NHS
South Yorkshire
Integrated Care Board

Agenda

Title of Meeting:	**Rotherham Place Board: ICB Business**
Time of Meeting:	10.15am – 11.00am
Date of Meeting:	Wednesday 20 December 2023
Venue:	Elm Room, Oak House, Moorhead Way, Bramley S66 1YY
Chair:	**Chris Edwards**
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

Apologies:	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	NHS Response to Home Office PREVENT Guidance - for information	*5 mins*	*CE*	Enc 2
3	Rotherham Safeguarding Adults Board Annual Report – for information	*5 mins*	*CE*	Enc 3
4	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – *for information*	*5 mins*	*CE*	Enc 4
	Standard Items			
5	Minutes and Action Log from 15 November 2023 Meeting	*5 mins*	*Chair*	Enc 5i & 5ii
6	Communication to Partners		*Chair*	Verbal
7	Risks and Items for Escalation to ICB Board		*Chair*	Verbal
8	Standing Items • Rotherham Place Performance Report (monthly) • Risk Register *(monthly for information)* • Place Prescribing Report (Feb) • Quality, Patient Safety and Experience Dashboard (Jan) • Medical Director Update (Quarterly – (Feb)			
9	Date of Next Meeting: Wednesday **20 December 2023** at 10:15am.			

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

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

December 2023

NHS
South Yorkshire
Integrated Care Board

Rotherham Place Delivery Dashboard - December 2023

Performance Comparison - Rotherham Place/FT v National **September 2023**

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	7.55%	26.27%	0 out of 106	4th out of 106
RTT	92%	59.75%	57.61%	0 out of 106	40th out of 106
IAPT 6 Week Wait*	75%	94.00%	89.00%	91 out of 106	51st out of 106

*IAPT Figures are as at August 2023

Performance This Month

Key:		
Meeting standard - no change from last month	🟢	▬
Not meeting standard - no change from last month	🔴	▬
Meeting standard - improved on last month	🟢	▲
Not meeting standard - improved on last month	🔴	▲
Meeting standard - deteriorated from last month	🟢	▼
Not meeting standard - deteriorated from last month	🔴	▼

Achieving

Last three months met and YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
IAPT - 6 week wait	**75%**	🟢 ▼	🟢 ▲	🟢 ▲	🟢

Improving

Last month met but previous not met or YTD not met

Mixed Sex Accommodation	**0**	🔴 ▼	🟢 ▲	🟢 ▬	🟢

Deteriorating

Not met last month but met previously or YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
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 - December 2023

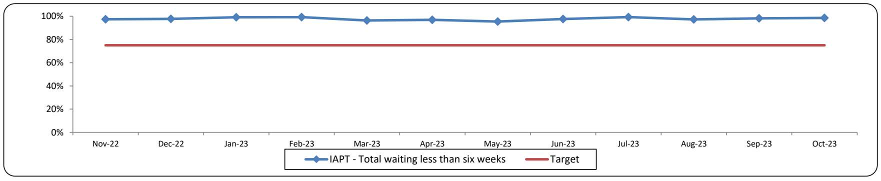
IAPT 6 Week Wait

The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks.

The 6 week waits position for Rotherham Place as at end October was 98.5%. This is above the standard of 75%. September performance was 98.2%.

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

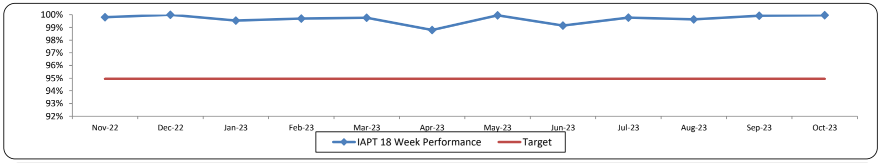
		Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
6 Week Waiting List Performance	Actual	97.4%	97.7%	99.2%	99.3%	96.4%	96.9%	95.4%	97.7%	99.3%	97.3%	98.2%	98.5%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



IAPT 18 Week Wait

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

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



IAPT Supporting Narrative

Local comparison (published data August 23) shows the following benchmark position against Rotherham Place 94%

Barnsley – 98%
Bassetlaw – 95%
Doncaster – 78%
Sheffield – 99%
National – 89%

Cancer Waits

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

In October the 28 day Faster Diagnosis standard did not achieve the target of 75% at 73.2% down from September's performance of 73.6%

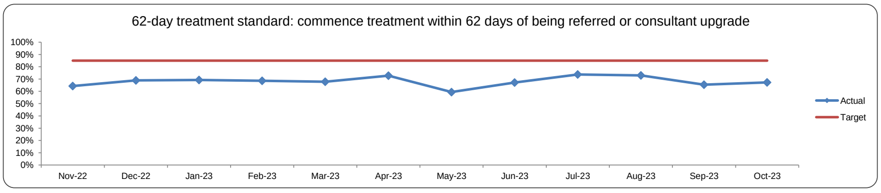
The 31 day standard was not achieved in October, with performance at 84.9% against the standard of 96%. September performance was 86.1%

In October the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 67.2% for Rotherham Place. September performance was 65.4%.

	Aug-23	Sep-23	Oct-23
28 Day	🟠	🟢	🟠
31 day	🟠	🔴	🔴
62 day	🟠	🔴	🔴

Focus on - Cancer

	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
Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%	69.1%	65.5%	67.7%	74.8%	76.8%	73.5%	74.1%	72.2%	79.7%	77.1%	73.6%	73.2%
31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients	96%	88.4%	92.1%	81.3%	86.6%	82.4%	89.1%	78.2%	81.7%	87.6%	88.3%	86.1%	84.9%
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	85%	64.3%	68.9%	69.3%	68.6%	67.9%	72.8%	59.4%	67.1%	73.7%	73.0%	65.4%	67.2%



Rotherham Place Delivery Dashboard - December 2023

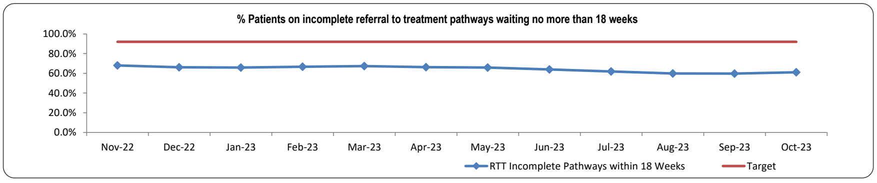
Referral to Treatment

RTT Incomplete Pathways did not meet the 92% standard in October at 61.1% based on provisional data. The position for September was 59.8%.

In October there were 1095 waiters over 52 weeks, 179 over 65 weeks, 6 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	29717	642 (59%)	66 (37%)	1 (17%)	0 (-)
Barnsley Hospital NHS Foundation Trust	35	0 (0%)	0 (0%)	0 (0%)	0 (-)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1109	25 (2%)	8 (4%)	1 (17%)	0 (-)
Sheffield Teaching Hospitals NHS Foundation Trust	6458	352 (32%)	80 (45%)	3 (50%)	0 (-)
Sheffield Children'S NHS Foundation Trust	1149	55 (5%)	18 (10%)	1 (17%)	0 (-)
Other provider	954	21 (2%)	7 (4%)	0 (0%)	0 (-)
All Providers	**39422**	**1095 (100%)**	**179 (100%)**	**6 (100%)**	**0 (-)**

	Aug-23	Sep-23	Oct-23
18 week wait	🔴	🔴	🔴
52 week wait	🔴	🔴	🔴
65 Week Wait	🔴	🔴	🔴
78 week wait	🔴	🔴	🔴
104 week wait	🟢	🟢	🟢



	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
RTT Incomplete Pathways within 18 Weeks	92%	68.0%	66.2%	65.8%	66.7%	67.4%	66.2%	65.9%	64.0%	61.9%	59.8%	59.8%	61.1%
RTT Incomplete Pathways over 52 Weeks	0	542	548	582	572	593	712	798	811	918	1079	1146	1095
RTT Incomplete Pathways over 65 Weeks	0	189	194	185	173	127	132	150	146	151	220	210	179
RTT Incomplete Pathways over 78 Weeks	0	62	78	72	65	34	36	36	28	21	9	14	6
RTT Incomplete Pathways over 104 Weeks	0	1	3	3	4	1	1	2	3	3	0	0	0

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

	% Over 13 Weeks	Jul-23	Aug-23	Sep-23	Oct-23	Target
All specialities - total incomplete	51.4%	61.9%	59.8%	59.8%	61.1%	92%
Cardiology	48.9%	64.3%	64.1%	61.1%	62.8%	92%
Cardiothoracic Surgery	38.7%	77.3%	78.9%	75.0%	77.3%	92%
Dermatology	49.8%	61.7%	60.1%	60.8%	63.3%	92%
Ear, Nose & Throat (ENT)	60.9%	60.4%	56.9%	54.8%	53.1%	92%
Gastroenterology	31.9%	89.7%	86.0%	84.8%	83.8%	92%
General Medicine	5.6%	90.3%	88.9%	96.4%	96.3%	92%
General Surgery	56.2%	57.9%	55.2%	55.1%	56.3%	92%
Geriatric Medicine	31.0%	90.6%	93.2%	86.7%	82.1%	92%
Gynaecology	56.2%	56.6%	54.4%	55.7%	56.2%	92%
Neurology	64.9%	43.5%	43.7%	44.5%	48.5%	92%
Neurosurgery	63.8%	55.3%	49.4%	52.5%	46.4%	92%
Ophthalmology	52.3%	55.2%	52.4%	51.1%	59.2%	92%
Other - Medical Services	40.5%	75.5%	73.0%	71.4%	71.2%	92%
Other - Mental Health Services	0.0%	-	-	-	-	92%
Other - Paediatric Services	44.5%	68.7%	66.6%	65.5%	68.0%	92%
Other - Surgical Services	42.3%	70.2%	68.7%	69.4%	69.1%	92%
Other - Other Services	24.4%	85.1%	78.7%	82.4%	81.5%	92%
Plastic Surgery	61.2%	59.3%	57.4%	53.2%	49.5%	92%
Rheumatology	23.3%	93.3%	95.8%	94.3%	91.0%	92%
Thoracic Medicine	32.3%	68.5%	68.5%	74.3%	80.1%	92%
Trauma & Orthopaedics	56.7%	56.6%	54.2%	55.4%	56.5%	92%
Urology	46.6%	69.0%	66.6%	67.4%	65.5%	92%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham Place	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Number of Pathways	29953	29794	30177	30410	30356	35153	35823	36945	38333	39284	39890	39422
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	13134	12975	13358	13591	13537	18334	19004	20126	21514	22465	23071	22603

RTT Supporting Narrative

Latest provisional data for October shows 20 specialties under the 92% standard, with just General Medicine (96.4%) meeting the Standard.

Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in September (59.8%):
Barnsley – 67.6% / Doncaster – 60.9% / Sheffield – 63.2% / National – 57.6%

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

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 - December 2023

Diagnostic Waiting Times

Provisional performance in October of 5.1% exceeds the <1% standard.

