1	2	2	1	3	2	3	2	2	1	1	1
Year to Date	1	4	4	5	9	12	16	17				
Year to Date Plan*	1	3	5	6	9	11	14	16	18	19	20	21



### Figure comparison for NHS Rotherham ICB 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)

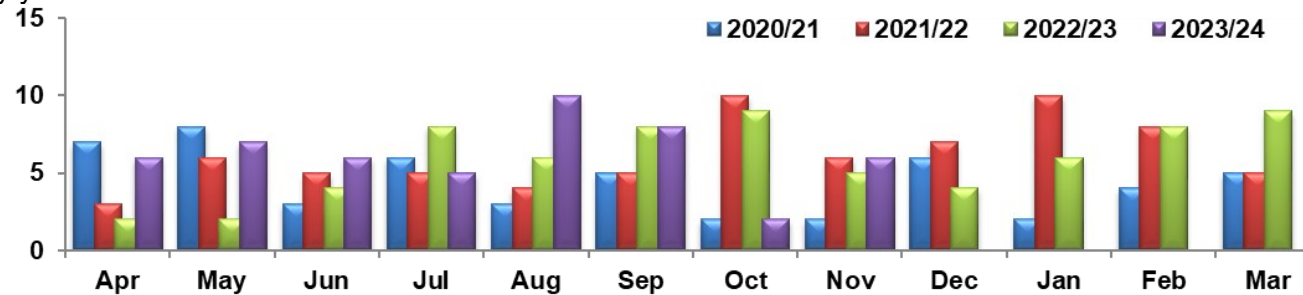
TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	0	1	1	3	4	0	3				
Monthly Plan*	0	1	1	1	0	1	1	1	1	1	1	1
Year to Date	4	4	5	6	9	13	13	16				
Year to Date Plan*	0	1	2	3	3	4	5	6	7	8	9	10

RCCG for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	6	7	6	5	10	8	2	6				
Monthly Plan*	5	4	4	5	5	5	5	4	4	4	4	5
Year to Date	6	13	19	24	34	42	44	50				
Year to Date Plan*	5	9	13	18	23	28	33	37	41	45	49	54

### Figure comparison for NHS Rotherham ICB 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 June and July 2023 for the SHMI and the HSMR respectively. As per the previous position, the HSMR is currently within the 'as expected' category and has improved in-month to the best reported mortality score for a number of years.

The HSMR value provided within the IPR this month is now aligned with the reporting period for SHMI as the Trust has now moved to a new mortality benchmarking provider – HED.

The SHMI has fallen to 102.9 (data for June 2023). The coding team continue to improve the accuracy of the coding, but the Trust has seen a drop-off in depth of coding since September 2022 when it is no longer able to code previously coded co-morbidities and therefore had to cease use of a supporting tool by 3M. 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.

### 3. PSIRF / SERIOUS INCIDENTS AND NEVER EVENTS

Transition and implementation continue for both TRFT and RDaSH working with parallel systems for recording of all incidents on LFPSE and PSII's on StEIS with overview panels progressing and developing.

The Healthcare Safety Investigation Branch (HSIB) has transitioned to the Health Services Safety Investigations Body (HSSIB). The maternity investigations programme is, the Maternity and New-born Safety Investigations Special Health Authority (MNSI). You can read more about these changes and the new organisations on the HSIB website.

<b>SI Position 14.10.2023 to 08.12.2023</b>	<b>TRFT</b>	<b>RDASH</b>	<b>ICB</b>	<b>*Out of Area</b>	<b>YAS</b>	<b>GP / Hospice</b>
Open at start of period	21	13	1	13	7	0
Closed during period	5	2	0	5	0	0
De-logged during period	0	0	0	0	0	0
<b>New during period</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</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	23	11	1	8	7	0
Of the above the number that are NE	0	0	0	0	0	0
<b>Final Report Status</b>	<b>TRFT</b>	<b>RDASH</b>	<b>ICB</b>	<b>*Out of Area</b>	<b>YAS</b>	<b>GP / Hospice</b>
Final Reports awaiting additional information	0	1	0	7	0	0
**Investigations 'On Hold'	1	3	1	1	0	0
ICB approved Investigations above 60 days	15	11	0	N/A	N/A	0
Investigations above 60 days without approval	0	0	0	N/A	N/A	0
Final Reports due at next SI Meeting	0	1	0	N/A	N/A	0

*\*Out of Area: Performance Managed by responsible ICB. 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)*

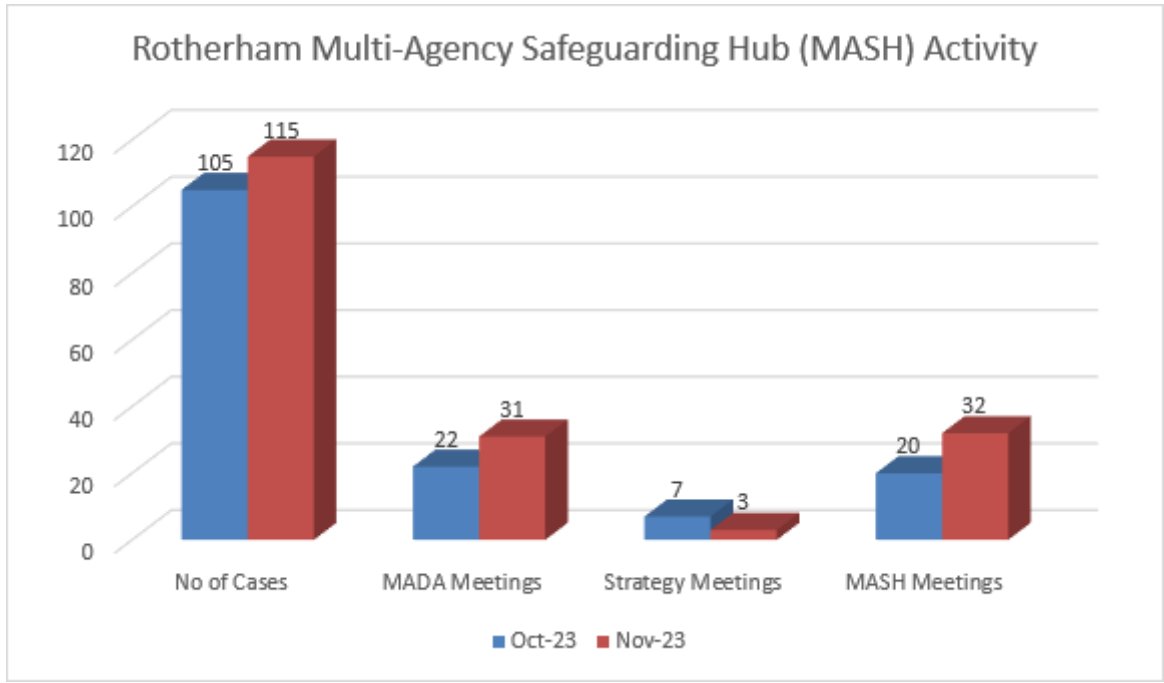
### 4. SAFEGUARDING VULNERABLE CLIENTS

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

**SAFEGUARDING AREA OF INTEREST**

**IN ROTHERHAM:**

MASH Activity

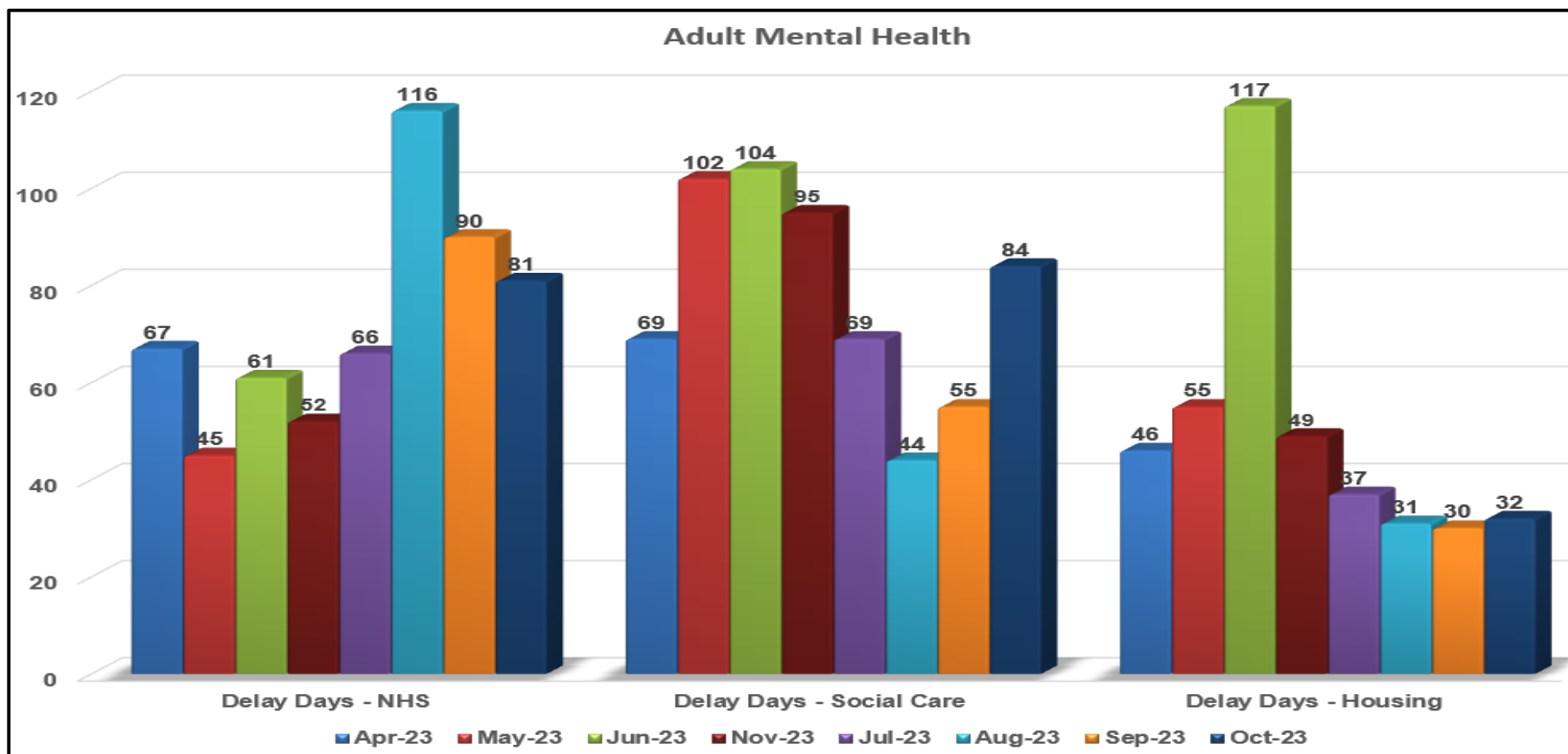


SAFEGUARDING AREA OF INTEREST	IN ROTHERHAM:										
<p>Child Exploitation (CE) Reported to Health MASH</p>	<div data-bbox="907 159 2004 279"> <p>Number of reported CE Notifications: <b>14</b></p> <p>Involving <b>19</b> Children/Unborn babies</p> <p>Of which <b>7</b> are female</p> <p>And <b>12</b> were male</p> <p>There was also <b>0</b> expectant mothers named in the notifications</p> </div> <div data-bbox="907 303 1467 399"> <p>2006 ← AGE RANGE → 2021</p> </div> <div data-bbox="907 414 1467 566"> <p><b>Type of CE Referral</b></p> <p>Child Sexual Exploitation (CSE) Notifications: 6</p> <p>Child Criminal Exploitation (CCE) Notifications: 8</p> </div> <div data-bbox="1534 303 2072 486"> <table border="1"> <thead> <tr> <th>Source of Referral</th> <th>Number of Referrals</th> </tr> </thead> <tbody> <tr> <td>Police</td> <td>10</td> </tr> <tr> <td>MASH</td> <td>1</td> </tr> <tr> <td>Education</td> <td>1</td> </tr> <tr> <td>Strategy Meeting</td> <td>2</td> </tr> </tbody> </table> </div> <div data-bbox="907 590 2072 885"> <p>Report Author- Debbie Gopal, Health Support Officer, MASH – 15<sup>th</sup> August 2023</p> </div>	Source of Referral	Number of Referrals	Police	10	MASH	1	Education	1	Strategy Meeting	2
Source of Referral	Number of Referrals										
Police	10										
MASH	1										
Education	1										
Strategy Meeting	2										
<p>Prevent Duty Guidance</p>	<p>The Home Office Prevent duty guidance: <a href="#">Guidance for specified authorities in England and Wales</a> was published on 7 September 2023.</p> <p>Below is the NHS Safeguarding response to the healthcare section.</p> <p>This briefing is the first initial response to the ICBs from the development of the Home Office Prevent Duty Guidance October 2023. There will be a further update in April 2024 as further clarity is gained regarding Provider Collaboratives and Royal Collage feedback.</p> <p>NHS Safeguarding has reached agreement with Counter Terrorism Policing that the 42 ICB Prevent Leads will be copied the quarterly Cicero newsletter.</p> <div data-bbox="974 1189 1030 1252"> </div> <p>20231002 NHS E Safeguarding Respon.</p>										

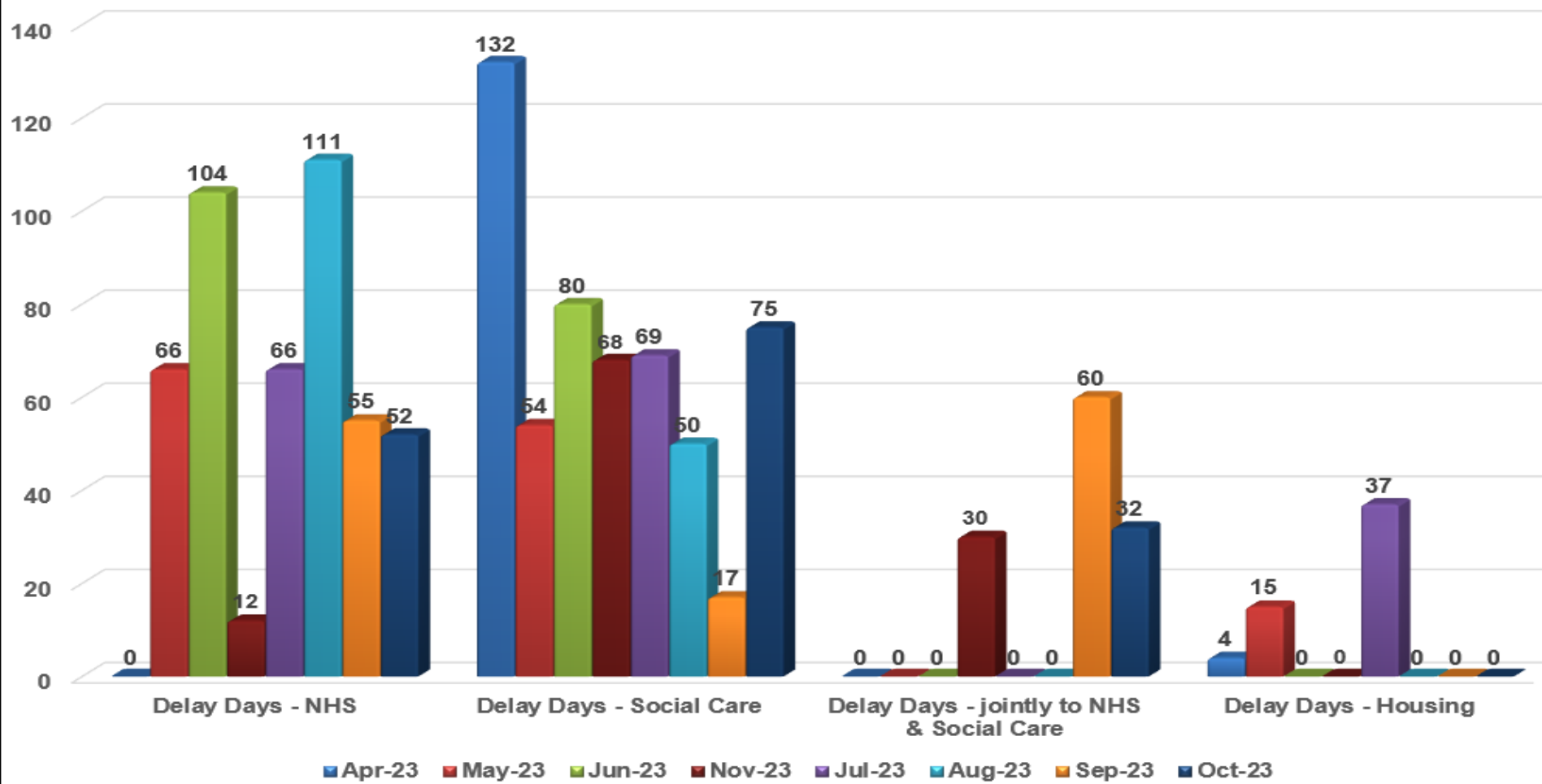
## 5. CLINICALLY READY FOR DISCHARGE (CRFD)

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 complex cohort of patients deemed too high risk for community step down, but also not suitable for locked rehab, therefore 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>Oct-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>197</b>	<b>1597</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>9</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>Oct-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>159</b>	<b>1189</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>	<b>9</b>	



### Older Peoples Mental Health



## 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. FRACTURED NECK OF FEMUR INDICATOR

Hip Fracture Best Compliance is reported monthly at TRFT through its Integrated Performance Report. Performance for September is 71.9% against the target of 65%.

## 8. 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 2. Performance is based on year-end achievement and there is not yet sufficient data to identify any trends.

**RDASH** - CQUIN Performance at Q4:

- 1: Flu vaccinations for frontline healthcare workers – RDASH anticipate that this will be met. RAG rating Green .
- 15a: Routine outcome monitoring in community mental health services – RDASH anticipate that this will be met. RAG rating Green .
- 15b: Routine outcome monitoring in CYP and perinatal mental health services - This area is improving, and a planning group is monitoring progress. RAG rating Amber .
- 17: Reducing the need for restrictive practice in adult/older adult settings - RDASH anticipate that this will be met. RAG rating Green .

## 9. COMPLAINTS AND COMPLIMENTS

### Via TRFT

The complaint level has increased in the last two months, some of which can likely be attributed to two periods of consultant and junior doctor industrial action, which led to high numbers of patient cancellations and Christmas Day cover across a number of days. That said, there is ongoing fluctuations in the number of complaints per month due to the low absolute volumes. (Taken from the September TRFT Integrated Performance Report).

### Via RDASH

No update



**Via Rotherham Place**

No update.

**10. ELIMINATING MIXED SEX ACCOMMODATION**

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

**11. ASSURANCE REPORTS**

<b>UECC</b>	<p>Long length-of-stay (21+ day) patients have fallen to a more manageable level, although there are still opportunities to deliver more effective discharge through improved internal processes. 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 number of ambulances exceeding a one-hour handover fell to below 30 in month, the lowest volume since February 2021, which is a significant achievement. Ambulance handover performance improved across the board but there is still further work to do to embed the improved ways of working to ensure consistency.</p> <p>The proportion of patients waiting over 12 hours in A&amp;E fell back slightly to just over 4% but this is still double the national ambition of 2%. 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 reflect the slight reduction in non-elective pressure experienced in the Trust in the most recent month of activity, which is due to ongoing work supporting improved flow through the Trust and through improved front-door pathways. 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 announced several changes to the expectations around national constitutional standards in August 2023, which reduced the core standards from 10 to 3, as detailed in the Operational Performance Report.</p> <p>Performance against the Faster Diagnosis Standard (FDS) has improved recently, with two consecutive months of achievement for the first time since the standard was introduced. However, this improved performance is not yet embedded within tumour sites, and further work is needed to ensure consistent achievement of the standard. The most challenged tumour sites are Colorectal, Upper GI, Skin and Urology (Prostate), with a variety of reasons for this including significant demand increases (Skin), medical workforce challenges (Skin and Upper GI) and pathway inefficiencies (Colorectal and Prostate). A new Cancer Improvement Programme Lead has been appointed to lead our pathway improvement work and will begin in post in January 2024.</p>
<b>18wws</b>	<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. This has also shifted the Trust’s relative performance when benchmarked nationally, with the Trust falling to 53rd out of 119 acute or community providers in the latest data, compared to 17th at the start of the year.</p>

<b>52wws</b>	These challenges have contributed to a significant increase in 52+ week waiters, with the growth in 65+ week waiters now tipping us above the trajectories set at the start of the year (before the ongoing industrial action could be anticipated). The Trust continues to collaborate across the region to ensure delivery of the national expectation around long-waiters 2023/24 but expects to under-deliver against our 65ww trajectory now until March 2024.
<b>6 wk diagnostics</b>	Diagnostic Waiting Times (DM01) is 4.8% for September 2023 against the target of 1%.
<b>Nurse Staff</b>	<p>TRFT welcomed 75 new starters for the month of September 2023. 13 were qualified nursing &amp; midwifery staff and 11 were Nursing Support.</p> <p>Surgery division had the highest amount of leavers for the month of September, with 15 colleagues moving onto new opportunities. Staff groups with the highest amount of leavers (excluding medic rotation) were Additional Clinical Services (11) followed by Nursing (7).</p> <p>Analysis shows that of the 41 voluntary leavers for September 2023, 16 had less than 1 years' service with TRFT, which contributes to just under half of the total amount of leavers. The top 3 leaving reasons for September were: To undertake further education or training; Promotion; Relocation</p>

## 12. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (November 2023)	RTT 18ww Incomplete Pathways (September 2023)	Cancer 62 wait from urgent GP referral to first definitive treatment (September 2023)	Six Week Diagnostic (September 2023)
Sheffield Teaching Hospitals NHS Foundation Trust	72.0%	63.08%	37.69%	19.99%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	66.2%	61.47%	73.66%	32.18%
Barnsley Hospital NHS Foundation Trust	62.0%	68.31%	81.00%	2.95%
Sheffield Children's Hospital NHS Foundation Trust	89.6%	55.26%	N/A	29.04%

## 13. 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.

#### **14. 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 of 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.

#### **15. 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.

#### **16. 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.

#### **17. PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING**

##### **Engagement activity and themes October- November 2023**

##### **Activity**

##### **NHS ICB South Yorkshire Engagement Team**

- We now have the toolkit, with guidance for staff on a variety of subjects linked to engagement on the intranet [Working with people and communities \(sharepoint.com\)](#)
- In addition, the team have established a range of information and engagement opportunities and reports on the public website [Get Involved :: South Yorkshire I.C.B \(icb.nhs.uk\)](#)
- Work started on planning the process for the 'Starting with People Strategy' refresh.
- Training undertaken for QPPIE members on engagement, delivered by The Consultation Institute

### **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. The project is now due to go live mid-December.
- 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. Also working with the commissioning lead to consider the model and opportunities for this work from 2024; new national guidance is awaited.
- Liaison with and support to Rotherham Healthwatch, as they are in transition again, waiting for a new manager and new information officer to start. The Healthwatch contract ends in March 2024, and the engagement lead will be part of the re-procurement process in November, led by RMBC.
- Work with VAR, and the One Life group to facilitate several health discussion and information groups for BAME women (*a full report is now available but not yet on the website*)
- 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

## **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



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

Rotherham Place Board

**17 January 2024**

<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 had been presented on the 4 January 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.	
<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, with exception reporting occurring between each deep dive. 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>Development of the Rotherham Place Risk Register is ongoing, it is to be acknowledged that whilst the Place Risk Register may not be finalised, the Corporate Risk Team should continue to receive updates in regard to progress, as the Audit and Risk Committee require evidence and assurance that work is continuous work is being undertaken in the management of localised risks. 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><b>Executive Summary</b> Heat maps are available in tab 3a of the attached document. The risks, issues and objectives on the Heat Map 3a are relative to those that are applicable to Rotherham Place, inclusive of ICB-wide and all place risks.</p> <p>The BAF is attached at tab 5 on the excel spreadsheet. The Rotherham Place Board has joint oversight of the following BAF objectives and is asked to review these, please note these are arranged by Score.</p>	

Table 1; BAF Objectives, by score

Ref	Descriptor	Score	Actions
4.3	<p>The number of transformations workstreams within Places are being delivered. Inherent Risks are mitigated:</p> <p>a. potential funding gap. b. System operational pressures preventing transformation to reduce health inequalities and health outcomes.</p>	5x4=20	<ul style="list-style-type: none"> <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>
2.1	<p>Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment.</p> <p>The ICB is able to:</p> <p>a. risk stratify its population; b. engage effectively with all parts of its population to understand quality and patient experience, especially with those seldomly heard; and c. has effective plans to manage unwarranted variation in care and outcomes.</p>	4x4=16	<ul style="list-style-type: none"> <li>• sufficient Health Inequalities investment in the 2023/24 Operating and Financial Plan and in the 24.25 Financial planning process and careful consideration of the implications of stopping proposal funding for Prevention and HI / Pop h plans/ interventions in managing the financial position for 2023.24</li> <li>• Robust ICB 5-year Joint Forward plan</li> <li>• 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 through the dashboard and InSYghts data tool</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</li> </ul>

			to new Operating Model Q4.
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</p> <p>b. Partnership arrangements are fully exploited to secure effective arrangements in Place</p> <p>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 **42** 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, by March 2024	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> <li>• Letter issued to Place Delivery Board from SRO and Exec lead to request recovery plan to recover current operational attainment.</li> </ul>
SY115	<b>Operational Recovery</b> - There is a risk that operational recovery for cancer services will be	16	Continue to support local derogations in relation to cancer services if possible.



	significantly hindered by further Industrial Action.		
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.
SY119	<b>If the CDEL (Capital Departmental Expenditure Limit)</b> is not sufficient the Trust may not be able to proceed with all planned asset acquisitions (including fleet, estates, medical equipment and ICT) THEN the Trust will need to reprioritise the capital plan and make decisions about which schemes to pursue or abandon, RESULTING in inefficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage.	16	Actively requesting details from YAS
SY120	<b>If the CDEL (Capital Departmental Expenditure Limit )</b> is not notified in a timely way THEN the Trust may have already committed to lease agreements and so risk	16	Actively requesting details from YAS

	breaching the CDEL, RESULTING in failure to meet the statutory duty to remain within financial limits, increased scrutiny and oversight from NHSE, loss of management controls, requirement to manage CDEL at ICB level (other Trusts may need to scale back their capital plans to offset our overspends), reduction to funding in future years, and reputational damage.		
SY124	<p><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 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>	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 placement breakdown.</li> <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. Expansion of Forensic Outreach Liaison Services.</li> <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	<b>Oncology Workforce Challenges</b> – in recent months	16	National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team

	<p>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>		<p>with IMT established. STH are establishing an Non-Surgical Oncology (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 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>	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>
SY123	<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</p>	15	<ul style="list-style-type: none"> <li>• More hours being focused in from other workstreams to support the complaints' function.</li> </ul> <p>Acknowledgement letters changed to acknowledge delays in the process and asking not to contact.</p>

our public.

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	<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.	12	Shared functions and Place teams will work to build resilience within their functions during and post the running costs allowances programme.
SY021	<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	12	• South Yorkshire approach to manage LeDeR

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>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/Continance 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>• ICB Place Committees/Leadership - oversight of risk and actions required to mitigate. – QPPIE 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/Continance 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</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 Diffs, 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>

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.