322 Breaches occured in October:

192 (60%) at The Rotherham NHS Foundation Trust (165 Echocardiography, 16 CT, 7 Sleep Studies, 1 Urodynamics, 3 Gastroscopy)

1 (0%) at Barnsley Hospital NHS Foundation Trust (1 Urodynamics)

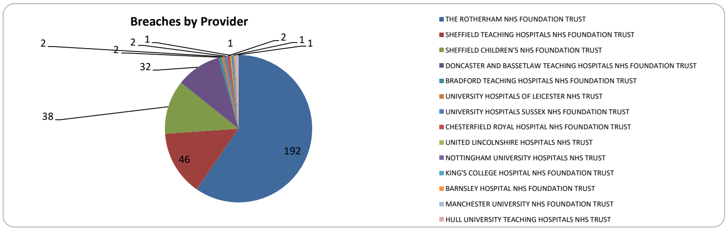
32 (10%) at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (6 MRI, 14 Audiology Assessments, 1 CT, 6 Dexa Scan, 5 Non Obstetric Ultrasound)

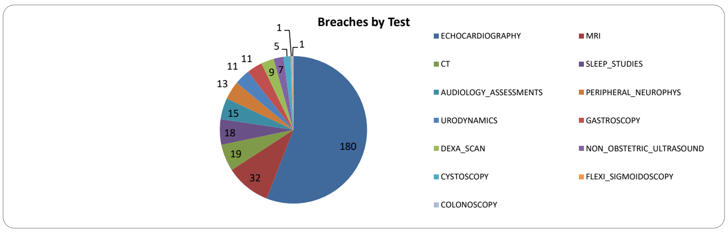
46 (14%) at Sheffield Teaching Hospitals NHS Foundation Trust (2 Gastroscopy, 3 Dexa Scan, 13 Peripheral Neurophys, 1 Flexi Sigmoidoscopy, 5 Cystoscopy, 3 Urodynamics, 3 MRI, 2 CT, 1 Sleep Studies, 12 Echocardiography, 1 Non Obstetric Ultrasound)

38 (12%) at Sheffield Children's NHS Foundation Trust (1 Non Obstetric Ultrasound, 18 MRI, 8 Sleep Studies, 5 Gastroscopy, 6 Urodynamics)

13 (4%) at Other Providers (1 Colonoscopy, 1 Gastroscopy, 2 Sleep Studies, 5 MRI, 3 Echocardiography, 1 Audiology Assessments)

	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
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	12.3%	19.3%	17.3%	9.0%	5.1%	6.4%	8.4%	7.6%	8.3%	9.4%	7.5%	5.1%





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

October-23 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	772	32	**4.1%**
Computed Tomography	1181	19	**1.6%**
Non-obstetric ultrasound	1947	7	**0.4%**
Barium Enema	0	0	**0.0%**
DEXA Scan	134	9	**6.7%**
Audiology - Audiology Assessments	399	15	**3.8%**
Cardiology - echocardiography	872	180	**20.6%**
Cardiology - electrophysiology	0	0	**0.0%**
Neurophysiology - peripheral neurophysiology	37	13	**35.1%**
Respiratory physiology - sleep studies	139	18	**12.9%**
Urodynamics - pressures & flows	25	11	**44.0%**
Colonoscopy	262	1	**0.4%**
Flexi sigmoidoscopy	84	1	**1.2%**
Cystoscopy	93	5	**5.4%**
Gastroscopy	350	11	**3.1%**
Total Diagnostics	**6295**	**322**	**5.1%**

Rotherham Place Delivery Dashboard - December 2023

Eliminating Mixed Sex Accommodation

There were 0 breaches of this standard in September 2023.

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

Incidence of C.diff

Performance for Rotherham Place overall in October was 10 cases. 10 cases in October occurred at Rotherham FT. In the YTD there have been a total of 61 cases.

Rotherham FT performance for October is 5 cases and 22 in the YTD.

	Aug-23	Sep-23	Oct-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	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24
Percentage of equipment delivered within 18 weeks	92%	96.3%	100.0%	100.0%	100.0%	100.0%	98.7%	99.1%	97.9%	98.0%	100.0%	100.0%

Rotherham Place Delivery Dashboard - December 2023

Percentage in 4 hours or less (type 1)

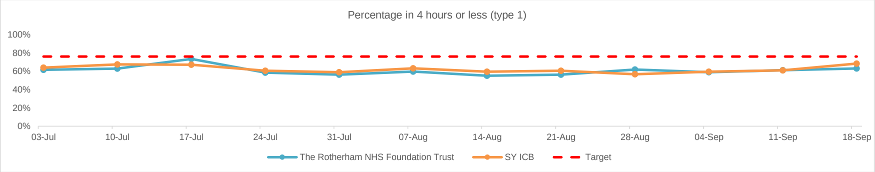
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of October 2023 was 58.3%

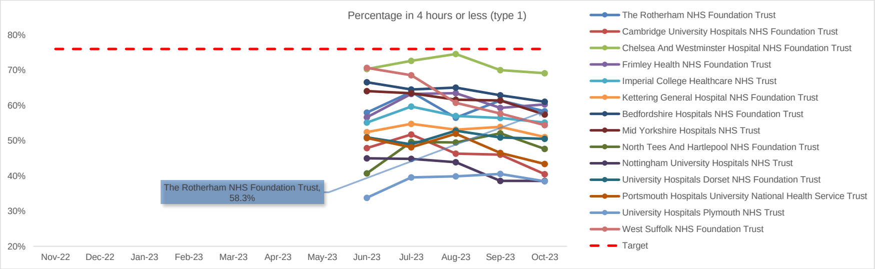
Data below shows benchmarking against the other 13 trusts that took part in the trial.

TRFT is 5th highest out of the 14 pilot sites in October

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



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



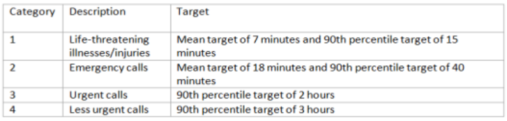
Rotherham Place Delivery Dashboard - December 2023

YAS

Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight minute response time for category 1 incidents no longer exists.

YAS reported a mean of 9 minutes 18 seconds for category 1 calls in November for Rotherham Place. The position in October was 8 minutes 56 seconds.

15 Minute Turnaround for The Rotherham NHS Foundation Trust in November was 56.9% an increase from October performance at 53.8%.



Category	Description	Target
1	Life-threatening illnesses/injuries	Mean target of 7 minutes and 90th percentile target of 15 minutes
2	Emergency calls	Mean target of 18 minutes and 90th percentile target of 40 minutes
3	Urgent calls	90th percentile target of 2 hours
4	Less urgent calls	90th percentile target of 3 hours

Current YAS Response Times Performance (Rotherham Place)

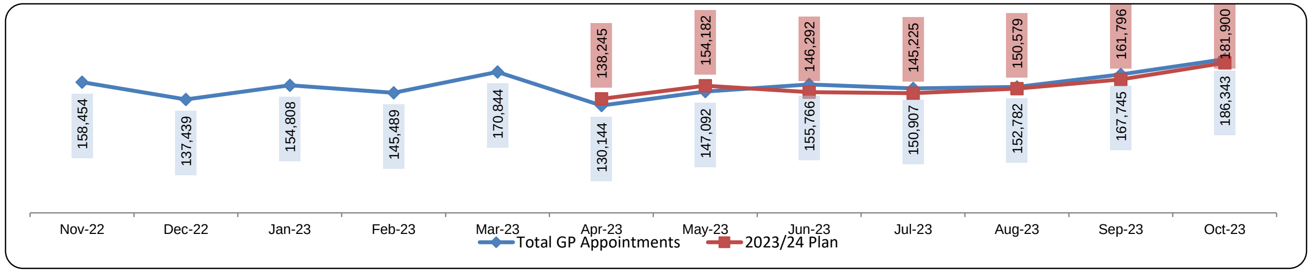
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Cat 1 Mean	00:11:32	00:08:29	00:08:43	00:09:02	00:08:12	00:08:39	00:09:13	00:09:01	00:08:17	00:08:05	00:08:56	00:09:18
Cat 2 Mean	01:14:30	00:21:45	00:30:21	00:29:33	00:20:38	00:23:46	00:27:59	00:26:01	00:24:22	00:24:53	00:26:30	00:35:04
Cat 3 90th Percentile	08:12:05	02:25:00	03:27:39	03:27:19	02:32:00	03:06:08	03:28:34	03:04:43	03:18:45	02:34:33	03:09:29	03:36:33
Cat 4 90th Percentile	14:45:42	01:30:45	02:30:26	04:13:50	03:10:26	05:46:52	01:50:02	04:26:26	01:24:04	10:39:53	02:20:33	06:08:09

Handovers at TRFT

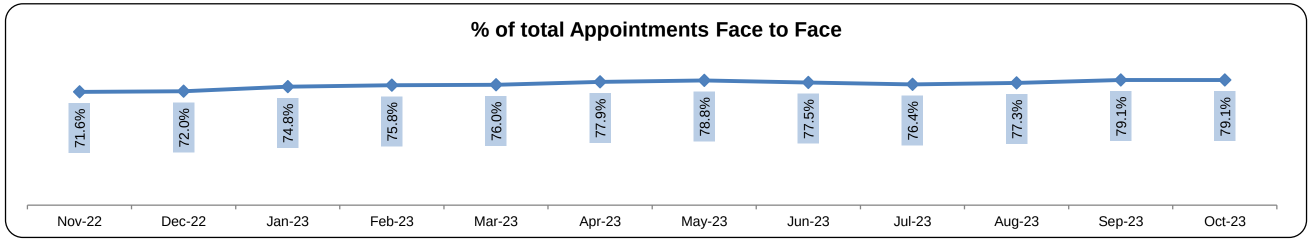
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
% Handovers WITHIN 15 minutes	34.6%	55.4%	48.1%	62.8%	61.3%	68.6%	65.2%	66.2%	64.8%	68.2%	53.8%	56.9%
% Handovers OVER 30 minutes	43.4%	18.3%	24.8%	15.0%	13.6%	7.3%	12.0%	8.7%	13.7%	7.7%	13.6%	9.4%
% Handover OVER 60 minutes	29.0%	8.8%	12.9%	4.9%	5.2%	1.9%	4.6%	2.8%	5.8%	1.4%	5.0%	1.0%
Number of ambulance handovers OVER 60 minutes (RFR)	507	145	202	95	99	37	88	54	114	28	105	22

GP Appointments

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Total GP Appointments	158,454	137,439	154,808	145,489	170,844	130,144	147,092	155,766	150,907	152,782	167,745	186,343
2023/24 Plan						138,245	154,182	146,292	145,225	150,579	161,796	181,900
Variance to 2023/24 Plan						- 8,101	- 7,090	9,474	5,682	2,203	5,949	4,443



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



Health Outcomes

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

Enhancing Quality of Life	Jul-23	Aug-23	Sep-23	Oct-23	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	81.10%	81.00%	81.90%	83.00%	66.70%

Protecting People From Avoidable Harm	Aug-23	Sep-23	Oct-23	2023/24 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	1	1	3	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	1	1	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	7	9	10	61	Actual
	3	3	4	24	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	1	2	5	22	Actual
	1	1	2	9	Plan

Mental Health: Monthly Indicators	Aug-23	Sep-23	Oct-23	2023/24 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	9.3%	11.3%	13.4%	13.4%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	54.66%	57.02%	46.44%	51.57%	50.0%

Children & Young Peoples (CYP) Eating Disorder (ED) Services - Urgent Cases	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Target
Percentage of CYP with ED that start treatment within one week of referral	-	100.0%	-	-	95.0%

Children & Young Peoples (CYP) Eating Disorder (ED) Services - Non-Urgent Cases	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Target
% Non-urgent cases seen within 4 weeks (inc' exceptions)	100.0%	100.0%	100.0%	100%	95.0%

Early Intervention in Psychosis (EIP)	2022/23 Q2	2022/23 Q3	2022/23 Q4	2023/24 Q1	Target
Proportion entering treatment waiting two weeks or less	73%	56%	63%	74%	60.0%

Care Program Approach (CPA)	Jul-23	Aug-23	Sep-23	Oct-23	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 72 hours	93%	96%	100%	100%	80.0%

Health Outcomes

CYP Access (1+ contacts)	May-23	Jun-23	Jul-23	Aug-23	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	8890	4740	4600	4605	4250

Perinatal Access (No. of Women)	May-23	Jun-23	Jul-23	Aug-23	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	230	225	225	220	TBC

Discharges follow up in 72 hours	May-23	Jun-23	Jul-23	Aug-23	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	72%	86%	81%	73%	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)	May-23	Jun-23	Jul-23	Aug-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)	2440	2445	2435	2425	TBC

Learning Disability Annual Health Checks	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Checks	46	61	87	67	78
Register	1739	1739	1739	1739	1739
Trajectory	92	92	92	92	92

2 Hour Urgent Community Response	Jun-23	Jul-23	Aug-23	Sep-23	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	83%	74%	75%	64%	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		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Number of Ambulatory Care Sensitive Admissions	Actual	292	293	285	282	299
	Target	245	245	245	245	249

Discharges to Usual Place of Residence		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
% Discharged to Usual Place of Residence	Actual	95.7%	95.3%	93.9%	95.4%	95.0%
	Target	93.5%	94.0%	94.0%	94.0%	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.

		12-Nov	19-Nov	26-Nov	03-Dec
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	**South Yorkshire and Bassetlaw**	**11.6%**	**11.4%**	**12.0%**	**12.2%**
	Barnsley Hospital NHS Foundation Trust	16.2%	18.0%	19.2%	19.5%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	11.5%	10.1%	9.9%	9.5%
	Sheffield Teaching Hospitals NHS Foundation Trust	10.9%	10.3%	11.5%	11.8%
	The Rotherham NHS Foundation Trust	9.2%	10.5%	9.5%	9.9%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	**South Yorkshire and Bassetlaw**	**40.2%**	**43.4%**	**40.7%**	**40.4%**
	Barnsley Hospital NHS Foundation Trust	61.3%	67.9%	79.3%	70.8%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	5.0%	5.7%	7.4%	7.6%
	Sheffield Teaching Hospitals NHS Foundation Trust	52.6%	52.3%	39.2%	41.5%
	The Rotherham NHS Foundation Trust	21.6%	27.9%	18.4%	22.5%
Number of patients who did not meet the criteria to reside in hospital but continued to reside (7 day average) (all LOS)	**South Yorkshire and Bassetlaw**	**434**	**422**	**422**	**444**
	Barnsley Hospital NHS Foundation Trust	53	55	59	59
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	127	112	113	120
	Sheffield Teaching Hospitals NHS Foundation Trust	202	199	204	214
	The Rotherham NHS Foundation Trust	51	56	46	51

NHSE Response to the Home Office Prevent Duty Guidance

Rotherham Place Board Meeting

Date: 20.12.2023

Author(s)	**Rotherham Safeguarding Adults Board**
Sponsor Director	**Sue Cassin – Chief Nurse (Rotherham)**

Purpose of Paper

The Home Office published the ***Prevent Duty Guidance: Guidance for Specified Authorities in England & Wales*** on the 07 September 2023.

NHSE subsequently produced a briefing which was published in October 2023 which is being shared within the Rotherham Place Board Meeting for review, potential comment and to identify any additional internal actions for the ICB which can be taken away from the briefing.

Key Issues / Points to Note

The briefing highlights a number of points that impact on ICBs. A summary of these are as follows:

- The requirement for ICB's to have a named PREVENT lead with the right skills and knowledge to work with local Counter Terrorism leads in Police forces and wider partners.
- ICB PREVENT Leads to work collaboratively with provider PREVENT leads in ensuring information is made available for the purposes of PREVENT referrals in line with Section 38 of the CTSA (2015).
- The ICB counter terrorism vetted officer to collaboratively work with the ICB Emergency Preparedness, Resilience and Response Lead, local police, counter terrorism police and community safety partnerships in understanding the local threat risk and its impact. This will also involve the ICB PREVENT lead and Executive Leads working closely with partners to mitigate risk and protect the public.
- NHSE Regional Safeguarding Leads to have arrangements in place with NHS PREVENT leads across ICS systems. Within ICB's, the Executive Chief Nurse will have the assurance role with the ICB alongside the counter terrorism vetting programme.
- ICBs will have access to all NHS Safeguarding learning together materials, all NHS Level 4 materials and PREVENT newsletters and rapid reads that are co-drafted with DHSC and approved by the NSSG. ICB PREVENT leads should have strong working relationships at local levels and collaborate with partners in multi-agency learning events and exercises within there development.
- All ICBs should be linked into Police Counter Terrorism briefings at a regional level and will see the data, risks and threats from local police forces. ICBs should take a clear

leadership role to ensure all PREVENT leads are briefed on any need-to-know detail and actions & mitigations required to maintain safety and support for those at risk.

- Noted that ICB’s may wish to co-draft a local PREVENT briefing with CHANNEL Chair, EPRR and Counter Terrorism Police colleagues.
- ICBs will support NSSG in relation to developing information sharing agreements and ensuring PREVENT is included in the Safeguarding section of NHS Standard Contracts.

Please see the attached briefing document for full details of the NHSE response which gives more information and details.

Is your report for Approval / Consideration / Noting

The NHSE Briefing Paper been shared for noting and to enable a review of the document by the members of the Rotherham Place Board meeting.

Recommendations / Action

Although there are no specific recommendations and actions to be taken by the Rotherham Place Board, there will be subsequent actions for the ICB overall.

Board Assurance Framework

The briefing document report shared links to the Board Assurance Framework for:

- Priority 4 – Helping the NHS to support broader social and economic development.

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

Not applicable in this instance.

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

Not applicable in this instance.

Have you carried out a Data Protection Impact Assessment?

Not applicable in this instance.

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

Not applicable in this instance as this is an external report created by a third-party NHS organisation.

NHS England response to the Home Office

Prevent Duty Guidance

October 2023

The Home Office Prevent duty guidance: Guidance for specified authorities in England and Wales was published on 7 September 2023.

Below is the NHS Safeguarding response to the healthcare section (pages 47 – 52), noting that any clinical or healthcare staff must also be cognisant of other sections dependant on where they deliver health care – i.e police custody suites, places of education.

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.

Link to Prevent resources including rapid reads available on FutureNHS: Prevent Resources - NHS Safeguarding Workspace - FutureNHS Collaboration Platform.

NHS Safeguarding has reached agreement with Counter Terrorism Policing that the 42 ICB Prevent Leads will be copied the quarterly Cicero newsletter.

Paragraph	Page	Guidance	NHSE Response
211	47	Healthcare professionals have a key role in Prevent because they will meet and treat people who may be susceptible to radicalisation. This includes not just violent extremism but also non-violent extremism which can reasonably be linked to terrorism, such as	This means all healthcare staff need to be vigilant and work in a trauma-informed manner towards anyone who might be vulnerable to exploitation. It may be a patient; it may be their relatives or visitors; it may be a colleague.

		narratives used to encourage people into participating in or supporting terrorism.	Healthcare staff need to also consider the environments in which they work and the environments they create around the places they work. Can these environments enable extremism to develop or perpetuate? This should be regularly reviewed as part of a health approach to patient safety reviews.
212	47	Most people who commit terrorism offences do so of their own agency and dedication to an ideological cause. A person’s susceptibility to radicalisation may be linked to them having underlying vulnerabilities. A significant proportion of work under the Prevent duty in healthcare relates to safeguarding vulnerable people at risk of exploitation or abuse. Vulnerability is defined in different ways by different organisations and services. This may impose safeguarding duties, for example, relating to age or certain mental or physical health conditions. It can also include wider vulnerabilities related to personal, family or social circumstances.	We have come to understand how neurodiversity and/or mental illness can make us more suspectable to being exploited towards becoming radicalised. Vulnerability of many kinds; including a time when someone is ill; can be the time when radicalisation can occur, it can be a chance meeting between two people, or access to a narrative via social media or the wider internet that leads to an ideology developing in a person. Thinking about the healthcare environments that we create for those who are vulnerable due to their illnesses is crucial in breaking any possible ideological development then growing into radicalisation and then terrorist offences.
213	47	Healthcare professionals should consider both the person’s best interests and the public interest. For example, if they were concerned that a patient was being radicalised, a Prevent referral could allow the patient to get the help and support needed to prevent them being radicalised into terrorism.	Registrants and professional practitioners can legitimately use their clinical prerogative to share data securely in the protection of any person from neglect, harm, abuse, exploitation and violence. This is a must-do for the protection of those at risk of harm.

214	47	Health specified authorities The health specified authorities in Schedule 6 of the Counter-Terrorism and Security Act 2015 (CTSA 2015) are as follows: • an NHS Trust in England and Wales • an NHS foundation trust • a Local Health Board in Wales • the Board of Community Health Councils in Wales	Schedule 6 of the Counter-Terrorism and Security Act 2015 (CTSA 2015) requires these organisations to comply with ongoing monitoring of their Prevent data regarding training and referrals. Prevent is a safeguarding concern and as such all healthcare settings and those working on behalf of the NHS should have processes in place to protect people from exploitation and harm. Each organisation has a duty to safeguard children, young people and adults who are at risk from this form of exploitation. NHS England is yet to appraise the impact on Provider Collaboratives, we will be seeking legal advice on this and send any further update in the new financial year.
Leadership and partnership, para 215 – 222, p47 - 48			
215	47	This section should be read alongside Section 3: Compliance with the Prevent duty, Leadership and partnership.	
216	47	In complying with the Prevent duty, those in senior management positions should actively engage with other partners including police and other local or regional Prevent leads. They should ensure that there are appropriate capabilities (to understand and manage risk) and that the role and importance of Prevent are made clear to relevant staff. There are also a range of other local Prevent partners who can offer advice and support. This provision varies depending on geographic location, but will usually be	The ICB and NHS contracted providers will all require a named Prevent Lead with the right skills and knowledge to be able to work with the local Counter-Terrorism leads in Police and wider partners. A healthcare setting should have a person within their staffing group who understands Prevent and this form of exploitation and how to support those at risk of radicalisation. That person should be available to other

		local structures such as Prevent steering groups or Multi-Agency Safeguarding Hubs.	staff working within the setting to offer advice and support as needed.
217	48	Where a Prevent referral is adopted, healthcare providers must co-operate with local authority-led Channel panels so far as appropriate and reasonably practicable, in accordance with Section 38 of the CTSA 2015. Multi-agency involvement in Channel is essential to ensure the full range of information is accessible to the panel, so that susceptibility, vulnerabilities, risk and support needs can be fully assessed.	The ICB Prevent lead will be best placed to lead on this matter with the provider Prevent lead. ICB Prevent leads should collaborate with their Channel and Police partners to support this process, they should also have agreed working relationships with their wider health partners to ensure full support and collaboration with regards to information sharing and collaboration on cases as needed.
218	48	Effective partnership can also be demonstrated by engaging appropriately where required with other partners, such as the police and Prevent leads in local authorities. This allows for an up-to-date awareness of risk and threat posed, and latest developments in operational delivery and best practice.	The ICB counter terrorism vetted officer is best placed to collaborate with the ICB Emergency Preparedness, Resilience and Response (EPRR) lead and the local policing, counter-terrorism policing, and community safety partnership on understanding the impact of the local threat risk. Threat can be identified within the ICB geographical area in many ways; as such it is essential that the ICB Prevent lead and relevant Executive leads work closely with partners to understand how to manage and mitigate any risk and protect the public. Each ICB and their partners will work differently to achieve this, but there must be a clear leadership process in place with collaboration with partners.