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

SY102 – Risk closed, merged with SY115

SY119 / SY120 – Risk from Yorkshire Ambulance Service, residual risk score applied

Issues Log

There are currently **12** issues on the Issues log, with 10 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 (8) are shown in the table below:

Table 5: Red Issues

Ref	Descriptor	Score	Mitigation / Treatment
IL18	<p><b>Doncaster Royal Infirmary (DRI) - Backlog Maintenance -</b> Recent incidents at DRI including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate of DRI. The issue has the potential to cause harm to patients, staff and visitors.</p>	25	<ul style="list-style-type: none"> <li>• Risk summit held with local partners</li> <li>• Put improved electrical infrastructure</li> <li>• Upgraded roofing and replaced windows.</li> <li>• Improve fire precautions.</li> <li>• Multi agency workshop on 9th October 2023 involving all SY trusts Ambulance Service and NHSE.</li> <li>• NHSE appointed project manager to oversee development of offsite SY wide Plan.</li> <li>• Doncaster Place Team are organising a Doncaster providers workshop to look at mitigation of this risk take place on 4th December 2023.</li> <li>• Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCG.</li> </ul>

IL03	<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.	20	Effective incident planning of services local discussion about derogations services that should continue during strike.
IL12	<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.	20	<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	<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.	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	<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.	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>
IL17	<b>Continuing Health Care</b> - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	16	Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.
IL07	<b>Urgent and Emergency Care</b> (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services	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</li> </ul>



	including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.		<p>Understanding in place between 3 ICBs (WY, HNY and SY) and YAS</p> <ul style="list-style-type: none"> <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 04 January 2024 at 15:30

**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 4; 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"/>

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

There are no risk implications.

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

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

**Are there any Procurement Implications?**

There are no procurement implications.

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

Not applicable

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

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

**Appendices**

The following documents are appended to this cover paper:

- BAF, RR and IL

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 timescale) or what additional assurance do we need to seek?					What would be required to reduce the risk?
						CONTROLS	INTERNAL ASSURANCE	EXTERNAL ASSURANCE	Risk Appetite 9				Risk Appetite 9				
<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 - Barnsley: Wendy Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer / Director of Strategy and Partnerships: Will Cleary-Gray	ICB Place Committees, supported by: - ICB Place Committees - System Leaders Executive	Accountable	SY031, SY032, SY082, SY013, SY028, SY069, SY066, 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 HMBBs - NHSE Single Oversight Framework - NHSE Assurance process	3 x 4 = 12	Medium	- Significant organisational focus and capacity at Place - Good system partnerships and working and strong track-record	- Ongoing, effective leadership in the development and implementation of Place Partnerships, collaborative working, and plan implementation - Subsidiarity at Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme - Ongoing focus on prevention of illness - Sufficient funding and workforce	3 x 3 = 9	Medium	- 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.	Place Delegation Arrangements and Effectiveness	
<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 - Barnsley: 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	- ICS Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong relationship with Healthwatch - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and PLACE Delivery Plans - Integrated Care Partnership Strategy - Population Health Needs Assessment - Joint Forward Plan - ICP strategy and comprehensive public engagement on population needs. - SY Data and Insights strategy (draft out for comments), developing shared data platform that will enable all partners to utilise data and intelligence to inform pop need and service change proposals - PHM approach and data tool rolled out across SY practices / PCNs (ECL IPSE) in SY for both direct patient care and service planning purposes. SY HIs Funding allocation 23/24	SY Population health SDG and 360 HI internal audit action plan - Digital Research and Innovation SDG. - x 4 Place Partnership Committees, ICP board	360 Internal Audit on HIs completed with considerations action plan developed and owned by Pop h SDG (note was presented at QPPIE 8/8, Action plan progress presented to OPPIE going forward) - SY Outcomes framework and Dashboard to be incorporated into ICB IPR and Integrated Care Strategy reporting at ICP	3x4=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 Health Inequalities investment in the 2023/24 Operating and Financial Plan and in the 24.25 Financial planning process and careful consideration of the implications of stopping proposal funding for Prevention and H / Pop h plans/ interventions in managing the financial position for 2023/24 - Robust ICB 5-year Joint Forward plan - 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 through the dashboard and InSights data tool	4 x 4 = 16	Low	- sufficient Health Inequalities investment in the 2023/24 Operating and Financial Plan and in the 24.25 Financial planning process and careful consideration of the implications of stopping proposal funding for Prevention and H / Pop h plans/ interventions in managing the financial position for 2023/24 - Robust ICB 5-year Joint Forward plan - 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 through the dashboard and InSights data tool	annual 360 Internal Audit programme - Health Inequalities audit 2024/25	
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships	Executive Place Directors - Barnsley: Wendy 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 HIs	- 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 of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme	2 x 3 = 6	Medium	- Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4. 360 HI audit undertaken and action plan in place.	annual 360 Internal Audit programme - Health Inequalities audit 2024/25	
<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 Wifford (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 Outhwaite (Chief Finance Officer) / Andrew Ashcroft (Dir. of Comms and Engagement) Executive Place Directors - Barnsley: 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, emerging 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 Chief Medical Officer (UEC SRO)	Board, supported by: - Finance and Investment Committee - ICB Place Committees - System Leaders Executive - Operational Executive	Accountable	SY013, SY044, IL02	- Place Committee - Partnership Agreements - Population Health and Health Inequalities System Delivery Group	Producing strategies and plans through a Governance process/ committees	NHSE review of Health Inequalities focussed funding	3x3=9	Medium	- Transformation workstreams under current review - Place directors currently reviewing their transformation workstreams and plans in each place.	- Consideration to quality improvement methodology and approach to manage programmes and plans. - Prioritisation of committees across SY identified as most in need and differential funding to help address gap in access care and outcomes.	Increased from 3 to 3x3=9 to 5x4=20	Low	- 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 - Barnsley: 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 organisations such as LAs 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	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Initial Risk			RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Residual Risk			Date risk assessed	Person Responsible for updates	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR	Commentary to Support Review
						Likelihood	Impact	Score					Likelihood	Impact	Residual Score								
SY042	Finance Inc Fraud	ICB	6, 7	BAF 2.1, BAF 3.5, BAF 4.3	<b>Service Delivery</b> - There is a risk that the number of transformation workstreams within Places are not defined which will cause a non-delivery of our plans of services population health improvement and potential funding gap.	4	3	12	Accountable	- Place Committee Partnership Agreements	Lee Oulshie (Chief Finance Officer)	Previous CCG Risk Management Processes	5	4	20	05/12/2022 02/03/2023 16/03/2023 16/05/2023 16/09/2023 06/07/2023 07/10/2023 13/10/2023 01/11/2023 01/12/2023	Barnsley, Rotherham, Doncaster, Hayley Triple, Sheffield Jackie, Rotherham, Wincobol	Barnsley: All 4 places are planning their 24/25 transformation work, suggesting a new risk added which combines SY042 / SY020 and SY044 - Update: Service delivery plans for 2023/24 have had minimal impact on the financial position for 2023/24 and further robust plans need to be in place for 2024/25 and beyond. Plans are in development across the place partnership led by the place director, this is in addition to transactional and operational efficiency to contribute to closing the financial gap across the ICB. Doncaster: Awaiting update Rotherham: Refresh of Place Plan for 23-24 to align to JFP which will focus on our key priorities. Resource within teams will be allocated to support assurance through to Place Committee. Identification of funding i.e. joint pots for transformation. PMO being rolled out and QSR to support with quality improvement and delivery of change plans Sheffield: 4 place priorities agreed by Sheffield Health and Care Partnership Board, Transformation Board overseeing delivery. Delivery plans have been agreed for most priorities although further work required on others. PMO arrangements being put in place to support. 2 workshops held with Sheffield HCP board to review opportunities for efficiencies. High level financial benefits quantification agreed with Sheffield DoF including additional areas of potential for efficiency and will be presented to December HCP board.	Monthly	All Place Committee	Finance & Investment Committee	05/12/2022	Discussed at Finance and Investment Committee - identified matching BAF objective (4.3). Residual risk score increased to 5 x 4 = 20
SY028	Cancer	All places	1,2,5,6	BAF 1.1, BAF 1.2, BAF 2.2	<b>Oncology Workforce Challenges</b> - In recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower GI service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer term solution which is being led by the Cancer Alliance.	3	4	12	Accountable	National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional teams with IMT established. STH are establishing an Non-Surgical Oncology (NSO) resourcing model for breast services with Rotherham to secure additional capacity.	Emma Latimer (ICB SRO Cancer)	CCG Due Diligence Assurance Letters	4	4	16	05/12/2022 16/03/2023 16/05/2023 06/07/2023 01/09/2023 16/09/2023 12/09/2023 31/10/2023 05/12/2023	Julia Jessop, Cancer Alliance Managing Director	Engagement being progressed to establish options for consultation on future models. The particular risk in breast services is being managed through regional Incident Management Team meetings. Limited additional capacity will come on line during August via Remedy. Current mitigations are not fully alleviating the risk. Cancer Alliance are supporting options development for a medium-term larger term through NRISE service change framework. Doncaster - workshop planned to cover all cancer services. A confirm and challenge session with NEC and NHI Alliances established for 6.8.23. Expect preferred option to be presented to CAB in November 2023 with briefing in parallel through Acute Fed SDG and ICB OE to ensure resolute system leaders are fully informed. 31.10.2023 Informal ANDG held 26.10.2023 defining approach to a stabilisation phase. CAB discussions scheduled 31.10.2023. All Board scheduled in November. 05.12.23 - Stabilisation model has been discussed at Acute Federation. There is a Joint Health Overview and Scrutiny Committee on 7.12.2023 to establish a steer on whether public consultation is required for the stabilisation model.	Monthly	Quality, Performance, Investment, Experience	Audit and Risk Committee	05/12/2022	Work still ongoing
SY082	Mental Health Services inc. LDU/Adm	All places	1,2,3,5,6	BAF 1.1, BAF 1.2	<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 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 (MED pathway) and increased demand on crisis provision and inpatient beds.	3	4	12	Accountable	Partnership eating disorders T&F group established. Alternative to Crisis reduction/ prevention provision commissioned. Development of MH ARS model in primary care	Wendy Lowder (Barnsley Place Director)	Clare Smith following public complaints	4	4	16	05/12/2022 24/03/2023 30/03/2023 16/04/2023 02/05/23 04/05/2023 16/05/2023 01/09/2023 03/07/2023 06/07/2023 01/09/2023 14/09/2023 04/09/2023 16/10/2023 01/11/2023 09/10/2024	Monthly	All Place Committee	Quality, Performance, Investment, Experience	05/12/2022	Dec-22	264	Work still ongoing
SY114	Winter Planning	All places	1,2,3,5,6,7	BAF 1.1, BAF 1.2	<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.	5	4	20	Accountable	System co-ordination centre calls directed by OPEL scores across ICB footprint. Weekly winter check in calls. Ongoing implementation of LEC recovery plan and 10 high impact measures. Flu/Covid vaccination groups in place to oversee seasonal immunisation. Support by communications campaign to staff and public. Letter issued to Place Delivery Board from SRO and Exec lead to request recovery plan to recover current operational attainment.	Dr David Clifton (Chief Medical Officer)	SY ICB LEC Alliance Board	4	4	16	23/09/2023 16/10/2023 01/11/2023 16/11/2023	Barnsley, Jamie White, Rotherham, Claire Smith, Doncaster, Alan Loughton, Sheffield, Ian Alderson	ICB: Plans overseen by monthly LEC Alliance Board / Winter plan submitted on 11th September 2023 / National guidance for flu and covid booster published and programme commenced. Barnsley: Winter Plans have been developed by all organisations to sit alongside the Place System Winter Plan which has been presented to the LEC Alliance Board. Information has also been provided to formulate the SY Winter Plan submission to NRISE. Operational delivery plans are being developed in response to Covid and Flu vaccination guidance to ensure access to vaccination and maximum uptake for eligible people. Doncaster: Doncaster winter planning has been agreed at the Doncaster LEC Board and is focused on the 8 key requirements as identified by ECST, alongside securing capacity through the capacity and demand funding Adult Social Care Discharge Fund. Additional capacity has been quantified with a concurrent focus on a set of standards to ensure flow throughout the system, as this will be key to enabling the capacity available to deliver the outcomes needed. Performance against these standards will be reviewed and challenged at the Doncaster LEC Board each month. Local approach to escalation under review in line with SCC and OPEL changes. Rotherham winter plan has now been agreed formally at LEC Group alongside the NRISE narrative and numerical submission and had been to Place leadership board in October 23. There is assurance via LEC Board of our actions for winter which are all currently on track or completed. Our plans are robust and cover all elements of the NRISE requirements and go further. We utilise IBCF funding annually at c500k to support Place delivery over winter this includes spot purchasing additional capacity in the care home market, funding a HR hub with primary care and additional health and social care staff to support flow. Our winter plan implementation is monitored through our LEC transformation group (under Place Plan governance) and through our weekly (by exec) escalation calls at Place. Sheffield: the winter plan had been updated and signed off in public with continual review through the LEC group.	Monthly	SY ICB LEC Alliance Board	Quality, Performance, Investment, Experience	23/09/2023	Added by the SY ICB LEC Alliance Board
SY115	Cancer	All places	1,2,5,6	No link to BAF	<b>Operational Recovery</b> - There is a risk that operational recovery for cancer services will be significantly hindered by further industrial action.	4	4	16	Accountable	Continue to support local derogations in relation to cancer services if possible	Emma Latimer (ICB SRO Cancer)	Cancer Alliance	4	4	16	05/09/2023 31/10/2023 05/12/2023	Julia Jessop, Cancer Alliance Managing Director	Continue to maintain oversight through Cancer Alliance & R606 and specific national Tier 1 calls for SHFT.	Monthly	Quality, Performance, Investment, Experience	Audit and Risk Committee	05/09/2023	Work still ongoing
SY116	Cancer	All places	1,2,5,6	No link to BAF	<b>Operational Recovery</b> - There is a risk that OMS 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.	4	4	16	Accountable	Discussions ongoing with DGHFT / SHFT 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 OMS services.	Emma Latimer (ICB SRO Cancer)	Cancer Alliance	4	4	16	05/09/2023 31/10/2023 05/12/2023	Julia Jessop, Cancer Alliance Managing Director	Escalate discussions to Region if no solutions are forthcoming to reduce waiting times. Other systems are also flagging OMS as a pressured service. Regional meeting established 17 October. 05.12.2023 - Continue to explore all mitigations through the Cancer Alliance Head and Neck Clinical Delivery Group in conjunction with SYB Acute Provider Federation.	Monthly	Quality, Performance, Investment, Experience	Audit and Risk Committee	05/09/2023	Work still ongoing
SY117	Cancer	All places	1,5,6	No link to BAF	<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.	4	4	16	Accountable	NRISE Specialised commissioning leading discussions with LHFT, SCH and SHFT. Current commitment to March 24 based on increased training commitment of the SHFT clinical oncologist	Emma Latimer (ICB SRO Cancer)	Cancer Alliance	4	4	16	05/09/2023 31/10/2023 05/12/2023	Julia Jessop, Cancer Alliance Managing Director	Spec comm continuing to hold regular meetings with LHFT, SCH and SHFT. Alternative providers being explored in case required. 05.12.2023 - Discussions are still ongoing in relation to the wider implications on Childrens Services.	Monthly	Quality, Performance, Investment, Experience	Audit and Risk Committee	05/09/2023	Work still ongoing

Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Person Responsible for Updates	Progress Update	Date for reassessment	Assurance	Ownership	Date added to RR	Commentary to Support Review
SY113	Elective Care	ICB	1.4.5.8	No link to BAF	Waiting times - failure to eliminate Referral to Treatment (RTT) wait over 65 weeks affects patient safety, patient safety and experience, security of future funding and SYB reputation, by March 2024	4	5	20	Accountable	Implement SYB4 Diagnostics & Elective Recovery Plan GRT Improvement programme NHS Quality Improvement support Patient related digital medical and system (PRDMS) in development by NHS to allow for better access and choices for patients	Chris Edwards (Executive Place Director Rotherham)	Sarah Bayles	4	4	16	18/09/2023 11/09/2023 02/10/2023 11/10/2023 10/11/2023 15/12/2023	Cathy Hassell (Managing Director South Yorkshire & Rotherham Acute Federation) / Sara Bayles	The number of 65+ week waits on referral to treatment pathways is forecast to be 0 at the end of March 24. In line with national requirements but industrial action is having an adverse impact on activity and waiting times. At the end of July 2023 there were fewer SYB patients waiting over 65 weeks than the Operating Plan trajectory for that month, but the STH plan in particular requires higher levels of clearance towards year and the risk to deliver ADHD services in many other systems and report information is in the integrated performance report. SYB4 Diagnostics and Elective Recovery Plan in place. SYB providers are each working to implement OP and theatre improvement plans to increase productivity, supported by SYB collaborative working groups, GRT and NHS Quality Improvement. SYB mutual aid principles and SCP agreed. Diagnostic and Elective Oversight Group (DEOG) and ECG (Elective Collaborative Group) members actively engaged to collaboratively eliminate 65+ waits. Independent sector including insourcing and outsourcing utilised to supplement NHS capacity.	Monthly	All Place Committees	Quality, Performance, Involvement, Experience	18/09/2023	Risk was discussed at the Acute Federation Board meeting which agreed that, given the current context, the post-mitigation score for the elective recovery risk can be raised to 16 (likelihood - 4 x impact x 4). They were reassured that the mitigation plan was robust but that industrial action will continue to threaten our ability to eliminate 65 week waits by the end of the year.
SY124	Mental Health Services inc. LD/Autism	ICB	1.3.5.6	BAF 1.1, BAF 1.2, BAF 2.1, BAF 2.3, BAF 3.1, BAF 4.3	National Trajectory for Learning Disability and Autism (LDA) regulations. There is a risk that the ICB will not meet the national trajectory for 2024 based on no more than 30 referrals per 1 million population. This is due to an increased number of admissions across all 4 places and a number of positions 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	4	4	16	Accountable	Regular Case Reviews with place and Programme Director to identify and unlock barriers to discharge Expansion of Children and Young People Keyworker Programme - Prevent risk of admission, facilitate discharge promptly Development of Safe Place/Crisis beds as part of the crisis response pathway to prevent admission and placement breakdown Development of an Autism Only Team working alongside existing teams on complex cases Links with both M&LDA Provider Collaboratives who are leading on some of the identified priorities which sit under the overarching national LDA programme Expansion of Forensic Outreach Liaison Services Delivery of SY LDA Housing Needs Assessment 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 ICB assurance and escalation processes to provide overall assurance that we are meeting the policy requirements	Wendy Lowder (Barnsley Place Director)	LDA Programme Risk	4	4	16	16/10/2023	Kelly Glover	Currently developing JD's for C&YP expansion programme, recruitment to commence Oct/Nov Currently finalising procurement documentation for Safe Space/Crisis Beds - commence procurement end of November Currently producing Autism Only Team Service Specification South Yorkshire M&LDA Housing Programme Lead to commence role December	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	16/10/2023	Whilst there are a number of mitigating actions, the majority of them are still in development or at scoping stages so until they are implemented and embedded it is unlikely to have a significant impact on residual risk due to the complexity of this population and the work that needs to be undertaken.
SY119	Yorkshire Ambulance Service	ICB	1.2.3.5.7.8	No link to BAF	If the CODEL (Capital Departmental Expenditure Limit) is not sufficient the Trust may not be able to proceed with all planned asset acquisitions (including fleet, estates, medical equipment and ICT) THEN the Trust will need to reprioritise the capital plan and make decisions about which schemes to pursue or abandon, RESULTING in inefficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage	4	4	16	Informed	Actively requesting details from YAS	Lee Outwalte (Chief Finance Officer)	Yorkshire Ambulance Service - Capital Roles	4	4	16	29/09/2023	Lee Outwalte	No detail received as of yet	Monthly	Finance & Investment Committee	Finance & Investment Committee	29/09/2023	Actively seeking further details for this risk
SY120	Yorkshire Ambulance Service	ICB	1.2.3.5.7.8	No link to BAF	If the CODEL (Capital Departmental Expenditure Limit) is not notified in a timely way THEN the Trust may have already committed to lease agreements and so risk breaching the CODEL, RESULTING in failure to meet the statutory duty to remain within financial limits, increased scrutiny and oversight from NHS, loss of management control, requirement to manage CODEL at ICB level (other Trusts may need to scale back their capital plans to offset our overspend), reduction to funding in future years, and reputational damage.	4	4	16	Informed	Actively requesting details from YAS	Lee Outwalte (Chief Finance Officer)	Yorkshire Ambulance Service - Capital Roles	4	4	16	29/09/2023	Lee Outwalte	No detail received as of yet	Monthly	Finance & Investment Committee	Finance & Investment Committee	29/09/2023	Actively seeking further details for this risk
SY123	Complaints	ICB	1.5.6.7	BAF 1.1	Complaints - 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. Volume of complaints is also causing pressures on staffing which could lead to personal injury	5	3	15	Responsible	More hours being focused in from other workstreams to support the complaints function. Acknowledgement letters charged to acknowledge delays in the process and asking not to contact. Request to recruit urgently made	Will Cleary-Gray	Chief Nurses	5	3	15	18/10/2023 4/10/2023	Ruth Nutbrown	Awaiting confirmation of budget code in order to process recruitment paperwork	Monthly	Quality, Performance, Involvement, Experience	Quality, Performance, Involvement, Experience	13/10/2023	Service continues to be impacted by staff shortages, sickness and annual leave.
SY001	Cancer	All places	1.6	BAF 1.1, BAF 2.3	Cancer Waiting Times across the ICB. If BNFT/CDWFT 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.	4	3	12	Accountable	- 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 - BNFT are actively working with the CCG through the Barnsley Cancer Steering Board to improve pathways and ensure delivery of waiting times standards. - Programmes in place to develop rapid diagnostic approaches and community diagnostic hubs - Additional capacity via CDC being used and BNFT are meeting 28 days faster diagnosis standard - Using additional non-recurrent funding from NHS (cancer alliance) to improve stage of referrals, increase capacity in diagnostics and to meet 31 day treatment targets. - Clinical prioritisation of waiting lists in place to minimise risk to patients. - Targeted lung health check programme providing alternative route for referrals and skin pathway introduced nurse led clinics to reduce waiting list and increase treatment slots.	Emma Laitner (Sheffield Place Director)	Previous CCG Risk Management Processes	4	3	12	05/12/2022 05/09/2023 05/09/2023 31/10/2023	Julia Jessop, Cancer Alliance Managing Director	BNFT are actively working with the ICB through the Barnsley Cancer Steering Board and placed based reporting and assurance governance routes to improve pathways and ensure delivery of waiting times standards. BNFT are meeting 28 days faster diagnosis standard and using additional non-recurrent funding from NHS (cancer alliance) to improve stage of referrals, increase capacity in diagnostics and to meet 31 day treatment targets. Clinical prioritisation of waiting lists in place to minimise risk to patients. Cancer Waiting Time Standards are non-compliant (including SACT and RT 31 day due to Non Surgical Oncology workforce pressures). Consolidation of Non Surgical Oncology outpatient appointments - Breast, LG and Head & Neck.	Quarterly	Barnsley Place Committee	Quality, Performance, Involvement, Experience	05/12/2022	Julia Jessop - Recommending closure of risk as form part of SY115
SY021	Quality	ICB	1.2.5.6.8	BAF 2.1	LaDeR - There is a risk that the ICB will not meet national policy requirements for LaDeR, 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 NHS	4	3	12	Responsible	- South Yorkshire approach to manage LaDeR	Wendy Lowder (Barnsley Place Director)	Previous CCG Risk Management Processes	4	3	12	01/06/2022 07/12/2022 24/03/2023 30/03/2023 16/09/2023 05/09/2023 16/09/2023 06/07/2023 05/09/2023 16/10/2023 01/12/2023	Kelly Glover / Anita Witter	Business case by Anita Witter/Kelly Glover to establish an ICB wide approach - supported by Execs. 1.00m temporary reviewer capacity agreed to target backlog for Barnsley and Rotherham commences in post 4 December 2023. HR processes underway to progress move to centralised team but delays in new approval processes is impacting on ability to progress to post advertisement and will impact on our ability to address backlog. SY ICS Quality Assurance Panel ToR agreed through governance and accountability processes. Recommended membership roles agreed. Draft Operational Policy Framework to be presented for discussion at Deputy Chief Nurse Meeting. Data sharing agreement register established. Data sharing agreements for Barnsley and Rotherham partners drafted and progressing through governance and accountability processes. Reviewers accessing training on hospital EPR. The addition of people with Autism into this programme is unquantifiable and may not be achievable within current capacity, but as referenced in the business case the number of Autism only notifications will be monitored. The first 'autism only' Quality Assurance Panel took place in September 2023. Key learning points identified with agreement to hold learning sessions with GMAHS. Health inequalities continue to be addressed as does national data for local steering. Transition plan will be agreed with Doncaster LAC once recruitment processes to central team have been completed. LaDeR ECHO programme continues, new workstreams established on Health Passports, Annual Health Checks, Down's Syndrome, SLEDP.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	01/06/2022	Work still ongoing



Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Period Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Ownership	Date added to RR	Commentary to Support Review	
SY107	Children and Young People	ICB	1,2,3,4,5,6,7,8	No link to BAF	<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, Enemas/Conferences 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 CHCP/SEND and means that children and young people are not having their needs met appropriately.	4	4	16	Responsible	ICB Place Committees/Leadership - oversight of risk and actions required to mitigate QIPPE meetings 77 And ICB operational executive Place Governance in place for SEND, jointly with LA.	Cathy Winfield	OE	3	4	12	11/12/2023	Barnsley-Jamie Wille Doncaster- Alta Leighton Rotherham- Claire Smith Sheffield- Ian Atkinson	<b>Barnsley:</b> All Age Autism Partnership Delivery Group is in place bringing together all partners to develop an Autism Strategy and Delivery Plan and to oversee the delivery of improvements to pathways and waiting times in services included ASD Assessment. ASD Waiting Times T&F group has been established to develop plans and proposals to reduce waiting times and number on the waiting list as well as ensure those who are on the waiting list are receiving appropriate support. <b>SEND Oversight Board</b> is in place with Health input being reviewed to ensure inclusion of provider as well as commissioner representation - Work has been undertaken on a Self Evaluation and preparation for future inspection as part of the revised SEND Inspection Framework <b>Sleep Pathway T&amp;F</b> group is in place with all partners represented to support the development of a clear sleep pathway for C&YP who require support. This includes early help and community based pathways through to secondary care services and specialist care. <b>Doncaster:</b> Our community Paediatric pathway is currently being re-designed alongside our provider partners to develop a community based approach to early identification and assessment for SEND. Our SALT services alongside OT has recently been re-specified to meet needs of the Doncaster community and will be working with our special school estate in Early 2024 to support more integrated provision to support within the school environment. <b>Rotherham:</b> work being done to self assess against SEND inspection framework in preparation for inspection. This includes some areas which have been highlighted as risks within the pathways. There is a SEND strategic group with oversight on the plans in place to improve services across HSEC. Assurance through Place leadership team has taken place in October board. Review of Child development centre as concluded with various recommendations to support improvements in wait times for services this has been agreed at Place Executive (ICB) this includes some investment into services non recurrently to target and reduce waiting times/people waiting. Revised 5-19 neuro-developmental referral pathway is now reducing inappropriate and poor quality referrals bringing demand in line with forecast trajectory, however trajectory needs reviewing to reflect increased demand during first two years delivery of waiting list initiative. Piloting sleep pathway with MO team in Place to support appropriate medication for sleep and improve outcomes. All Age Autism Partnership Group is in place which are overseeing the development of an Autism Strategy and Delivery Plan (working with Rotherham Parent Carers Forum to engage including experts by experience) and to oversee the delivery of improvements to pathways and waiting times in services included ASD Assessment. <b>Sheffield:</b> SEND Improvement Steering Group recently established to oversee system transformation and Self Evaluation Framework document has been significantly updated. CYP Neurodevelopment Transformation Programme and Speech, Language and Communication Transformation Programme embedded within the partnership. Aims of both focus on improving support to meet need and to reduce waiting times for assessment. The Neuro programme is linked into and aligns with the Provider Collaborative work. Updates provided on both to CYP Delivery Group in September and a further update will be provided on Neurodevelopment to HCP Board in December.	Quarterly	ICB Place Committees/COE	All Place Committees	17/07/2023	Pending updates from Doncaster	
SY040	Children and Young People	ICB	5, 6	BAF 1.2	<b>CAMS</b> - Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (with long waits across SY102). Urgent need heading to increased acuity in presentation. Continued risk of dissatisfaction in the service by GPs, families and young children.	3	4	12	Accountable	- Weekly meeting between RCB and PDSH CAMHS and TRF. - Monthly CAMHS contract performance meeting	Wendy Lowder (Barnsley Place Director)	Previous CCG Risk Management Processes	3	4	12	05/12/2022 02/02/2023 19/04/2023 06/07/2023 16/09/2023 14/09/2023 04/09/2023 16/10/2023 03/01/2024	Quarterly	Quality, Performance, Involvement, Experience	05/12/2022	Dec-22	264	Work still ongoing		
SY091	Human Resources	ICB	1,2,6	BAF 2.1	<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	3	4	12	Accountable	Shared functions and Place teams will build resilience within their functions during and post the running costs allowances programme	Christine Joy (Chief People Officer) / Gail Boyle (Chief Executive)	Previous CCG Risk Management Processes	3	4	12	05/12/2022 19/04/2023 16/09/2023 06/07/2023 11/09/2023 11/10/2023 13/11/2023 15/12/2023	Barnsley- Wendy Lowder Doncaster- Anthony Fitzgerald Rotherham- Chris Edwards Sheffield- Emma Lattner	Quarterly	Operational Excellence	Operational Excellence	Quality, Performance, Involvement, Experience	05/12/2022	Rotherham SMT reviewed as relative to all places we think that there should be a corporate response from Andy in how the team will support places to mitigate risk ten.	
SY108	Infection Control	ICB	1,5,6,7,8	No link to BAF	<b>Infection Prevention and Control</b> - IPC risk and exceeding the target for c-diff. There is a risk that each of the ICBs will be over the NICE set thresholds for care numbers of C Diff and as a result the ICB will be over the C Diff threshold set by NICE. There has been an increase seen in cases locally and also nationally. The frames appear to be the same as previously, for example the cause in Rotherham appears to be the unavailability threshold set that is based on the algorithm used by NICE 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.	5	3	15	Accountable	Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diff, and this is unlikely to change. The PSIRF process is also being implemented currently. Each area has their own improvement reduction plan and are looking at themes and trends and actions required. These can be the same or also differ due to variations in trusts and Places. There is a plan to bring all the plans together and develop an ICB wide improvement position that incorporates shared work.	Cathy Winfield	OE	4	3	12	05/10/2023	Jayne Sivakumar	Meeting to take place to bring Place plans together and look how to move forward with an ICB reduction/ improvement position. Actions are being undertaken in each Place.	Quarterly	Quality, Performance, Involvement, Experience	Quality, Performance, Involvement, Experience	Quality, Performance, Involvement, Experience	17/07/2023	NICE reviewing the threshold setting process this may impact on the threshold levels and therefore the amount over for next year. There is also the quality and patient safety aspect. Some cases have not actions related to reduce the improvements are around the quality in diagnosing and treating. Collaborative work includes Medicine optimisation teams and working with trusts and primary care so many differing work streams around improvements taking place. Documentation available: <a href="https://www.england.nhs.uk/wp-content/uploads/2021/08/PN00150-NICE-Standard-Contract-2023-4-Minimising-Clonidine-side-effects-official-and-Gen-regulatory-bloodstream-infect.pdf">https://www.england.nhs.uk/wp-content/uploads/2021/08/PN00150-NICE-Standard-Contract-2023-4-Minimising-Clonidine-side-effects-official-and-Gen-regulatory-bloodstream-infect.pdf</a>
SY031	People	All places	4, 6	BAF 1.2, BAF 2.2	<b>Workforce</b> - There is a risk that the ICB may not have the right capacity, capability or resources due to potential management cost pressures to meet its local and delegated objectives caused by a reduction in staffing levels resulting in reputational and structural impacts and not being able to maintain effective partnership working	5	4	20	Responsible	- Constitution, Standing Orders, Governance Meeting Structure, Risk Management, Information Governance, Health & Safety, Emergency Preparedness and Mandatory & Statutory training - Organisational Development / Learning & Development budget - Personal Development Reviews (PDRs)/Talent Management Policy - Management of organisational change policy - Talent Conversations - Training and Development - Supporting colleagues making good choices - Sharing of vacancies across South Yorkshire - Review of core purpose and organisational design	Christine Joy (Chief People Officer) / Gail Boyle (Chief Executive)	Government communications	3	3	9	20/02/2023 07/02/2023 19/04/2023 15/09/2023 06/07/2023	Lisa Deasmaney	Impacted by 30% reduction in running costs	Quarterly	BS20 Operational Excellence Group	People, Workforce and Culture Committee	20/02/2023	May be possible to merge with SY091	
SY112	Finance Inc Fraud	ICB	3	No link to BAF	<b>Fraud</b> - A pharmacy claims for items not dispensed, this could include Non Part B items, out of stock items. (Description requires development)	4	4	16	Accountable	Requires completion	Anthony Fitzgerald (Doncaster Place Director)	Counter Fraud Risk Assessments - FR017	3	3	9	31/08/2023 02/10/2023	Alex Molyneux (Chief Pharmacy Officer)	20% of all CCG referrals of CPMG benchmarking were in relation to pharmacy. Real figure maybe higher as this type of fraud could be reported to the LSMS and dealt with as theft.	Monthly	Medicine Management Optimisation Group	Audit and Risk Committee	15/09/2023	Are exception reports produced to look for outliers	
SY016	Finance Inc Fraud	All places	1,3,5,6	BAF 3.1, BAF 3.5	<b>Fraud</b> - There is a risk that CHC / PHB funds provided for patient care are intentionally diverted by patients or their carers for other means not care related due to fraudulent activity resulting in loss of revenue for the ICB and lack of care for patients.	3	4	12	Responsible	- Robust policies for CHC and PHB - Broadcast used where there are checks against costs. - PHBs are regularly audited - Where a risk may be evidence, advice would be requested from the Local Counter Fraud Officer. - All PHBs are signed and authorised	Lee Outwater (Chief Finance Officer)	Previous CCG Risk Management Processes	3	3	9	18/11/2022 02/03/2023 23/03/2023 19/04/2023 02/05/2023 16/09/2023 15/09/2023 06/07/2023 13/10/2023 01/11/2023 01/12/2023	Barnsley - Rosanna Naylor Doncaster - Heyley Tighe Rotherham - Wren Abbott Sheffield - Jackie Miles	Quarterly	All Place Committees	Audit and Risk Committee	18/11/2022	Work still ongoing		

Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Ownership	Date added to RR	Commentary to Support Review
SY061	Primary Care	All places	2.5,6	BAF 2.1	Access to Primary Care Data - There is a risk that primary care related commissioning decisions are not evidence-based due to lack of knowledge/access to primary care data resulting in an inability to progress population health management and a risk of poorer outcomes for patients.	3	3	9	Accountable	RADAR Primary care dashboard in place in some places along with System 1 data including dashboard looking at risk stratification, e-frailty and long term conditions	Kieran Baker (Chief Digital and Information Officer)	Previous CCG Risk Management Processes	3	3	9	05/12/2022 02/03/2023 19/04/2023 16/05/2023 09/07/2023 04/09/2023 16/10/2023	Barnsley, Jemima Wile Doncaster, Katie Dawson Rotherham, Andy Clayton Sheffield, Ian Atkinson	Barnsley: Awaiting update Access to some primary care data in relation to appointments (GPAD), QPFL reporting, Edgewise and also through PCN IIF and other reporting e.g. Enhanced Access) however there continue to be some DO issues. Most contractual decisions in relation to Primary Care (General Practice) are coordinated at a national level to agree GP contracts. Doncaster: Most contractual decisions in relation to Primary Care (General Practice) are coordinated at a national level to agree GP contracts. Rotherham: Access to Primary Care data long standing issue in Rotherham, situation improving due to implementation of QPFL level and Edgewise which is a tool to better understand data. Primary Care data pack goes to UIC meeting on a monthly basis in Rotherham. Rotherham has access to RADAR system. Sheffield: Primary care data now available for benchmarking. Primary care is also moving towards Opt reporting on a routine basis. Suggested closure as same as SY060 - which has been closed by Ian Atkinson (as lead risk owner) ICB Wide - October 2023 - The ICB is reviewing options for landing GP data into the new SY Data Platform, subject to legal approvals and funding arrangements. ICB Execs have been informed and a paper is due at ICB Operational Executive in November.	Quarterly	All Place Committees	Assurance and Risk Committee	05/12/2022	Barnsley suggested rewording to: There is a risk that data can not be captured across all sectors of health and care to support improved services delivery and transformation. This risk appears to be focused upon GP's but actually there is probably an equal risk relating to all Primary Care Groups. Rotherham Primary Care data is improving. Suggest close risk. 6/11/23 - Currently with V Lindon for review. 13/12/23 - V Lindon unable to provide further update, feels would be better to be reviewed by Kieran and those noted as responsible for review
SY060	Covid-19	All places	1,2,3,5,6,7	BAF 3.2	Covid-19 vaccination and booster programme reduces the likelihood of the population to become as ill with covid as previous. Covid-19 System Recovery - the challenges related to the impact of the Covid-19 pandemic on a broad range of health, care and public services, we have over the course of the NHS Operational Planning round worked in collaboration across the South Yorkshire system and the risks related to delivering 2023/24 aspirations is a key part of our transition. It will be paramount for the ICB to continue to support our Providers in delivering to the requirements of the South Yorkshire population and providing support to mitigate specific risks throughout the year and beyond.	4	3	12	Accountable	Tracking of impact also allows us to know the impact of current variants Developed a system strategy, signed off Integrated Care Strategy engaged with public and partners. "Understand what matters to them". Developed strategy: line assessment to understand where system is on operational delivery, quality and outcomes and how are organised as a system to recover. Strategy had a clear focus on improving access and equality. Clarity on where we are financially. Finished operational planning to set out priorities for delivery for 2023/2024 which cover key recovery areas primary care, urgent care and cancer with trajectories set for SY to recover over 23/24.	Will Cleary-Gray (Director of Strategy and Partnerships)	CCG Due Diligence Assurance Letters	3	3	9	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023 02/05/2023 16/05/2023 06/06/2023 16/06/2023 06/07/2023 11/08/2023 11/10/2023 15/12/2023	Barnsley, Jo Minnie Doncaster, Aina Leighton Rotherham, Claire Sheffield Sheffield, Emma Letiner	Barnsley: Place Partnership Plan in place to support recovery, overseen by the Place Partnership Delivery Group and Place Partnership. Dashboard in place to provide the partnership with intelligence and updates on performance/delivery to inform development of future plans. Strong arrangements for vaccination in place to support delivery of the spring vaccination programme. Doncaster: Doncaster Place Partnership who oversee recovery from Doncaster perspective. Also picked up at Team Doncaster level with wider partners in Doncaster. Have a robust vaccination Programme in place for Adults and this is delivering well. Rotherham: Place Partnership Plan in place to support recovery, overseen by P.L.T. Performance. Dashboard in place across partners to provide the partnership with intelligence and updates on performance/delivery to inform development of future plans. Covid trends on weekly PLT agenda including wider PH update. Strong arrangements for vaccination in place to support delivery of the spring vaccination programme. Acute Federator are working with us to coordinate the response to elective and diagnostic waiting lists. Rotherham Trusts will meet all the targets. However, we are not achieving the volume required of pre covid levels of 103 %. Sheffield: Place Partnership Plan in place to support recovery, overseen by Oversight Committee. Performance dashboard provides partnership with intelligence and updates on performance/delivery to inform development of future plans. Query - mitigations column refers to covid vaccination rather than recovery? Will Cleary-Gray: WCG - impact on cancelling planned care due to strike action. Ongoing issue of strike action affect our ability for system recovery have to reassess our plans.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	05/12/2022	Barnsley: Not sure this as it is described is a risk as such - is about recovering services to the levels of activity expected in operational planning etc. or is it about the workforce recovering from exhaustion or is it about health outcomes and the impact of the pandemic? Rotherham: Rotherham suggested retiring covid risks as picked up under other risks. Sheffield: Emma Letiner in agreement with comment above from Barnsley
SY044	Data	All places	1,5,6,8	BAF 2.1, BAF 4.3	Tackling Health Inequalities - the impact of the Covid-19 pandemic has been for reaching, and the social, economic and health impacts on each of our Place populations has created a challenge on health inequality and improving outcomes. Our system must be focused on tackling health inequalities and ensuring we are informed by high quality data that is owned across partners for us to focus our priorities on areas of greatest need and impact for the population.	5	5	25	Accountable	Established Integrated Care Partnership and agreed strategy - this is how we will work together as a system to reduce health inequalities. Developing a joint NHS forward plan will have focus on how we work with others to reduce health inequalities in NHS. 4 health and care place partnership plans developed in places have focus on health inequalities working with Local Authorities, voluntary sector and others. Integrated Care Board developed purpose and ambition one of the ambition is to tackle health inequalities.	Will Cleary-Gray (Director of Strategy and Partnerships)	CCG Due Diligence Assurance Letters	3	3	9	05/12/2022 07/03/2023 19/04/2023 02/05/2023 16/05/2023 06/07/2023 16/06/2023 06/07/2023	Barnsley, Jo Minnie Doncaster, Aina Leighton Rotherham, Claire Sheffield Sheffield, Ian Atkinson	Barnsley: The Barnsley Place Committee / Partnership Board has adopted a joint approach to tackling inequalities and approved the Barnsley Health and Care Plan for 2023-25 that mirrors this approach. The Barnsley Health and Wellbeing Board on 1 June on its progress. Doncaster: Doncaster has dedicated health inequalities lead and has determined Place priorities for 23/24 based on core 20 +5. Health inequalities key enabler of place plan and workstreams reporting to ICB Place Committee. Doncaster has 2 gynae/steroid link workers working with Doncaster communities. Doncaster currently implementing digital literacy across the city linked to cost of living pressures. Rotherham: Rotherham Place has a Prevention and Health Inequalities strategy and action plan that is updated quarterly and reported to Place Board and Health and Wellbeing Board. Health inequalities is a golden thread through the ICP Strategy, Rotherham H&WB Strategy and Rotherham Place Plan. Rotherham hosted a Health Inequalities summit in February, delivered by the H&WB Board chairs across SY. Our refreshed place plan ensure health inequalities is fully incorporated - see how we implemented Edgewise and plan to use this to support targeting cohorts through ConDiDial as part of anticipatory care/midlife management and other spinstreams. Sheffield: Overlap with SY010+ Managed with Sheffield Partnership Community Development and Inclusion Group. Workshop in March took place to establish membership and plan of work with specific areas of focus. A small team is now in place led by a deputy director and clinical director.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	05/12/2022	Rotherham: Needs to be made more specific risk and linked to other health inequalities risks. Need to outline what outcomes we are not achieving.
SY066	Adult Services	ICB	1,5,6	BAF 1.1, BAF 3.2	Delayed Discharge from Hospital both Acute and Mental Health - Impacting on Ambulance resources delays, pressure in system compounded by IA capacity, workforce gaps both within and outside of acute care leading to the potential for deconditioning, further delays, avoidable harm and poor experience. Wiving place of care for optimum therapeutic treatment for people with mental health, LD and Autism diagnoses.	4	3	12	Accountable	Ongoing priority work as part of LEC alliance and priorities within each Place. Creative workstream solutions being explored. Areas of good practice being shared via system executive leaders group. M&A Programme - Weekly Under Accountable Officer for programme. Monitoring of SF through quality forums. Ongoing Q work with ECIS? Virtual Ward summit held for Doncaster and Sheffield Place	Dr David Clifton (Chief Medical Officer)	BOG - Regional Quality Group	3	3	9	18/12/2022 02/03/2023 16/03/2023 16/05/2023 02/06/2023 06/07/2023 21/09/2023 16/09/2023 16/10/2023 10/11/2023	Katie Rieback-Marlett	A number of funding allocations have been received by Health and Care to aid Medically Fit for Discharge (MFFD) to be safely discharged from hospital. A specific initiative for Mental Health discharges followed. Additional funding allocation been made to increase General and Acute bed capacity over 2023/24 with trajectories being monitored. Hospital discharge remains an area of focus of the LEC strategy. South Yorkshire Discharge summit held in May. National Discharge team (SD) visit to South Yorkshire and action plan agreed and 23/24 Operational plans agreed with recovery trajectories. Follow up visit from NISE. National look place where National colleagues and improvements to date, acknowledging that further focused work in Sheffield. Summary and actions are being picked up through the Discharge steering group. Place LEC delivery boards and overseen by the South Yorkshire LEC Alliance Board. National letter received to move to Discharge Ready Date to be implemented in Acute Providers. The LEC Winter plan submitted on 11th Sept, NISE review and amendments to be made following feedback.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	18/12/2022	Work still ongoing
SY069	Primary Care	ICB	1,2,3,5,6	BAF 1.2, BAF 3.2	Primary Care Delegation - There is a risk to the safe and sustainable transfer of Community responsibility for Dental, Community Pharmacy and Optometry from NISE.	4	3	12	Accountable	POD delegation governance at regional and SY level. Task and finish groups aligned to specific workstreams (eg Finance, M&A). Board assurance through respective committees and chairs. Safe delegation checklist and reporting. MCU's to establish working relationships with NISE and ICB.	Anthony Fitzgerald (Doncaster Place Director)	Executive Place Director Doncaster	3	3	9	18/11/2022 02/03/2023 07/03/2023 02/05/2023 06/07/2023 13/10/2023	Anthony Fitzgerald	POD Delegation transferred on 1st April 2023 and the NHS E PC Team TULPE transferred to the ICB on 1st July 2023. A memorandum of understanding is in place with NISE covering working arrangements for supporting functions until March 2024. Series of knowledge transfer events were provided by the former NHS E PC Team to ICB colleagues. A Delegated Primary Care Functions Review is being undertaken by 360 Assurance Team and NHS E Regional Team are undertaking a Year 1 Assurance Process also.	Quarterly	Primary Care Committee	Quality, Performance, Involvement, Experience	18/11/2022	Description requires rewrite, currently with V Lindon
SY010	Health Inequalities / Patient Engagement	ICB	1, 2, 6	BAF 2.1	Engagement & Prevention - There is a risk to the ICB not tackling inequalities or moving towards greater self-care prevention and patient empowerment caused by failure to engage with local populations on place plan vision and actions and Place Plan objectives not be achieved resulting in poor patient quality and experience and financial sustainability.	4	3	12	Accountable	- ICB Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and Delivery Plans	Will Cleary-Gray (Director of Strategy and Partnerships)	Previous CCG Risk Management Processes	4	2	8	22/03/2023 16/05/2023 06/07/2023 11/09/2023	Andrew Ashcroft	Consultation with stakeholders has taken place on the development of place plans	Quarterly	People, Workforce and Culture	Quality, Performance, Involvement, Experience	22/03/2023	Andrew Ashcroft reviewed advising SY010 had been discussed at OE and agreed that it requires realignment as it is not just costs. Andrew suggested Mark Janvier as lead risk owner. But possible review to close given other generic risks around staffing.
SY04	Medicines Optimisation	All places	2,3,4,5,6,7,8	No link to BAF	QPP delivery - Reduction in running costs may result in reduced staffing preventing delivery of agreed QPP objective across Places.	3	4	12	Accountable	Accurate information to colleagues regarding cost reduction work	Lee Outhwaite (Chief Finance Officer)	ICB Running Cost reduction work	2	4	8	01/08/2023 06/07/2023 13/10/2023	Lee Outhwaite / Gavin Boyle	Several staff have given notice due to concern about ongoing roles.	Quarterly	Medicines Management Optimisation Group	Quality, Performance, Involvement, Experience	01/08/2023	Rotherham suggest one workforce risk to capture all workforce issues including running costs savings.



Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR	Commentary to Support Review
SY019	Information Governance	ICB	1,2,6,7,8	No link to BAF	<b>Information Governance - Information Sharing</b> - There is a risk that documents and information will be shared inadvertently with staff outside of the ICB resulting in a breach of sensitive information and data.	3	3	9	Responsible	We have Microsoft 365 training library to inform staff of how best practice utilisation of these tools. We are running organisation wide and team based sessions and webinars. We are supporting teams to migrate data repositories aligned to best practice guidance. We also have controls on the creation and closure of Microsoft teams to avoid mis-administration of secure file storage areas. Team owner training is in place. We have a weekly Microsoft 365 pop up resolution centre.	Will Cleary-Gray (Director of Strategy and Partnerships)	Previous COG Risk Management Processes	2	3	6	05/12/2022 16/05/2023 06/07/2023 12/12/2023	Mark Janier / Kieran Baker	Information gathering underway to understand how much of a risk this is and whether any breaches have occurred. As per mitigation	Six Monthly	South Yorkshire ICB Group	Audit and Risk Committee	05/12/2022	IG Group - observed there are 2-3 queries raised around people outside our organisation being able to see our internet, whilst not an issue in itself, as only people with access to the wider NHS network can see the internet but if things are misconfigured then this may allow outsiders to see.
SY002	Information Governance	ICB	1,2,6,7,8	No link to BAF	<b>Information Governance - Personal Devices</b> - There is a risk that due to staff using their personal devices (i.e. smart phone, tablet, home PC) sensitive ICB information will be stored or inappropriately shared resulting in a data breach.	2	3	6	Responsible	Low level risk due to small number of personal devices in use by staff	Will Cleary-Gray (Director of Strategy and Partnerships)	Previous COG Risk Management Processes	2	3	6	05/12/2022 16/05/2023 06/07/2023	Mark Janier	Information gathering underway to understand the number of personal devices in use within the ICB. This is a national tenant so the system is not controlled by the ICB. At the moment you can sign in from any device, you can download a document to that device. It is around the education of users work is required to develop a comprehensive education piece. IT controls can be put in place we can look at policies that just allow it on corporate devices.	Six Monthly	South Yorkshire ICB Group	Audit and Risk Committee	05/12/2022	IG Group - the mitigation needs updating with the policies we have in place e.g. acceptable use policy - needs articulating. The level of issues that we have need to be ascertained
SY078	Information Governance	ICB	2,6	BAF 2.2	<b>Information Governance lack of function</b> - lack of information governance capacity leading to a delay resolve IG queries and escalate to the ICB IG Governance group.	3	3	9	Accountable	Fortnightly meeting the risk is around capacity to run the IG function in the short term, the DPC, SRO and Callford guidelines are in attendance. Actively exploring opportunities to increase IG capacity.	Will Cleary-Gray (Director of Strategy and Partnerships)	Andy Clayton	2	3	6	19/12/2022 07/03/2023 16/05/2023 06/07/2023 30/09/2023 12/12/2023	Mark Janier	There is a challenge in terms of capacity which remains as a risk. IG function is moving into corporate governance team as part of new operating model in the ICB.	Six Monthly	South Yorkshire ICB Group	Audit and Risk Committee	19/12/2022	Feedback from IG group - Risk descriptor does not include a 'to what' and is there 2 parts to this, the risk of non-compliance with the law and the structure.
SY040	Corporate Services	All places	1,2,6,8	2.8	<b>Compliance with SORD and Policies at Place</b> - If the ICB Place teams and the local governance arrangements do not comply in a fully transparent way with the ICB policy in respect of Conflicts of Interest, its Constitution, SORD and relevant national guidance, there is a risk of reputational damage to the ICB and of legal challenge to the decisions taken.	3	3	9	Responsible	<ul style="list-style-type: none"> <li>ICB Standards of Business Conduct Policy and Conflicts of Interest Policy drafted to reflect relevant national guidance</li> <li>Registers of interests of all staff to be maintained and published</li> <li>Declarations of interest to be tabled at start of every meeting to enable updating</li> <li>Minutes to clearly record how any declared conflicts have been managed</li> <li>Guidance to be provided to minute takers on recording decisions re managing conflicts of interest</li> <li>Conflicts of Interest training to be provided to relevant staff</li> <li>Work required to raise awareness and audit of decision making at Place</li> <li>Internal Audit work to establish arrangements at each place and make recommendations to place on best practice</li> <li>Scheme of Restriction and Delegation (SORD) publicly available on the website</li> </ul>	Mark Janier (Director of Corporate and Governance)	Previous COG Risk Management Processes	2	3	6	20/02/2023 02/03/2023 16/05/2023 06/07/2023	Ruth Nutbrown	Board to be updated on any decisions made at Place. Awareness training to be put in place. Review of SORD and governance in light of Primary Care and Specialist Commissioning transfer of services.	Six Monthly	All Place Committees	Audit and Risk Committee	20/02/2023	Rotherham requested clarification on the RR. Suggest closure
SY079	Primary Care	ICB	1,2,6	BAF 2.3	<b>Primary Care - Primary Care Partnership working</b> - risk of a reduced primary care voice and input into pathways and ways of working which could lead to lack of engagement from Primary care and reduction in impact to pathways due to lack of clinical engagement and adoption.	4	2	8	Responsible	Medical Director talking with LMC, TRST, PH, PCN Directors to engage in continued work on pathways and to set a process/review of meeting to allow the primary care members to discuss their views.	Anthony Fitzgerald (Doncaster Place Director)	Chief Medical Director	3	2	6	02/03/2023 16/05/2023 06/07/2023 13/12/2023	Anthony Fitzgerald	The South Yorkshire Primary Care Provider Alliance has been established as a forum to consider all Primary Care voices in ICB developments. This is chaired by Dr Andy Hilton and includes membership from the Optometry Forum, the Community Pharmacy Forum and the Dental Network. Delivery Plan for the ICB Primary Care Strategy in development.	Six Monthly	Primary Care Committee	Quality, Performance, Involvement, Experience	02/03/2023	Rotherham (CE) - rather than pick specific area should we have organisational level forecast/outlook risk. WA Risk Owner not correct - need clarity if all places or just Doncaster. WA CE accountable for MM in Rotherham should be all place people. Generic risk
SY103	Medicines Optimisation	All places	1,2,3	No link to BAF	<b>Prescribing budget</b> - There is a risk that all places will not achieve the prescribing budget due to a number of factors such as, increase volume post COVID/enhanced access and access PCN DES requirements, Community pharmacy contract and ODF metrics aimed to increase case finding (BP, AF) and to achieve targets for lipid modification, AI and BP. Redirection of SMI's to IP - these were aimed to promote review of polypharmacy/high risk meds, with the aim to reduce prescribing - without these PCN practice may direct pharmacists away from SMI's, NCSO - this is not thought to be improving this year. Cost of living leading to decreased willingness for patients to purchase self-care medication, cost of living leading to decreased willingness for patients to purchase self-care medication.	3	4	12	Accountable	ICB Incentive quality schemes to replace IP, ICB wide funded minor ailment and linking to CPSC	Dr David Clifton (Chief Medical Officer)	Medicines Optimisation Assurance Group	2	3	6	01/06/2023 06/07/2023 01/11/2023	Alex Molyneux (Chief Pharmacy Officer)	Awaiting update	Six Monthly	Medicines Management Optimisation Group	Quality, Performance, Involvement, Experience	01/06/2023	Rotherham (CE) - rather than pick specific area should we have organisational level forecast/outlook risk. WA Risk Owner not correct - need clarity if all places or just Doncaster. WA CE accountable for MM in Rotherham should be all place people. Generic risk
SY011	Corporate Services	ICB	1,5,6,7,8	2.8	<b>EPRR</b> - If the ICB does not put in place sufficient appropriate arrangements to meet legislation and standards required as a Level 1 Responder, there is a risk that the people of South Yorkshire will not be adequately protected from harm related to major incidents and other emergencies.	2	4	8	Responsible	EPRR management and support resource in place, further recruitment on going. Training Needs Analysis to be completed. Response to industrial action over winter 2022/23 secure. Multiple significant experience of ICC operations.	Will Cleary-Gray (Director of Strategy and Partnerships)	Previous COG Risk Management Processes	1	4	4	20/02/2023 16/05/2023 06/07/2023	Mark Janier	Recruited to Head of EPRR. OI to advert for B6 support to EPRR. Head of EPRR resigned, currently actively recruiting.	Six Monthly	Local Health Resilience Partnership Group (LHRP)	Audit and Risk Committee	20/02/2023	EPRR Function impacted significantly by industrial action. Core standards review completed. EPRR Function being supported by all directorates.

Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR	Commentary to Support Review
SY125	EPRR	ICB	1	No link to BAF	<b>EPRR Core Standards</b> - There is a reputational risk to organisations who will be reporting a non-compliant position with the 2023/24 N-SE EPRR core standards, where previously they may have reported partial or substantial compliance. This is due to the major overhaul by N-SE of the core standards methodology setting a much higher bar for compliance. This could lead to adverse press coverage and reputational damage as new assurance levels are published at public board and in annual reports.	2	3	6	Accountable	N-SE have provided partners with a briefing note that provides some context through which to understand and present the latest assurance compliance figures to Boards. This statement notes that these new lower compliance figures do not signal a material change or deterioration in preparedness but should be considered as a revised and more rigorous baseline in which to improve plans. Ongoing assurance will be provided by non-compliant trusts to ICBs and ICBs to N-SE every three months to provide an overview of progress against EPRR workplans.	Will Cleary Gray	EPRR Core Standards	2	2	4	06/11/2023	Ruh Nutbrown	UMP "Check and Challenge" meeting to take place 27 November to confirm assurance levels for all SY trusts and ICB.	Six Monthly	Audit and Risk Committee	Audit and Risk Committee	06/11/2023	EPRR Manager out to recruitment
SY034	Corporate Services	ICB	2,3,4	BAF 3.1	<b>Premises - LFT Buildings</b> - There is a risk that lack of effective use of LFT buildings and other ICB estates, due to premises configuration or higher costs for occupation, will result in a failure for the ICB to obtain VFM from developments and a lost opportunity to deliver more care closer to home for the benefit of the local population.	2	4	8	Responsible	We continue to work through our Estates Strategy Group to ensure that there is the appropriate assessment of occupation of all NHS properties. Further work is planned and is being commissioned alongside the newly agreed Estates Strategy to further evaluate approaches to site consolidation where that may be appropriate.	Lee Outwater (Chief Finance Officer)	Previous COG Risk Management Processes	2	2	4	01/12/2022 20/03/2023 20/03/2023 06/07/2023 23/03/2023 16/05/2023 15/06/2023 06/07/2023 02/10/2023 13/10/2023 01/12/2023	Barnsley: Roanna Naylor Doncaster: Hayley Tingle Rotherham: Wendy Abut Sheffield: Jackie Mills	<b>Barnsley</b> - No change <b>Doncaster</b> - Strategic Estates Group Doncaster across all partners including LA. Specific Doncaster Estates Group specific to ICB only. Also commissioned report in conjunction with CHP and movement monitor installed. This feeds into Doncaster review. Doncaster have 9-10 building in Doncaster got lots of VODs, got agreed principle document sets out the charging mechanism for VODs essentially means more attractive for other partner organisation to fill VODs. Further work to be undertaken. <b>Rotherham</b> - No risk for Rotherham not LFT Buildings <b>Sheffield</b> - The Sheffield Strategic Estates Group is convened to review joint estates issues including utilisation of community estate. Draft Sheffield estates plan produced - awaiting updates from partners including PCNs. Project looking at VOD costs and utilisation of N-SEPS and CHP buildings, working with partners who have identified estates constraints. Work on the primary care estates capital programme and utilisation of BAU capital continues with a number of projects having been approved/going to appropriate stage. Funding for development of PCN estates plans still being explored.	Six Monthly	All Place Committees	Finance & Investment Committee	01/12/2022	Reviewed with no changes at Finance and Investment Committee (02/10/2023)
SY106	Mental Health Services inc. LD/Autism CAMHS	Rotherham	1,2,5,6,8	No link to BAF	<b>Trauma Resilience Services</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 Alesha Jay report in 2014. If external funding ceases there is a risk to the longevity of the service being a reduced service offer to those who have suffered exploitation. This could also result in adverse media attention. The Gloucestershire 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 have an 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 11/10/2023 10/11/2023 01/12/2023 16/12/2023	Sue Cassin / Clair 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/need moving forward is required and will commence shortly. Initial conversations have taken place to raise this risk with the provider and a meeting will discuss further in October. Risk to be lateral. Review undertaken and report to PET re next steps funding available in 24-25 is to be split over 2 years and support the transition from Rotherham provision to SY side - this funding is to come nationally and we have confirmation that this is expected, however there remains a risk as the provider is to submit a service proposal for agreement in Jan.	Six Monthly	Rotherham Place Executive Meeting / Shewood Strategic Coordinators	Quality, Performance, Improvement, Experience	30/06/2023	May have to accept this risk
SY004	Covid-19	All places	1,2,8	1.8	<b>Covid19 Inquiry</b> - ICB input into Covid 19 Public Inquiry requirements for staffing & information not known at the time resulting in lack of information retained and transfer to ICB.	2	3	6	Responsible	- IQR for inquiry published. - Stop notice circulated to staff Information requested has been sent to date	Mark Janvier (Director of Corporate and Governance)	Previous COG Risk Management Processes	1	3	3	20/02/2023 19/04/2023 16/05/2023 06/07/2023	Ruh Nutbrown	All places contributed to the module 3 survey in December 2022 - awaiting further information as to next steps. No further information requests received. Inquiry expected to conclude in 2026.	Annually	South Yorkshire E-Group	Audit and Risk Committee	20/02/2023	RN Suggestion of closure and reopen should it be required.
SY017	Corporate Services	ICB	8	1,2,8	<b>Health and Safety Fire Regulations</b> - Failing to meet the requirements of the Regulatory Reform (Fire safety) Order to effectively manage our fire safety arrangements. May result in criminal offences, litigation and personal injury. Further risk leading to lack of Health and Safety Manager request made to recruit urgently.	2	3	6	Responsible	- Fire Brigade inspections (held by H & S department) - HSE inspections Reviewed Fire and Health and Safety Training within ICB Mandatory training reports - Local shared Fire & H&S service provides overnight health and safety and fire advice through corporate services team - Lambert (M&PS) provides routine maintenance of emergency lights, fire extinguishers etc. - Annual Organisational Risk Assessments with action plans overseen - Oversight of Fire Safety Arrangements by H&S Group reporting to Audit & Risk Committee Completed first round of inspections as an ICB.	Mark Janvier (Director of Corporate and Governance)	Previous COG Risk Management Processes	1	3	3	20/02/2023 16/05/2023 06/07/2023	Ruh Nutbrown	Fire incident at T22 during march has allowed us to learn in real time from this type of incident investigation ongoing. Health and Safety manager left organisation 1 December 2023	Annually	H&S Group	Audit and Risk Committee	20/02/2023	Managed risk
SY022	Commissioning	ICB	1,3,6,8	BAF 3.1	<b>Legal Challenge</b> - There is a risk of a legal challenge on ICB commissioning decisions, esp due to insufficient communications and engagement capacity in the ICB or lack of awareness of senior staff on the need to engage and consult around service changes, resulting in reputational damage, delays in the implementation of transformation and financial costs of fighting judicial review.	2	3	6	Responsible	Plan in place to develop commissioning policies and planning including comms and engagement	Andrew Ashcroft (Director of Communications and Engagement)	Previous COG Risk Management Processes	1	3	3	05/12/2022 16/05/2023 06/07/2023	Kirsty Watnell	Sheffield: This is an overlap with SY051	Annually	Quality, Performance, Improvement, Experience	Audit and Risk Committee	05/12/2022	Discussion re closure ongoing