219		The Chief Nursing Officer in NHS England has executive lead and accountability to ensure the effective discharge of NHS England statutory safeguarding responsibilities, including Prevent. Further information on safeguarding responsibilities and structures can be found in NHS England's safeguarding accountability and assurance framework.	The Safeguarding Accountability and Assurance Framework (SAAF) will be reviewed by the National Safeguarding Steering Group. The NHS Standard Contract, Sch 32 will be updated annually. Regional Safeguarding Lead roles offer strategic leadership and support to Prevent cases and working with Home Office regional leads.
220		All sub-regions in England within the NHS should, under the framework, have in place local safeguarding forums, including local commissioners and providers of NHS services. These forums have oversight of compliance with the Prevent duty and ensure effective delivery. Within each area, the Regional Safeguarding Leads (RSLs) are responsible for promoting Prevent to providers and commissioners of NHS services, supporting organisations with their Prevent policies, procedures and compliance, and delivering training.	NHS England Regional Safeguarding Leads have arrangements in place, as part of their regional governance structures, with NHS Prevent leads across ICS systems. This may also include working via regional networks with policing, channel chairs, LAs and other multi-agency partnerships to support systems effective delivery of the Prevent duty. Within the ICBs, the Executive Chief Nurse will have the assurance role with the ICB alongside the counter-terrorism vetting programme. NHS Safeguarding has facilitated both NHS England Regional Safeguarding Leads and each ICB to have one officer vetted for Counter-Terrorism Policing purposes.
221		The Prevent Partnership Group, led by the Department of Health and Social Care, is a forum to bring topical policy and operational issues to the	NHE England Regional Safeguarding Leads will continue to work closely with the DHSC to support effective collaboration between local, regional, and national Prevent priorities, risks and issues across the NHS.

		group for discussion and consideration. It provides insight into the work of other government departments and Prevent partner organisations. It is attended by working level leads from government departments, RSLs and representatives from NHS arm's length bodies.	Whereas, monitoring and reporting is via the contractual links specified above (219), which in turn feeds into the integrated safeguarding dashboard (Prevent dashboard) from ICBs to Regions to NSSG to DHSC.
222		In Wales, NHS Trusts and Health Boards have counter-terrorism strategy (CONTEST) Prevent leads and are part of multi-agency structures where these are in place. This guidance should be read in conjunction with 'Building partnerships, staying safe' issued by the Department of Health and Social Care, which provides advice to healthcare organisations on their role in preventing people being radicalised into terrorism as part of their safeguarding responsibilities.86 The heads of safeguarding provide organisational leadership on Prevent and attend Prevent delivery groups, Channel and CONTEST meetings as health representatives.	NHS Safeguarding is liaising with NHS Wales CNO and Public Health teams.
Capabilities, para 223 – 237, p49 - 51			
223	49	This section should be read alongside Section 3: Compliance with the Prevent duty Capabilities	
224	49	Understanding risk: Training and induction A key expectation for the healthcare sector is to ensure that healthcare professionals are trained to recognise where a person might be susceptible to becoming radicalised into terrorism, know how to refer someone into Prevent, and are aware of	NHSE Safeguarding is currently collaborating with the NHSE Workforce and Training Directorate to validate and accredit the e-learning for health (eLfH) and FutureNHS Prevent materials.

		available programmes to provide support. To do this, there should be: • a programme to deliver Prevent training, in line with guidance from the Home Office and Health Education England • processes in place to ensure that, as well as using the intercollegiate guidance, staff receive Prevent awareness training appropriate to their role as set out in the Prevent training and competencies framework • risk assessment which helps to inform decisions on the appropriate training requirements, as well as the broader management of risk both to and from people who may be susceptible to radicalisation into terrorism	
225	49	Understanding risk: Training and induction Preventing someone from being radicalised into terrorism should be managed in the same way as other safeguarding responsibilities within healthcare – for example, child abuse or domestic violence.	ICBs will have access to all NHS Safeguarding learning together materials, all NHS L4 materials and Prevent newsletters and rapid reads which are co-drafted with DHSC and approved by NSSG.
226	49	Understanding risk: Training and induction Prevent is a key strand of NHS England's safeguarding arrangements, meaning that Prevent awareness and other relevant training is delivered to all professionals who provide services to NHS	

		patients. These arrangements are effective and should continue	
227	49	Understanding risk: Training and induction The intercollegiate guidance documents, ‘Safeguarding children and young people: roles and competencies for healthcare staff’, and ‘Adult safeguarding: roles and competencies for health care staff’ include Prevent information and identify competencies for all healthcare professionals against six levels. Prevent training is mandatory for all NHS trusts and foundation trusts. Training is also mandatory for NHS provider organisations, NHS commissioners and organisations providing services on behalf of the NHS, to meet contractual obligations in relation to safeguarding training, as set out in the NHS Standard Contract. All relevant healthcare professionals should receive annual updates and three-yearly refresher training.	NHS Safeguarding is currently seeking comment from the Royal Colleges and the CQC. Further updates on this section will be issued in April 2024.
228	50	Understanding risk: Training and induction The training provides all relevant healthcare professionals with the skills to recognise susceptibility to being radicalised into terrorism and what action to take in response. This includes local processes and policies that will enable them to make referrals to Prevent and how to receive additional advice and support. The GOV.UK Prevent duty training is available to all healthcare professionals. In addition, the Royal College of GPs (RCGP) and the	HEE is now NHSE Workforce and Training Directorate. A review of resources and where resources can be found will be part of the development of the new NHS England.

		Royal College of Psychiatrists (RCPsych) have their own specific training for healthcare professionals within their respective sectors. Health Education England also have a suite of Prevent training products that are specific to the NHS in terms of content and case studies.	
229	50	Understanding risk: Training and induction In addition to the recommended GOV.UK Prevent duty training, healthcare professionals with Prevent responsibilities are expected to have a good understanding of extremist ideologies as a key driver of radicalisation and should complete any required ideology training.	ICBs will have access to learning together materials, NHS L4 materials and Prevent rapid reads. ICB Prevent leads should have strong partnership working relationships at a local level, and should collaborate with partners in available multi-agency learning events and exercises, as part of their development. This should also be extended to support provider Prevent leads across the whole of healthcare settings within the ICB.
230	50	Understanding risk: Training and induction It is recommended that those with Prevent-specific responsibilities refresh their training at least every two years, enabling them to support others on Prevent matters and update them on relevant issues. This could include the trends in the annually published Prevent referral statistics, local referral trends and emerging issues, relevant local or regional incidents and radicalising influences, or new resources and training materials.	ICBs will have access to all NHS Safeguarding learning together materials, all NHS L4 materials and Prevent newsletters and rapid reads which are co-drafted with DHSC and approved by NSSG. ICB Prevent Leads might wish to co-draft a local briefing with EPRR and counter-terrorism leads. ICB Prevent leads should have strong partnership working relationships at a local level and should collaborate with partners in available multi-agency learning events and exercises as part of their development. This should also be extended to support

			provider Prevent leads across the whole of healthcare settings within the ICB.
231	50	Managing risk: Risk assessment As the Prevent duty has been in place since 2015, we expect there to already be established arrangements in place. Each organisation should understand where and how the people they serve may be at risk of being radicalised into terrorism, tailored to their local circumstances. Prevent risk assessments should be reviewed and where appropriate, refreshed annually. It may often be appropriate to incorporate these risk assessments into broader safeguarding risk assessments.	NSSG will update the health system as and when required. All ICBs are linked with their Police Counter-Terrorism briefings at a regional level and will see the data, risks and threats from their local Police forces. This should inform them on actions required across the ICB. They should take a clear leadership role in ensuring that all healthcare Prevent leads are briefed on any need-to-know detail and any actions or mitigations required to maintain safety and support those at risk. NHSE Regional Safeguarding Leads and their Regional Home Office Leads should work together to support their ICBs in oversite of risk and support development of Prevent good practice across the regions.
232	50	Managing risk: Risk assessment In fulfilling the Prevent duty, health organisations should demonstrate effective action in the following areas: • supporting and participating with the Channel process where necessary • policies that include the principles of the Prevent NHS guidance and toolkit, which are set out	ICB Prevent Leads might wish to co-draft a local briefing with Chanel Chair, EPRR and Counter-Terrorism Police colleagues. ICB leads would be best placed to develop an ICB health lead Prevent forum supported by partners to ensure that all healthcare settings are clear on their priorities, are briefed on any need-to-know detail and any actions or mitigations required to maintain safety and support those at risk.

		in ‘Building partnerships, staying safe: guidance for healthcare organisations’ • procedures to comply with the NHS Prevent training and competencies framework	
233	50	Managing risk: Risk assessment We expect the safeguarding lead to have networks in place for their own advice and support to make referrals into Prevent. The Prevent national referral form should be used for referrals into Prevent.	ICB Prevent Leads might wish to co-draft a local briefing with Chanel Chair, EPRR and Counter-Terrorism Policing leads to support the knowledge development and risk management across their ICB geography.
234	51	Managing risk: Risk assessment The NHS Standard Contract is used for all commissioned services excluding primary care, including private and voluntary organisations. The safeguarding section of the contract requires providers to include Prevent in their delivery of safeguarding services, policies and training.	NSSG will own this action and brief ICBs accordingly so they might collaborate with integrated care partnerships. ICBs will support NSSG in this development work by working with their Regional Safeguarding Leads to identify risks, gaps and issues.
235	51	Sharing information Healthcare establishments should ensure they comply with the requirements of data protection legislation, and it is important that healthcare professionals understand how to balance patient confidentiality with the Prevent duty.	Data sharing is an explicit professional standard requirement to protect people from exploitation and violence, and it is a statutory requirement when it relates to children. Data protection legislation is not a barrier to information sharing, it is a guide to proportionality. ICB leads should work with partners to ensure they are aware of the duties and when to share information.

236	51	Sharing information When making a referral, healthcare professionals should be aware of any information sharing agreements in place with other sectors. They should also understand how to get advice and support on confidentiality issues when responding to potential evidence that someone is being radicalised into terrorism or supporting terrorism, either during informal contact or consultation and treatment.	NSSG will host the integrated safeguarding dashboard, including any Prevent data set. ICBs will support NSSG in this development work by working with their Regional Safeguarding Leads to identify risks, gaps and issues.
237	51	Sharing information NHS information sharing guidance has been developed to help healthcare staff that are involved in information sharing and information governance for the purposes of safeguarding people from radicalisation under the Prevent programme.97 The aim of this document is to support health practitioners to be confident in their actions and to understand how they can share information appropriately, proportionately and lawfully.	Data sharing is an explicit professional standard requirement to protect people from exploitation and violence, and it is a statutory requirement when it relates to those at risk of harm. ICBs will support NSSG in this development work by working with their Regional Safeguarding Leads to identify risks, gaps and issues.
Reducing permissive environments, para 238 – 241, p51 - 52			
238	51	This section should be read alongside Section 3: Compliance with the Prevent duty, Reducing permissive environments.	
239	51	Taking action to limit the potential harm and influence of radicalisers, as well as extremist narratives and content used by such radicalisers, can help to reduce the risk of people becoming terrorists	All healthcare settings should consider how they manage this potential risk. They should be working with their IT systems to manage all IT infrastructure across the whole

		or supporting terrorism. Specified authorities should have measures in place to ensure their facilities are not exploited by radicalisers. This includes seeking to ensure that any event spaces or IT equipment are not being used to facilitate the spread of extremist narratives used to encourage people into participating in or supporting terrorism. Such measures will help to limit access to platforms that can be used to radicalise others. GOV.UK Prevent duty training provides further information on extremist narratives	organisation to ensure that cyber security is effective for both staff and patient safety. Robust IT contracts should include security aspects that cover this area.
240	51	Health providers should consider whether IT equipment available to the public should use filtering solutions that stop access to material which supports terrorism or extremist ideas linked to terrorism.	All Healthcare settings should ensure IT systems are sufficiently supported and managed to ensure that staff working in the organisation do not have the ability to develop ideologies or become radicalised within the workplace or perpetuate hate or harmful narratives while at work.
241	52	Health providers should consider whether IT equipment available to the public should use filtering solutions that stop access to material which supports terrorism or extremist ideas linked to terrorism.	Organisations to ensure that cyber security is effective for both staff and patient safety. Robust IT contracts should include security aspects that cover this area.
Monitoring and assurance, para 242 – 245, p52			
242	52	This section should be read alongside Section 4: Monitoring and assurance.	
243	52	Within the NHS, local safeguarding forums including local commissioners and providers of NHS services have oversight of fulfilling the Prevent duty and	NSSG will update the NHS Standard Contract annually.

		ensuring effective delivery. NHS England holds the role of assurance through the NHS Standard Contract. 99	
244	52	Externally, the Care Quality Commission has regulatory oversight of independent and NHS-controlled providers, ensuring that they provide quality patient care on a sustainable basis.	Regional Safeguarding Leads should work in partnership with their regional CQC leads to work through risks and issues and support oversite and partnership working.
245	52	In Wales, the Healthcare Inspectorate Wales and the Care and Social Services Inspectorate Wales provide monitoring arrangements.	

Rotherham Safeguarding Adults Board (RSAB) Annual Report 2022-2023

Rotherham Place Board Meeting

Date: 20.12.2023

Author(s)	**Rotherham Safeguarding Adults Board**
Sponsor Director	**Sue Cassin – Chief Nurse (Rotherham)**

Purpose of Paper

Rotherham Safeguarding Adults Board have now published their annual report for 2022-2023 and this has been now shared with NHS South Yorkshire ICB to enable dissemination throughout the organisation.

The annual report has been brought to the Rotherham Place Board Meeting to enable review and comment on the report, and identify whether there are any internal actions for the ICB which can be taken away from the report.

Key Issues / Points to Note

The report gives a summary of the work completed over the 2022-2023 period by RSAB and the associated RSAB sub-groups, and also highlights the Local Government Association peer challenge that was planned and took place in July 2023, although the report was written before the challenge event took place.

The report also highlights the three key objectives from the new RSAB 2022 – 2025 Strategic Plan which are:

- Priority 1 – Back to Basics.
- Priority 2 – Systems, processes and performance.
- Priority 3 – Strengthen partnership.

Please see the report for full details.

Is your report for Approval / Consideration / Noting

The RSAB annual report has been shared for noting and to enable a review of the document by the members of SOAM.

Recommendations / Action

Although there are no specific recommendations and actions to be taken by the Rotherham Place Board, there may be subsequent actions for the ICB following review by the Board.

Board Assurance Framework

As the ICB is a statutory partner of the Rotherham Safeguarding Adults Board, the report shared links to the Board Assurance Framework for:

- Priority 1 – Improving outcomes in population health and health care.
- Priority 2 – Tackling inequalities in outcomes, experience, and access.
- Priority 4 – Helping the NHS to support broader social and economic development.

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

Not applicable in this instance.

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

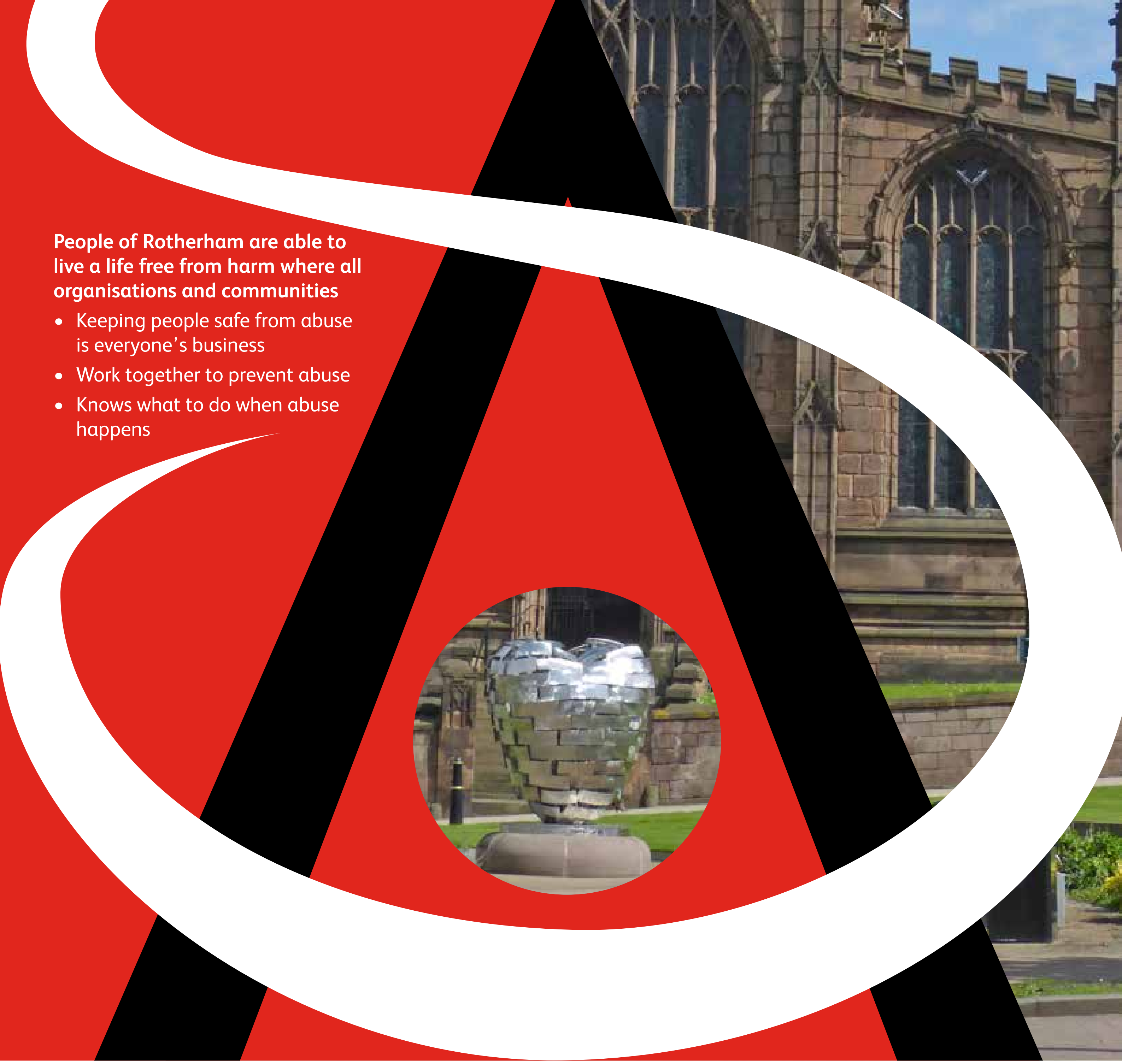
Not applicable in this instance.

Have you carried out a Data Protection Impact Assessment?

Not applicable in this instance.

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

Not applicable in this instance as this is an external report created by a third-party organisation.



People of Rotherham are able to live a life free from harm where all organisations and communities

- Keeping people safe from abuse is everyone's business
- Work together to prevent abuse
- Knows what to do when abuse happens

ANNUAL REPORT

2022/23

Rotherham
Safeguarding Adults

Rotherham
Metropolitan
Borough Council

INTRODUCTION BY MOIRA WILSON

Rotherham Safeguarding Adults Board Independent Chair

I am pleased to present Rotherham's Safeguarding Adults Board Annual Report for 2022/23.

Partnership working in Rotherham has remained strong with all partners contributing to the Board to ensure that people in Rotherham are protected and safeguarded. The sub-groups of the Board are chaired by representatives from across the partnership. They take forward the Board's priorities; this report gives examples of work achieved during the year. Attendance continues to be strong, and I would like to thank all subgroup Chairs and members for their continued involvement.

In April 2022 all Board members came together to develop the SAB's new three-year strategic plan for 2022 until 2025. We agreed three new priorities:

- **Back to Basics** – Working with partners to ensure the six principles of safeguarding are embedded in practice. Making Safeguarding Personal is part of everything we do.
- **Systems, Processes and Performance** – Make sure that all services have appropriate systems and processes in place to support and safeguard adults effectively.
- **Strengthen Partnership** – Make sure that partners, organisations, and communities will work together to prevent abuse from happening.

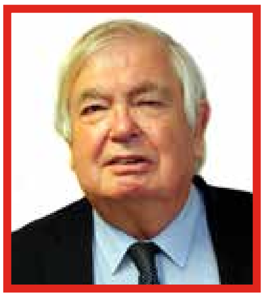
In September we joined with Rotherham Children and Young People's Partnership for our joint check and challenge review of safeguarding across Rotherham. We held these sessions in person for the first time since the pandemic and identified a number of shared objectives for us to take forward together.

In November 2022 another successful Safeguarding Awareness Week was held across South Yorkshire. We delivered a mixture of face to face and virtual training to over 600 people and feedback was positive.

I would like to thank partners for their continued support and look forward to continuing to deliver our new strategic plan.

MESSAGE FROM Cllr DAVID ROCHE

Chair of the Health and Wellbeing Board



The Rotherham Safeguarding Adults Board brings partners together and promotes true partnership working across all agencies to ensure that safeguarding is embedded in all aspects of working life. This Safeguarding Annual Report for 2022/23 reflects the work that is done across Rotherham by all partners and organisations to help protect the vulnerable.

This past year has seen partners provide evidence to the Safeguarding Adults Board to give assurance that there is a strong sense of partnership and working together to help safeguard the most vulnerable adults in our community.

As Cabinet Member for Adult Social Care, it gives me great pleasure to take this opportunity to acknowledge the commitment of all the Board partners including the members of the subgroups that support the Board and ensure the work is done.

'Safeguarding is everyone's business'. and this message is constantly shared across all aspects of service, we continue to work together to protect and safeguard the vulnerable.

Recognise. Respond. Report.

Councillor David Roche
Adult Social Care and Health

Keeping people safe from abuse is everyone's business

RECOGNISE • RESPOND • REPORT

The Rotherham Safeguarding Adults Board (RSAB) works to protect adults with care and support needs from abuse and neglect.

The RSAB's primary objective is to ensure that local safeguarding arrangements and partnerships act to help and protect adults at risk or experiencing neglect and/or abuse. The RSAB is a multi-agency strategic partnership made up of senior/lead officers and nominated safeguarding leads form within adult social services, criminal justice, health, housing, community safety and voluntary organisations.

The RSAB coordinates the strategic development of adult safeguarding across Rotherham and ensures the effectiveness of the work undertaken by partner agencies in the area. The Board aims to achieve those objectives whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Who is at risk?

An adult at risk is someone who is aged 18 or over who:

- Has needs for care and support
- Is experiencing or is at risk of abuse or neglect, and is unable to protect themselves

What is abuse?

Abuse can be:

- Something that happens once
- Something that happens repeatedly
- A deliberate act
- Something that was unintentional, perhaps due to a lack of understanding
- A crime

Abuse can happen anywhere, at any time and be caused by anyone including

- A partner or relative
- A friend or neighbour
- A paid or volunteer carer
- Other service users
- Someone in a position of trust
- A stranger

Types of abuse:

Physical abuse
Hitting, kicking, punching, kicking, inappropriate restraint

Domestic abuse
Psychological, physical, verbal, sexual, financial or emotional abuse by a current or former partner or family member

Organisational abuse
Poor treatment in a care setting

Financial or material abuse
Theft, fraud, misuse of someone else's finances.

Sexual abuse
Being made to take part in a sexual activity without consent

Discriminatory abuse
Harassment based on age, gender, sexuality, disability, race or religion

Neglect and acts of omission
Failure to provide care or support

Psychological and Emotional abuse
Shouting, ridiculing, or bullying

Modern slavery
Human trafficking and forced labour

Self-neglect
Declines essential care support needs, impacting on their overall wellbeing

Keeping people safe from abuse is everyone's business

Recognise • Respond • Report

Doing nothing is not an option!

ROTHERHAM SAFEGUARDING ADULTS REVIEW of 2022/23

During 2022/23 the RSAB continued to work with partners to protect adults at risk of abuse or neglect in Rotherham. The Board and the executive group continued to meet on a quarterly basis and the Independent Chair re-introduced face to face meetings post pandemic.

All Board members came together in April 2022 to develop the SAB's new strategic plan that will last from 2022 until 2025. The partnership agreed three new priorities.

- **Back to Basics** – Working with partners to ensure the six principles of safeguarding are embedded in practice. Making Safeguarding Personal is part of everything we do.
- **Systems, Processes and Performance** – Make sure that all services have appropriate systems and processes in place to support and safeguard Adults effectively.
- **Strengthen Partnership** – Make sure that partners, organisations and communities will work together to prevent abuse from happening.

The new strategic aims will be the focus of the work carried out by the Board over the next term and will be monitored through an action plan,

Safeguarding Awareness Week 2022

Safeguarding Awareness Week SAW22 was held across a local and South Yorkshire regional footprint. Events of the week saw Adults, Children's and Safer Rotherham Partnership delivering training and awareness sessions to the safeguarding partnership. Over the five days there were 27 awareness sessions held across the borough, these included Suicide Prevention, Ampro Bereavement Services and the Trauma Resilience Service delivered a specialist session on Coping with Trauma.

Over 600 registered attendees were booked to take part in events over the week. Across South Yorkshire the Working Together Partnership delivered two regional awareness sessions on Self-Neglect and Cyber Crime. Partners came together to share safeguarding information on a market stall in Rotherham Town Centre and interacted with the public to raise awareness.