Ref	Place/ICB	Domain	Link to BAF/R	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	Date Issue Added to IL	Days Open	Comments
L18	ICB	1,2,5,7,8	No linked BAF Risks	<b>Doncaster Royal Infirmary (DRI) - Backlog Maintenance</b> - Recent incidents at DRI including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate of DRI. The issue has the potential to cause harm to patients, staff and visitors.	5	5	28	Responsible	near summit meet with local partners Put improved electrical infrastructure Upgraded roofing and replaced windows. Improve fire procedures. Multi agency workshop on 09 October 2023 involving all SY trusts Ambulance Service and NHESE. NHESE appointed project manager to oversee development of offsite SY wide Plan. Doncaster Place Team are organising a Doncaster providers workshop to look at mitigation of this risk take place on 08 December 2023. Weekly planning briefs to update on mitigation of this risk.	Will Cleary-Gray (Director of Strategy and Partnerships)	LHRP Risk Register	06/11/2023	Sam Grundy	Series of multi agency workshops commenced on 9 October to explore scenarios and to develop and test on site and off site plans. Specific Doncaster Evacuation Plan to be developed and tested.	Monthly	Local Health, Resilience and Culture Partnerships	06/11/2023	48	EPRR Manager out to recruitment
L03	ICB	1, 2, 4, 6	BAF 2.2 SY031, SY028, SY078	<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.	5	4	20	Accountable	Effective incident planning of services local discussion about derogations services that should continue during strike.	Will Cleary-Gray (Director of Strategy and Partnerships)	SY ICB RR SY068	18/12/2022 18/01/2023 02/05/2023 14/08/2023	Chief People Officer - Christine Joy Chief Nursing Officer - Cathy Winfield Director of Strategy and Partnerships - Will Cleary-Gray	Added 18.12.2022 General update to Board. Next 2 periods of industrial action by Junior Doctors have been announced.	Monthly	People, Workforce and Culture	18/12/2022	278	EPRR Manager out to recruitment
L12	ICB	1,2,5,6	BAF 1.1, BAF 1.2, SY028	<b>Cancer</b> - Due to a shortfall in the consultant oncology workforce, there is an extension to the wait times for patients requiring non-surgical oncology resulting in possible harm to patients.	5	4	20	Accountable	Breast waiting times are being monitored through the Regional Incident Management team meetings. Mutual aid has been fully explored through regional team. However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.	Emma Latimer (Sheffield Place Director)	COG Due Diligence Assurance Letters	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023 19/09/2023 03/07/2023 01/08/2023 05/09/2023 04/10/2023	Julia Jessop	STHT continue to have regular Tier 1 discussions to review the backlog position. Additional capacity being secured through Remedy. Agreement MT discussion will continue until waiting times revert back to pre escalation. Regional MT meetings will continue until breast waiting times revert to pre incident levels. Additional capacity will be established in August through the insourcing arrangement with Remedy. STHT requested to provide regular communications across providers and through exec direct in ICB to ensure all parties sighted on the current waiting times in order to manage patient expectations and alleviate anxiety during the extended waiting period. STHT continues to have regular Tier 1 discussions to review the overall backlog position. Looking to consolidate temporary service model as part of stabilisation phase for longer term sustainability.	Monthly	Cancer Alliance	05/12/2022	288	Libble to be impacted by next period of industrial action
L13	ICB	1,2,6	BAF 1.1, BAF 2.1	<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.	5	4	20	Accountable	Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.	Chris Edwards (Rotherham Place Director)	Sarah Bayliss	02/05/2023 01/08/2023 18/08/2023 11/09/2023 02/10/2023 11/10/2023 10/11/2023 01/12/2023 15/12/2023	Cathy Hesse / Sarah Bayliss	Information is in the integrated performance report. There has been significant progress on the target to eliminate 78week+ waits, however, ongoing industrial action poses a threat to this. Trusts are prioritising the delivery of safe clinical services during strikes but also optimising the use of non-striking staff for elective care where possible. As of 10 Sept, SYB providers had 181 patients waiting over 78 weeks (1 at BARNET, 20 at DETH, 47 at SCFT and 111 at STH). There has been a significant reduction in patients waiting over 78 weeks at STH. STH continue to be supported by NHESE and national improvement leads via the Tier 1 meetings and to seek regional and national mutual aid for specific patients/procedures. As predicted, SCFT 78+ waits are increasing due to the NHESE decision that SCFT should record ADHD waits as RTT waits. (In other systems ADHD services are typically provided by non-acute providers and waits are not typically recorded as RTT). It is anticipated that 78 week waits for ADHD patients at SCFT will increase significantly throughout the remainder of 23/24 and beyond. SYB providers are each working to implement OP and theatre improvement plans to increase productivity, supported by SYB collaborative working groups, GRFT and NHESE Quality Improvement. SYB mutual aid principles and SOP agreed. DEOG and ECG (Elective Collaborative Group) members actively engaged to collaboratively eliminate 65+ and 78+ waits. Independent sector including insourcing and outsourcing utilised to supplement NHS capacity. Industrial action having adverse impact on activity and waiting times.	Monthly	Sheffield / Doncaster Place Committee	02/05/2023	182	Libble to be impacted by next period of industrial action
L15	All places	4,8	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 to 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	JSG/Operational Executive Group	29/06/2023	140	All risk letters expected 20 December 2023 which may impact this risk
L07	All places	1,5,6	BAF 1.1	<b>Urgent and Emergency Care</b> (including 119999) - there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.	5	3	15	Consulted	Note Contract led by West Yorkshire ICB. South Yorkshire ICB executive represented on the Y&H Executive Leadership Board. Memorandum of Understanding in place between 3 ICBs (WY, HWY and SY) and Y&H. Good engagement and representation from YAS at place and SY UEC Alliance Board. System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups. Letter issued to Place Delivery Board from UEC SRD and Exec lead to request recovery plan to recover current operational statement.	Dr David Cichon (Chief Medical Officer)	SY ICB RR SY046	05/12/2022 02/03/2023 22/03/2023 28/03/2023 02/05/2023 06/06/2023 18/09/2023 01/08/2023 04/09/2023 21/09/2023 10/11/2023	Barnsley: Jamie Wike / Doncaster: Ailsa Leggett / Rotherham: Claire Smith (Sheff: Hugh) / Sheffield: Ian Atkinson Katie Roebuck-Marlett	Barnsley: Got good engagement from all partners including YAS on Barnsley UEC Board. UEC Plan is in place and currently being reviewed to ensure delivery of requirements set out in the UEC Recovery Plan and Winter Planning Guidance. Doncaster: Good engagement from YAS on Doncaster UEC Board and active participation in the key UEC workstreams, with YAS now agreeing to lead workstream 6 - alternatives to ED. Improvements in handover times being maintained have been challenged more recently; work of the Doncaster UEC Board is focussed on system flow with a set of standards being agreed at place in support of this. Rotherham: YAS are engaged at all levels of our escalation process including weekly Executive challenge meetings and our UEC governance structure. Our Place priorities include YAS as partners to delivery of transformation which will impact positively on YAS performance i.e. PUSH model, admission avoidance pathway and streamlining to SSC. Sheffield: From a Quality and Patient Safety perspective engagement with YAS is positive, managed through YAS Quality Review Group - Update from UEC is that in Q1 performance is in line with the rest of South Yorkshire, and the Sheffield position has been sustained.	Monthly	All Place Committees	05/12/2022	288	Libble to be impacted by next period of industrial action
L08	All places	1,8	BAF 1.1	<b>SALT Provision</b> - There is a lack of Speech and Language Therapy provision specified within Education Health and Care Plans (EHCPs) not being delivered. This is as a result of lack of capacity within the Speech and Language Therapy Team. This is leading to the ICB and Local Authority being unable to meet their statutory duties in relation to SEND and means that children and young people are not having their needs met appropriately.	5	3	15	Accountable	6 month contract out in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions. Referral pathway for direct referral/access to services removed from SWYPPT website as they have ceased providing the services. Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.	Place Directors - Barnsley: Wendy Lowder; Doncaster: Anthony Fitzgerald; Rotherham: Chris Edwards; Sheffield: Emma Latimer	SY ICB RR SY028	05/12/2022 02/05/2023 06/07/2023 10/09/2023 18/08/2023 11/09/2023 11/10/2023 01/11/2023 10/11/2023	Barnsley: Jamie Wike / Doncaster: Ailsa Leggett / Rotherham: Claire Smith (Sheff: Hugh) / Sheffield: Ian Atkinson	Barnsley: SWYPT continue to provide SALT Services in Barnsley for children who have speech, language and communication needs. They also support children and young people with eating and drinking difficulties and have specialists for Children who stammer, with complex special needs, with eating and drinking difficulties, with developmental language disorder and for those who need an assessment for Autism. Doncaster: The Doncaster SEND Strategy and more recent self evaluation, in preparation for the next SEND Inspection, have both highlighted the need to further develop SALT provision in Doncaster. The ICB is working closely with the Local Authority to finalise the Children & Young People's Joint Commissioning Strategy for 23/24 onwards and this will set out how we intend to improve SALT provision moving forwards. An integrated pathway is already in place, aiming to ensure that children can access the appropriate support as early as possible. Rotherham: SEND written statement of action has been through governance including Place leadership board and ICB Place executive and was signed off by Rotherham Place after the 5th check and challenge visit the covers key lines of enquiry including health support (therapy). Positive feedback on progress within Rotherham has been received including at the recent visit to York to meet OSTED for our SEND annual conversation and a revised action plan will now be developed which includes further actions to support in this area. There is an exec board that meets regularly that includes RMSC, ICB, TRF to oversee the action plan across the workstreams and provide assurance within organisations. A SEND strategy will be developed shortly. Sheffield: There is a multi-agency steering group set up to oversee the SLT transformational work, which includes representation from the ICB, SCFT, SCC and voluntary sector. We commissioned a consultant to undertake an external review of SLT provision in Sheffield. We have had a draft report on the first phase of this work but are expecting a final version by the end of September 2023. We have agreed an additional £250k investment this financial year and £300k recurrently from next financial year to increase capacity within the SLT service, which is also working to move to a different delivery model that is more integrated with education. The council have provided £50k non-recurrent funding this year and a further £50k non-recurrently next financial year to support this work and there is joint commissioning funding for an additional post to pump prime the locality model.	Monthly	Sheffield Place Committee	05/12/2022	288	CE - Requested Deep Dive on this risk at the meeting on the 14 July 2023. An update whether the deep dive had taken place had been sought from CE on the 11 December 2023. Update provided advising that the request had been for Sheffield Place to undertake a deep-dive on this specific issue. (MINUTES CHECK) Barnsley (Jamie Wike) - This risk feels very much Sheffield specific and the mitigation below is also Sheffield apart from the wording in red, in the mitigation / treatment column (2) as SWYPT still provide the SALT service for Barnsley patients unless it means that direct referral has been stopped for non-Barnsley patients - either way needs by Sheffield Doncaster - need to look at description wider work taking place
L09	ICB	3,5,6	BAF 1.1	<b>Medication Supply</b> - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.	5	3	15	Accountable	To communicate deployment of serious shortage protocols An additional relational response is a co-ordinated sharing of out of stock information across MO lead by Barnsley Place and tactical level responses being developed in the event of a sudden shortage to raise with the system control centres the possibility of dealing stock from hospitals, release advice about alternatives and how they can be used to raise with NHD region.	Dr David Cichon (Chief Medical Officer)	Previous COG Risk Management Processes	13/04/2023 02/05/2023 03/07/2023 18/08/2023 21/09/2023 16/10/2023	Alex Motynew (Chief Pharmacy Officer)	The shortage of Antibiotics availability during the Group A Strept infection has passed. Additional national medicines shortages have been reported. The latest and most significant is GLP-1 medicines for Diabetes. Communication have been shared with relevant clinicians and patients are being identified, reviewed and prioritised for alternative treatment. The latest national notification is shortage of supply medicines for ADHD.	Monthly	All Place Committees	13/04/2023	195	Awaiting update from medicines optimisation
L17	ICB	5, 6, 8	SY105	<b>Continuing Health Care</b> - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	4	3	12	Accountable	Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.	Cathy Winfield	South Yorkshire ICB Chief Nurse formal meeting SY105 Place Directors and DoH and Place Executive Team meeting	29/08/2023 01/12/2023	Andrew Russell	Discussions regarding setting up a All age continuing care transformation group. Risk Remains and position is varied across the four places. Immediate actions being taken in relation to structures, recruitment and agency use to mitigate risks. Right work planned to fit new calendar year to consider future Workforce, structures and models.	Quarterly	All Place Committees	29/08/2023	97	Score currently being reviewed as issue is greater in some areas over others
L14	ICB	1,5,6	No linked BAF or Risks	<b>Administrative support</b> - There is currently no ICB wide administrative support to the medx CofI team. This means that certain meetings including those related to service assurance and development do not have minutes and actions follow-up. It means that shared medicines are not monitored with regularity and work requests are not routed in a timely manner. This impacts our ability to respond to the public, ensure clinical support and updates are applied in a timely manner and detect complaints.	2	8	18	Responsible	Intermittent Utilisation of high banded staff outside of their normal roles to provide the function.	Will Cleary-Gray (Director of Strategy and Partnerships)	Place based admin model, non aligned priorities	18/09/2023	Mark Janvier	Request has been made for AI production of minutes from auto transcriptions. Pending. Request for automation of activities required to mailbox monitoring has been made. Pending. Request for shared admin resource across MO has been made. Rejected.	Quarterly	Medicines Optimisation	18/09/2023	148	requires review alongside other staffing issues

<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 20 December 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>	Anand Barmade, Medical Director, Connect Healthcare Ben Anderson, Director of Public Health, RMBC Sue Cassin, Chief Nurse (Roth), NHS SY ICB Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Cllr David Roche, Joint H&WB Board Chair, RMBC Dr Neil Thorman, Primary Care Representative, RPCCG Julie Thornton, Care Group Director (Roth), RDaSH Michael Wright, Deputy Chief Executive, TRFT
<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

Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB

Shafiq Hussain (**SH**), Chief Executive, VAR

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:**

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

Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB

**In Attendance:**

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

Item Number	Discussion Items
<b>i49/12/23</b>	<b>Place Performance Report</b>
	<p>CS reported that there had been no significant movement overall within the month and highlighted:</p> <ul style="list-style-type: none"> <li>• Whilst Diagnostics and Referral to Treatment (RTT) are not meeting the target, Rotherham continues to perform well in compared to national performance</li> <li>• IAPT waiting is positive at 94% against a 75% target</li> <li>• Cancer waits are now streamlined based on the new guidance – there is some concern that the target is not being met although it is noted that the figures are place not provider <ul style="list-style-type: none"> <li>○ 28 day faster diagnosis – falling off slightly (73.2% vs 75% target)</li> <li>○ 31 day – similar with a little dip (84.9% vs 96% target)</li> <li>○ 62 day – similar with past 2 months more challenged (67.2% vs 85% target)</li> </ul> </li> <li>• RTT Incomplete Pathways did not meet the 92% standard in October at 61.1% (provisional data) - there were 1095 waiters over 52 weeks, 179 over 65 weeks, 6 over 78 weeks and 0 over 104 weeks</li> <li>• Overall RTT continues to perform better than some other areas across South Yorkshire</li> <li>• Diagnostics saw improvement in October – historically Rotherham performs well in this area. The largest breaches were in echo, cardio, MRI, CT and sleep</li> <li>• There was an increase in cancelled operations in Quarter 2</li> <li>• A&amp;E was in a more challenged position and slightly under local target. Data shows benchmarking against the other 13 trusts that took part in the trial. TRFT was 5th highest out of the 14 pilot sites in October. Although challenged compare well.</li> <li>• Yorkshire Ambulance Service category 1 and category 2 – slight increase (mean of 9 minutes 18 seconds for cat 1 vs October was 8 minutes 56 seconds)</li> <li>• Hand overs 15 minute turnaround for TRFT in November was 56.9%, an increase from October performance at 53.8%.</li> <li>• Discharges <ul style="list-style-type: none"> <li>○ Right to reside – 2<sup>nd</sup> best in South Yorkshire at 9.9% (Barnsley 9.5%)</li> <li>○ 7+ Length of Stay – in the middle at 22.5% (Barnsley 70% and Doncaster 7%)</li> <li>○ did not meet the criteria to reside but continued (7 day average) (all LOS) – a positive position with lowest number across South Yorkshire.</li> </ul> </li> </ul> <p>Further work and additionality are also planned to support us through winter.</p> <p>Members noted Place performance for this month.</p>
<b>i50/12/23</b>	<b>NHS Response to Home Office PREVENT Guidance</b>
	<p>CE advised that the Home Office had published the Prevent Duty Guidance on 7 September 2023 which was followed by an NHS England briefing in October. Although there were no specific recommendations or actions to be taken by Place Board, members were asked to note the points highlighted that will impact on Integrated Care Boards.</p> <p>Place Board noted the guidance and the subsequent actions for South Yorkshire ICB.</p>



<b>i51/12/23</b>	<b>Rotherham Safeguarding Adults Board Annual Report</b>
<p>CE presented the Rotherham Safeguarding Adults Board (RSAB) Annual Report for 2022-23 for information. The report gave a summary of the work completed in that period by the RSAB and its sub groups and also highlighted the Local Government Association peer challenge that had taken place in July 2023. The report highlighted three key objectives from the new RSAB 2022-25 strategic plan as back to basics, systems, processes and performance and strengthening partnership.</p> <p>Members noted the annual report and supported the message from Place Board member Cllr David Roche about promoting true partnership working and embedding safeguarding into all aspects of working life to help protect the vulnerable.</p>	
<b>i52/12/23</b>	<b>ICB Board Assurance Framework</b>
<p>Members received the risk register, issues log and Board assurance framework for information.</p> <p>Noting that there will be an update on Learning Disabilities and Neurodiversity to next month's Place Board, CS will ensure that the presentation includes some assurance for Place Board to address risk SY082 which relates to the exponential growth seen in the number of children and young people with eating disorders who are now transitioning to adult services.</p> <p style="text-align: right;"><b>Action: CS</b></p> <p>The Board noted the risk register, issues log and Board Assurance Framework. No amendments were suggested.</p>	
<b>i53/12/23</b>	<b>Minutes and Action Log from 15 November 2023 Meeting</b>
<p>The minutes from the November meeting were accepted as a true and accurate record. The action log was reviewed and up to date.</p>	
<b>i54/12/23</b>	<b>Communication to Partners</b>
<ul style="list-style-type: none"> <li>- Celebrating Rotherham good practice and achievements</li> <li>- This year's flu vaccination is a good match for circulating strain</li> </ul>	
<b>i55/12/23</b>	<b>Risks and Items for Escalation</b>
<p>None.</p>	
<b>i56/12/23</b>	<b>Future Agenda Items:</b>
<p>Standing Items</p> <ul style="list-style-type: none"> <li>- Rotherham Place Performance Report (monthly)</li> <li>- Risk Register (Monthly for information)</li> <li>- Place Prescribing Report (Feb)</li> <li>- Quality, Patient Safety and Experience Dashboard (Jan)</li> <li>- Quarterly Medical Director Update (Feb) - JP</li> <li>- Public Health Directors Update – Partnership session (Jan) – BA</li> </ul>	

**i57/12/23 Date of Next Meeting**

The next meeting will take place on **Wednesday 17 January 2024** 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>
20-Dec-23	i52/12/23	ICB Board Assurance Framework	LD & ND presentation scheduled for Jan 24 to include some assurance around risk SY082 relating to children and young people with eating disorders transitioning into adult services.	CS	Green	