Joint Self-Assessment

The Safeguarding Adults Board and the Childrens Safeguarding Partnership completed their second joint self-assessment with partners in September 2022. The self-assessment included an improved focus on check and challenge. Partners were invited to face to face sessions with the Independent Chair's and were able to have meaningful discussions while presenting their agency reports. The process provided both Adults and Children's Safeguarding Partnerships with assurance that the residents of Rotherham were being effectively safeguarded.

Published Safeguarding Adults Review (SAR)

In March 2023 the Safeguarding Adults Review named "Samantha" was published, the independent author completed the review and made recommendations for the Safeguarding Partnership to implement so learning can be shared and improvements to service considered.

ROTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2022-25

Rotherham
Safeguarding Adults

ROTHERHAM SAFEGUARDING ADULTS BOARD STRATEGIC PLAN 2022-25

Our vision is to make Rotherham a place where adults feel safe, secure, and free from harm and abuse. Our mission is to promote partnership working and to co-ordinate the effective delivery of safeguarding arrangements across the Borough.

Rotherham Safeguarding Adults Board – Who we are

The Safeguarding Adults Board (SAB) is a multi-agency partnership whic has statutory functions under the Care Act 2014. The main focus of the SAB is to ensure that in Rotherham safeguarding arrangements work effectively so that Adults at risk are able to live their lives free from abuse or neglect.

An Adult at risk is a person aged 18 or over who has needs for care and support and as a result of those needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Unpaid carers such as partners, relatives or friends can also get help and support if they are being abused.

In this Plan we will call an Adult at risk the 'Adult'.

The Structure of the Safeguarding Adults Board – How we will work

- Board with an Independent Chair
- Executive Group groups)
- Workforce and development Subgroup
- Performance & Quality Sub-group
- Policy and Practice Sub-group
- Safeguarding Adults Reviews Sub-group
- Task Groups (working

Our Strategic Statement – What we plan to do

We will work together with partner organisations and people in our communities so that Adults can live the best lives they can with their wellbeing and rights being supported, safe from abuse and neglect.

Our work will follow the six Safeguarding Principles which are: Empowerment; Protection; Proportionality; Prevention; Partnership and Accountability.

How are we going to do this?

We are going to work on three areas of equal importance, which will be our priorities. We will continue to work with our partners to make sure that by 2025 these priorities are achieved.

How will we know if we have achieved our priorities?

We will measure our progress and achievements through our Delivery Plan which will be updated every three months and presented to the Safeguarding Adults Board.

KEY OBJECTIVES

	What we will do	How we will we do it	How we will know that we have done it	How we will know that we have made a difference	How we will know that we have improved the Adult's life
Back to Basics PRIORITY 1	Working with partners to ensure the 6 principles of safeguarding are embedded in practice. Making Safeguarding Personal is part of everything we do.	1.1 We will support and receive assurance from partners that they are embedding Making Safeguarding Personal (MSP) throughout their organisations. 1.2 'Reset, Refresh and Retrain' and update the partnership by awareness raising, information sharing and training 1.3 The SAB will work to encourage and include the voice of the adult by working with voluntary organisations and user led forums. 1.4 Develop a common understanding on what is safeguarding. 1.5 Develop an audit toolkit/questionnaire to measure the impact of awareness raising, information sharing and training and to produce a report which will address the findings.	The Policy and Practice subgroup will lead the work for Priority One. They will work closely with the Workforce Development Subgroup to ensure partnership training is delivered and evaluated.	Adults will have choice and control when going through the safeguarding journey. Their views and wishes will be listened to and will be at the heart of any decisions made.	The Adult will feel listened to and be in control.
Systems, Processes & Performance PRIORITY 2	Make sure that all services have appropriate systems and processes in place to support and safeguard Adults effectively.	2.1. Work with the Local Authority to develop a New Safeguarding Referral Process. 2.2 Work with the Local Authority and partnership to explore and consider the benefits of an Adult MASH. 2.3 Work with the Local Authority to develop a revised partnership Safeguarding Case Management System 2.4 Respond to emerging trends and themes highlighted by the performance data. 2.5 We will make sure the Care Act, Mental Capacity Act, Mental Health Act & Human Rights Act are being lawfully implemented by partners and organisations.	The Performance & Quality Sub-group will lead the work for Priority Two.	Adults who have been abused or are at risk of abuse will be protected and we will know if our safeguarding arrangements work well.	The Adult will feel safe and supported with the actions taken to keep them safe.
Strengthen Partnership PRIORITY 3	Make sure that partners, organisations and communities will work together to prevent abuse from happening.	3.1 We will improve awareness of safeguarding across all communities, especially with those who are isolated, diverse and underrepresented by reviewing our communication strategy and developing a measurable action plan. 3.2 We will monitor and update the training strategy, responding to the training needs of the partnership. 3.3 We will work with the Children's Partnership to recognise young people who remain at risk of abuse and will strengthen the transitions process. 3.4 The SAR subgroup will work to ensure that recommendations and learning is embedded across the partnership when an Adult dies or has experienced serious abuse or neglect. 3.5 We will do more work with other user led groups so that the voices of diverse people are heard.	The Workforce Development and Safeguarding Adults Reviews Sub-groups will lead the work for Priority Three.	Everyone will be able to recognise what abuse is and know how to respond.	Adults will feel more confident by being better informed, engaged and supported.

The priorities for the Board for 2022/23 were:

Priority	Resulting Action
Develop a new Strategic Plan for 2022 - 2025	Plan a Board Development Day with an independent facilitator to bring the safeguarding partnership together to produce a new strategic plan for 2022-25. Agree the new key objectives and strategic aims of the Board and how the partnership can work together to deliver the priorities identified. This will provide the Board and the subgroups with their workplan for the next three years and ensure all partners are on board with the plan.
Work jointly with the Safeguarding Childrens Partnership to self-assess our partners safeguarding arrangements.	Consult with the safeguarding partnership on how they would like the Safeguarding Adults and Children's Boards to carry out a self-assessment. Manage the self-assessment process to ensure all partners complete their submissions and ensure the check and challenge session provides useful feedback to the Boards and their partners. This allows the partnership to contribute to the self-assessment process and ensures that the feedback sessions are effective.
Commission a Peer Review of the Rotherham Safeguarding Adults Board.	Partners have now agreed that the Local Government Association will carry out a peer review and dates have been agreed for July 2023. Preparation includes completing a self-assessment, compiling a catalogue of documents to provide as evidence to the review team and invite colleagues from across the partnership to be interviewed by the review team. This will help the Board progress and develop as a strong partnership.

The RSAB has four subgroups to ensure the priorities of Board are delivered. The Sub-Groups each have a work plan and during 2022/23 they were able to deliver the following specific pieces of work:

Performance and Quality Subgroup

Priority	Resulting Action
The Performance and Quality subgroup will carry out an audit of Policies held by partners. The audit will target • Domestic Abuse • Safeguarding • People in Persons of Trust (PiPoT) • Mental Capacity Assessment (MCA)	Partners were requested to supply the subgroup with their policies to assure the Board that safeguarding is consistent across the borough. Where documents were missing, agencies were asked to consider the development of procedures and report back to the subgroup.
Work with health partners to explore a common agreement on the reporting of pressure sores.	A working group was developed including colleagues from health, adult social care and commissioning to develop a practical agreement on how safeguarding issues relating to pressure sores should be reported into safeguarding. Work continues to include guidance in a Safeguarding Threshold Tool.

Workforce Development

Priority	Resulting Action
Develop an evaluation process to assess the impact of training on the safeguarding workforce across the partnership.	Work with partners to develop a way of gathering feedback from attendees at training provided by the RSAB. Explore different ways of communicating with attendees following training and ensure we are asking meaningful questions to shape future training.
Work with the adult and children's safeguarding partnership to deliver Safeguarding Awareness Week 2022.	27 awareness sessions delivered across five days, face to face and virtual 649 registered attendees Two regional awareness sessions – Self-neglect and Cyber Crime

Policy and Practice

Priority	Resulting Action
Work with the partnership to bring the Self-neglect and Hoarding Policies and Procedures into one document.	Following recommendations made by independent authors in safeguarding adults reviews the partnership have redesigned the Self-neglect and Hoarding Policy into one document, this includes easy to follow flow charts and the clutter scale to aid workers using the policy.
Refresh and update policies that are shared across the partnership.	The subgroup reviewed and refreshed the Escalation Policy that is used by the partnership to raise concerns if issues are identified during a safeguarding matter. The People in Positions of Trust (PiPoT) policy has also been refreshed to inform the partnership of their PiPoT responsibilities.

Safeguarding Adults Review

Priority	Resulting Action
The SAR subgroup commissioned two SAR's during 22/23 and one SAR named Samantha was published March 2023.	SAR Samantha was completed and signed off by the RSAB in December 202s, the report was published on the RSAB website in March 2023 and the report was shared across the partnership for learning purposes. This SAR looked at issues of self-neglect and mental capacity.

World Social Work Day, 15 March 2022

LOOKING FORWARD
to 2023/24

SAFEGUARDING IS EVERYONE'S BUSINESS
ROTHERHAM'S
SAFEGUARDING AWARENESS WEEK
CHILDREN AND ADULT ABUSE
WILL NOT BE TOLERATED

The new strategic plan for 2022/25 provides the Board and its subgroups with a new and refreshed work plan and this will be monitored by an overall action plan that will be reported to the Board. The new strategic aims set out clear objectives for the subgroups and all partners to deliver on and this will be achieved by working together over the next three years.

The Local Government Association will be undertaking a Peer Challenge during July 2023, this will involve six reviewers visiting Rotherham over a three day period and undertaking a series of interviews with safeguarding colleagues from across the partnership. The review team will be provided with a self-assessment completed by the Board that will highlight our strengths and area for improvement.

The RSAB has asked the Peer team to concentrate on the following areas:

Outcomes for and the experiences of people who use services

This theme looks at what differences there have been to the outcomes people experience in relation to Adult Safeguarding and the quality of experience of people who have used the services provided.

Leadership, Strategy and Working Together

This theme looks at the leadership of the RSAB and how they deliver their statutory duties. There is recognised and active leadership to safeguard adults in each of the statutory partner organisations.

Following the Peer Challenge the Board will receive a report of the teams finding and this will also provide the Board with areas for improvement and recommendations on how changes could be made.

Safeguarding Awareness Week 2023

SAW23 will take place the 20 to 24 November. The Rotherham Safeguarding Partnership will be organising training and awareness sessions throughout the week. The South Yorkshire launch event will be hosted by Rotherham this year and will bring together colleagues from across South Yorkshire to celebrate the launch of this important week. The topic for the launch event will be Online Safeguarding, with a focus on how we keep children's and adults safe while online, the emerging themes in fraud and online scams and the South Yorkshire context and challenges for online safety.

APPENDIX I

KEY PARTNERSHIP CONTRIBUTIONS 2022/2023

The partners of the RSAB all have a responsibility to help deliver the priorities that are set out in the strategic plan. Each partner has provided evidence to how they deliver the four priorities of the Board. Here are some examples of the good practice, learning and customer stories that ensure that the Rotherham Safeguarding Partnership is committed to working together to safeguard its citizens and to continue to raise awareness of safeguarding.

Rotherham Council

Making Safeguarding Personal

How does your organisation ensure the six principles of safeguarding are embedded in practice. Making Safeguarding Personal is part of everything we do.

Safeguarding systems have been refreshed and redesigned during 2022/23 and mandatory fields have been included in the design to ensure no safeguarding case can continue without outcomes being recorded.

Recording the wishes and outcomes of all persons involved in a safeguarding concern is necessary to ensure we are capturing the principles of MSP.

Rotherham Council ensure all workers are able to access Making Safeguarding Personal (MSP) training.

Billy returned home to live with family following a hospital admission, home care services were commissioned to support Billy at home despite his family insisting they would care for him. Billy discloses to home support agency he is fearful for his life , has little food and being excluded from watching tv and rest of family life .

Safeguarding Concerns are raised with Rotherham Locality Service and an exit plan arranged into emergency care home placement.

Social Work continues with Billy in relation to ongoing safeguarding adults' enquiries relating to finances, longer term planning and relationships with family members.

Safeguarding was made personal for Billy …

He was always at the centre of his safeguarding journey and **empowered**.

He was **protected**.

Establishment of strong relationships and partnership working was evident.

Transparency of actions taken.

Further safeguarding concerns **prevented** in relation to financial abuse suspected.

Rotherham NHS Foundation Trust:

How does your organisation ensure the six principles of safeguarding are embedded in practice? Making Safeguarding Personal is part of everything we do.

Empowerment – MSP is included in the Think Family training for staff. The Safeguarding team reinforce that the adult's outcomes are to be sought where possible when considering a safeguarding referral. Referrals to the advocacy service are made where deemed necessary. The Safeguarding team quality assure the referrals generated by TRFT staff and feedback to them.

The safeguarding team work closely with the Learning Disability and Autism team. Their expertise is used to establish effective communication methods and support with their patient group when a safeguarding concern has been raised.

Training compliance is monitored via Safeguarding Key Performance indicators and the Safeguarding Standards set by the Integrated Care Board (ICB). These are reviewed at the monthly Operational Safeguarding Group which reports to the Safeguarding Committee held quarterly and chaired by the Chief Nurse

Prevention – Safeguarding information and guidance is provided to staff via the Hub. There is a visible presence on the ward areas from the safeguarding team to guide and provide advice and coaching. Safeguarding information is also visible in the form of posters and ward boards across the organisation.

Proportionality – The principles of the Care Act 2014 and MCA 2005 are practiced when working in partnership with adults to meet their identified safeguarding outcomes where possible. Staff refer to advocacy services when appropriate. The Trust also has an Learning Disability and Autism team that support patients to have a voice in the care they receive and in service design.

Protection – Training compliance is monitored via Safeguarding Key Performance Indicators and the Safeguarding Standards set by the Integrated Care Board (ICB). These are reviewed at the monthly Operational Safeguarding Group which reports to the Safeguarding Committee, held quarterly and chaired by the Chief Nurse.

Appreciative enquiries are completed to share learning, best practice and embed any learning in practice across the Trust.

Safeguarding policy and guidance is freely available through the Hub.

Partnership – Staff are guided by the Organisation's Information Governance Policies, procedures and Caldicott principles. Guidance is provided when information may be shared without consent. However staff will always seek to work with an adult and be open about any actions that may be taken

The Adult Safeguarding Team continues to work in partnership with Rotherham Council to provide "health" input for safeguarding investigations. This involves offering support to Rotherham Council colleagues around investigations, Decision Making Meetings (DMM) and preparations for Outcomes meetings (OM), even when there is no TRFT involvement. This represents continued commitment to partnership working.

Accountability – TRFT supports meaning of, "safeguarding is everyone's responsibility."

To ensure accountability, staff have training to ensure they are clear about their responsibilities in relation to raising safeguarding concerns.

A young adult woman attended due to significant facial injuries. She declined to disclose to staff what caused the injuries and maintained she had fallen.

UECC staff and ward staff work sensitively with the woman to provide access to external domestic abuse support and gain consent to involve our Rotherham Council children's services to ensure the impact on the children could be considered fully.

This was an excellent example of 'Think Family' in practice, demonstrating consideration of not only the presenting concerns, but of the wider issues involved. TRFT staff were praised for their vigilance and professional curiosity, and the team were able to share this across the trust to promote learning from good practice.

SY ICB Rotherham Safeguarding Team (Formerly NHS Rotherham CCG)

How does your organisation make sure that partners, organisations and communities will work together to prevent abuse from happening?

NHS South Yorkshire ICB at Rotherham Place is committed to partnership working in all matters of Safeguarding Adults. The ICB is represented within RSAB at executive level and also embedded within all RSAB sub-groups. The ICB is also active and engaging within the Rotherham Safer Partnership, is a statutory member within Rotherham Channel Panel and actively engages within other key areas at a local level such as Domestic Abuse.

As a commissioner of health care in Rotherham, oversight and assurance is obtained from commissioned services through receiving annual Provider Safeguarding assurance declarations (as part of the NHS Standard Contract Quality Schedules).

In addition to this, the ICB in Rotherham Place is actively involved in liaising with partners within identified Safeguarding concerns, as well as having regular monthly Safeguarding Adults interface meetings with the main NHS providers and participation within quarterly strategic meetings as a valued partner.

NHS South Yorkshire ICB at Rotherham place have successfully jointly led on the introduction of the new annual Provider Safeguarding Assurance Document at Rotherham Place, as part of a larger piece of work at the ICB to use a standardised template across all of South Yorkshire at all Places. This will assist providers or cross ICB place borders in creating a single assurance document instead of multiple versions, saving time and repetition of work.

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

How does your organisation make sure that all services have appropriate systems and processes in place to support and safeguard Adults effectively.

The Trust utilises the SABs policies and procedures and all safeguarding legislation to ensure that our patients are appropriately safeguarded.

Robust mechanisms are in place to scrutinise incidents of patient safety, including safeguarding, and offers the opportunity to embed learning into practice.

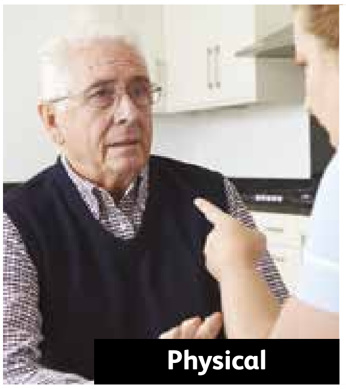
A young woman with a diagnosis of psychosis had several previous admissions to mental health inpatient services with a similar presentation. Last presentation to services was that of a diagnosis of personality disorder. During the most recent admission the patient was antenatal and would be term (ready to birth) during the inpatient stay.

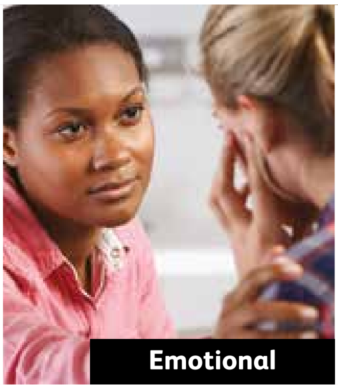
A multi professional approach was taken to create a robust risk assessment and protection plan for the patient, care givers and baby. The Court of Protection was required and detailed plans circulated to all involved, including local authority, RDaSH and TRFT staff. This ensured every possible outcome for the birth was explored for risk and mitigations in place accordingly, in the least restrictive way.

The impact on all involved was acknowledged as being a complex case that required a professional debrief, afterwards from a psychologist and during from supervision provided by the RDaSH safeguarding team.

The case demonstrated outstanding evidence of making safeguarding personal through advocacy for the patient’s human rights and emotional wellbeing long term. Trauma informed practice was prevalent, recognising the trauma of the situation for all involved and responding to the trauma through debrief, supervision and psychologist input. A Think family approach was clear, considering the impact on the baby, patient, and other significant members of the family, working within legislation and safeguarding frameworks, whilst recognising the emotive nature of the situation.

Do you know the signs of adult abuse?





Organisational

Recognise • Respond • Report

South Yorkshire Police

How does your organisation make sure that all services have appropriate systems and processes in place to support and safeguard Adults effectively?

The force has identified a lead officer managing the portfolio of Protecting Vulnerable adults. This officer is at Chief Inspector level. The force lead chairs a series of meetings that, amongst other things ensure our systems and processes are scrutinised to ensure they are fit for purpose.
Any concerns regarding any of these processes are raised within this process and addressed straight away.

Within Rotherham we have created the Vulnerability Pathway. This is a series of platforms upon which vulnerability can be managed dependant on Threat, Risk and Harm. An individual can be escalated or de-escalated should the risk change.

This process is true multi-agency and all partners including the voluntary sector are invested in the process.

Our systems are utilised daily and are embedded within ‘daily business’. In Rotherham we have created a process whereby vulnerable adult alerts are scrutinised by specific officers for quality. This also allows officers to properly assess the threat, harm and risk identified within the alert.. This ensures Safeguarding concerns are being addressed appropriately and in a timely manner.

Individuals are assessed throughout the process to monitor the level of risk and to measure whether this has changed since the referral. Embedded within the process is a three month review to look at the situation as it evolves to ensure the risk has not escalated to put the individual at any further risk.
If the picture has changed the individual can be referred straight back into the pathway at the level commensurate with the current risk.

L is a 30 year old woman who has suffered significant trauma throughout her life as a result of both physical and sexual abuse. Neglected from a young age she rebelled and found herself in a world of petty crime and class B drugs. This soon escalated into far more serious crime and an addiction to Heroin and Crack Cocaine.

Over the years she entered into several abusive relationships resulting in two children both of whom were taken into care. Her life was extremely chaotic , she was 'sofa surfing' and engaging in extremely risky behaviour around drugs and alcohol.

Services have been a part of her life as long as she can remember.

Over the last two years the VARM process has engaged her. She has a advocate allocated from the trauma and resilience service and for once she feels that she is being listened to. Through the work of the VAARM she has reduced her drug intake and is engaging with the drug and alcohol service. She has a place that she can call home and is looking forwards to decorating it. She has a steady boyfriend and whilst the relationship is not completely free of risk it is far more stable than her previous ones.

We have to accept given the trauma that LB has suffered throughout her life that there will always be a degree of chaos and associated demand upon services. That said having seen her at her lowest in a hopeless situation the work of the VARM has taken her to a new level I doubt even she thought possible.

South Yorkshire Fire and Rescue Service (SYFR)

How does your organisation make sure that partners, organisations and communities will work together to prevent abuse from happening?

SYFR attend the Safeguarding Adult Board and relevant sub groups to support the multi agency work in Rotherham and across South Yorkshire. SYFR are aware of the escalation routes if required.

The Safeguarding Officers and High Risk Coordinator have professional conversations and use appropriate challenge if required in relation to safeguarding adults.

SYFR offer a partnership scheme called Safer South Yorkshire (formerly Safe & Well) to ensure that organisations can sign up to refer those they work with for a Home Fire Safety Check. Partnership work can support people to live safe and prevent abuse and neglect from happening. When abuse and neglect happens we can work together to ensure we are proportionate and offer appropriate protections.

SYFR are involved in the Self neglect and Hoarding work around South Yorkshire and work with a range of agencies to support people in the community.

SYFR are engaging in partnership with the Adult Social Care teams and are delivering awareness sessions for staff on Home Fire Safety in high fire risk. This is a positive partnership that ensures we can work together to keep our communities safe. SYFR offers Safer South Yorkshire referral partnerships to a range of services to support our prevention work.

Rotherham Voluntary and Community Sector (VCS):

How does your organisation make sure that community organisations and groups will work together to prevent abuse from happening?

Voluntary Action Rotherham (VAR) hosts and co-ordinates a number of VCS Networks and Consortia, including the developing VCS 'Supporting Adults in Rotherham Network' (SAIRN) as a means of disseminating changes in policy and practice, training opportunities and campaigns out to the wider VCS. In addition, the SAIRN aims to provide a consultation forum where proposals can be reviewed and feedback from the VCS communicated to both the Adult Safeguarding Board and to the Anti Social Behaviour Policy and Practice Sub-group via Voluntary Action Rotherham's representation.

The Rotherham VCS, through the VCS Networks and Consortia, has continued to show its commitment to Adult Safeguarding across the Borough and the work of the Adult Safeguarding Board via a nominated representative – Irshad Akbar of You Asked We Responded (YAWR) Services.

RECOGNISE · RESPOND · REPORT

APPENDIX 2

KEY FACTS AND FIGURES

A Concern

A Concern is a feeling of anxiety or worry that a Vulnerable Adult may have been, is or might be, a victim of abuse. An alert may arise as a result of a disclosure, an incident, or other signs or indicators.

A total of **3,666** concerns were reported through the new Safeguarding Adults Collection (SAC).

Each concern is looked at and the three-point test is applied.

The safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs).
- Is experiencing, or at risk of, abuse or neglect.
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

If the concern does not meet the criteria of the 3 point test the case may be signposted to a different team. We will always ensure the person is safe and not in any danger.

3,666 Safeguarding Concerns were received in 2022/23

Section 42 Enquiry

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

'Safeguarding adults' is the name given to the multi-agency response used to protect adults with care and support needs from abuse and neglect. When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened.

At any point during this investigation a case can exit the safeguarding process.

The subject of the investigation must be aware and, in most cases, agree to the safeguarding enquiry unless they are unable to or a crime has been committed.

550 Section 42 enquiries began 2022/23

Decision Making Meeting (DMM)

The DMM will bring all relevant people together to ensure that, if the enquiry continues, the right questions will be asked of the right people. The voice of the person at risk of harm must be heard. Plan the way forward, look at who is best placed to investigate the concern.

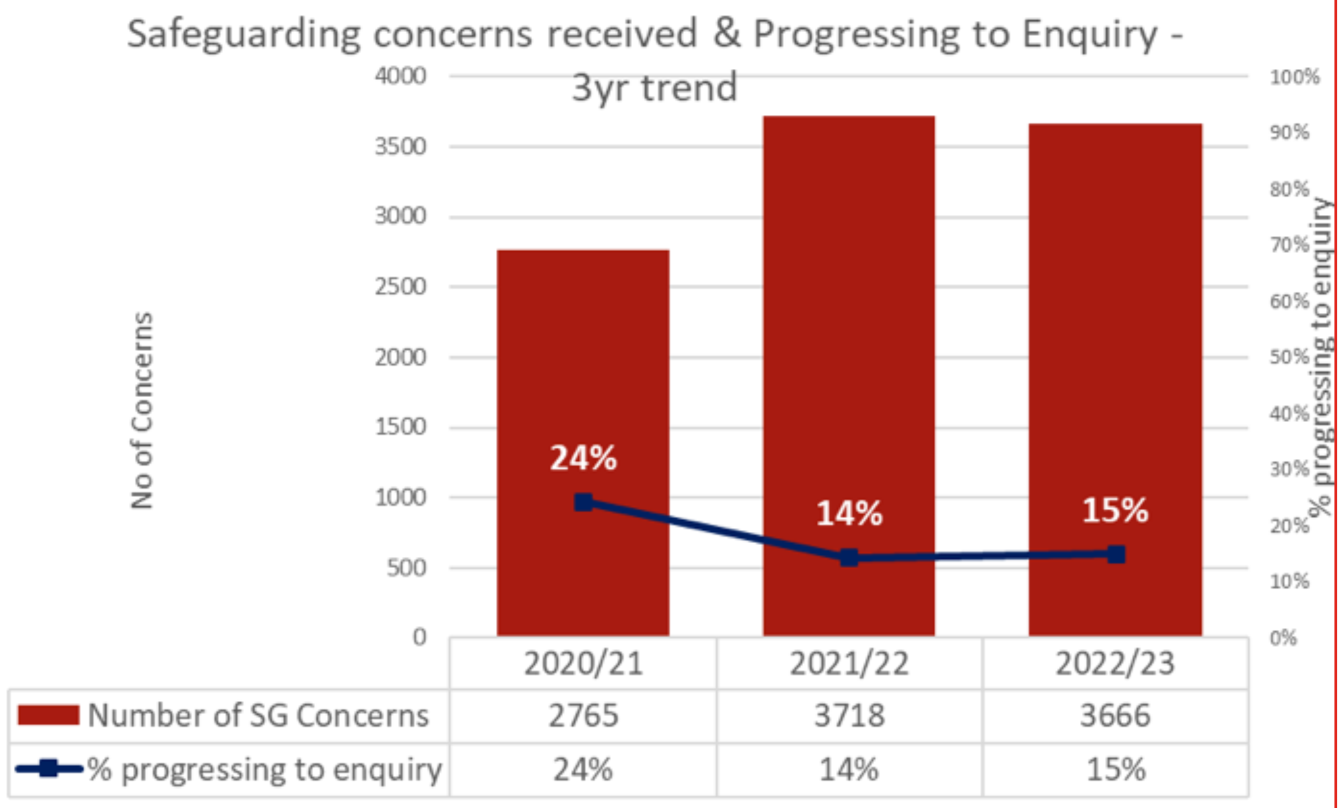
This meeting may be held virtually, to ensure it happens in a timely manner.

Outcomes Meeting

The Outcome meeting will bring all interested parties together including the individual if they wish to attend. Support from friends, advocacy or family is also encouraged. The voice of the person at risk of harm must be heard throughout the meeting and they must be given the opportunity to tell their story.

The meeting will bring the investigation to a conclusion and recommendations must be agreed by all interested parties and timescales and expectations clearly identified.

Safeguarding Annual Performance: 2022/23

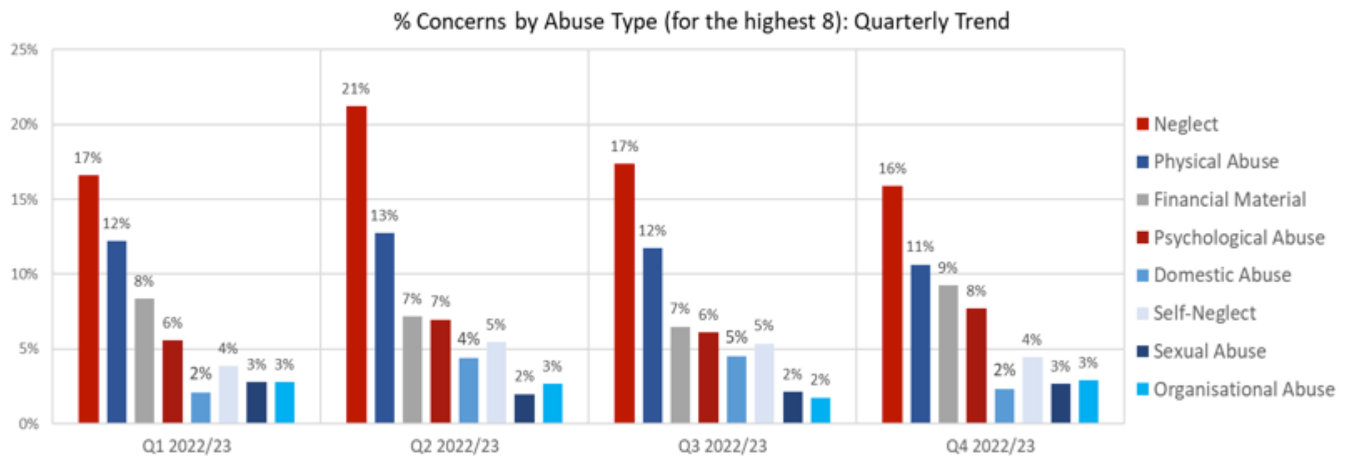


In the previous reporting year there was a 34% increase in new safeguarding concerns, (3,718 in 2021/22 compared to 2,765 in 2020/21).

The high level of demand has continued in 2022/23 with just 52 fewer totalling 3,666 new concerns reported, but there has been a slowing from the first two quarters of the year when more than 1,000 received compared to the last six months (quarter 3 had 800 and quarter 4 had 855).

The quarterly analysis shows the upward trend and clear increase over the last 3+ years.

Although volume of concerns are high, progression rates remain low ending the year at 15% just 1% higher than last year. Of the remaining 74% or 593 concerns not progressing to enquiry in quarter 4, 593 were closed with no action following initial investigation.



Proportion of enquiries by abuse type*	2020/21	2021/22	2022/23	One Year Direction of Travel
Physical Abuse	28.4 %	23.6 %	18.8 %	-4.8 %
Sexual Abuse	6 %	5.1 %	6.8 %	1.7 %
Psychological Abuse	16.7 %	14.5 %	16.1 %	1.6 %
Financial Abuse	24.9 %	25.5 %	19.9 %	-5.6 %
Neglect and acts of omission	39.1 %	40 %	38.8 %	-1.2 %
Discriminatory Abuse	0.6 %	1 %	.6 %	-0.4 %
Organisational Abuse	9.8 %	8.6 %	7.3 %	-1.3 %
Domestic Abuse	7.2 %	4.9 %	3.9 %	-0.9 %
Sexual Exploitation	1.5 %	1 %	1.1 %	0.1 %
Modern Slavery	1.2 %	0 %	0.3 %	0.3 %
Self Neglect	6 %	12.8 %	10.9 %	-1.9 %
No abuse type recorded	1.8 %	3.2 %	10.1 %	6.9 %

*Please note one enquiry may be linked to multiple types.

The table and chart show the breakdown in types of abuse recorded over the last four years, with neglect and acts of omission being the largest group of recorded incidents.

Neglect (38 %), Financial (20 %) and Physical abuse (19 %) continue to represent the three highest enquiries abuse types reported. In 2022/23.

Neglect and acts of omission covers concerns including:

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Safeguarding Adults Review – (SAR)

A Safeguarding Adults Review must be carried out if:

- An adult dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in their death. In such circumstances the SAB should always conduct a review into the involvement of agencies and professionals associated with the vulnerable adult.
- An adult has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard vulnerable adults.
- Serious abuse takes place in an institution or when multiple abusers are involved, the same principles of review apply. Such reviews are, however, likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to each specific case.

The SAR is commissioned by the SAB and all partners who have had involvement with the subject of the enquiry will be required to participate in the review. The results of the review are published by the SAB in the form of a final report.

Number of SARs Commissioned 2022-2023
2 SAR's were commissioned in 2022/23.

Number of SARs Completed 2022-2032
1 SAR was completed and published March 2023.

SAR Samantha

Samantha was a 33 year old female of White British origin who had longstanding mental health illness, diagnosed with paranoid schizophrenia who was found deceased further to Covid symptoms (as reported to the fire service by her mother). It was noted that Samantha had been deceased for several days before she was found. The coroner recorded death by natural causes from an Idiopathic thrombotic pulmonary embolism.

Samantha lived alone in a private rented property – poorly maintained by the landlord, in need of repairs and in a neglected state. Samantha had been noted by services to be disheveled and struggling to care for herself in the previous months.

Samantha was known to a range of services who found it difficult to engage with her.

Police received multiple calls from Samantha with concerns that there were intruders in her property and that she could hear people in the house. None of these incidences were found to be becasue of intruders. It was noted that Samantha had not been taking her medication for management of mental health symptoms for some time.

The independent author noted.

Professionals found it difficult to engage with Samantha and this was where organisational factors had an impact. Within mental health services, there was an inability to continue to try and engage with Samantha as she was stating that she did not want help. Samantha's mental capacity was discussed within a multi-disciplinary team meeting, and the organisation referred elsewhere to undertake further mental capacity assessments. This showed a gap in understanding of mental capacity assessment requirements within the organisation. The absences of personnel in social care and environmental health were not addressed *organisationally, resulting in Samantha not being seen for several weeks.*

From an interagency perspective there was no recognition by any agency that there needed to be a wider multi agency response indicative of an appropriate response to self-neglect.

The restrictions related to Covid-19 also had an impact on the assessment as several appointments were cancelled by the family due to the restrictions in place at the time. This was unavoidable and is being addressed with a number of professionals reviewing the UK covid response on safeguarding at a national level.

The findings of this review mirrored some of those found by researching self-neglect SARS, in particular understanding of assessment of mental capacity where there may be concerns related to executive functioning.

Recommendations

1. Learning from Previous SARS

1.1 RSAB should seek to collate all recent learning from SARs related to self-neglect and create one self-neglect action plan. The current response to self-neglect should be tested as a baseline using multi agency case file audits following publication of this SAR and at some point in the future to assess how well learning has been embedded. This is in line with the strategic plan for RSAB.

2. Referral and decision makin

2.1 In the development of the new referral system as per the RSAB strategic plan the following must for part of the process:

- RSAB to seek the development of a Transfer Protocol between Mental Health Trust and Adult Social Care that includes clarity on lead roles, challenge and escalation and dispute resolution.

3. Multi Agency Frameworks and Processes

3.1 RSAB must escalate and expedite VARM guidance that includes:

- Threshold criteria for referral.
- The right designation/organisation for the Chair or to rotate Chairing.
- Escalation process.
- How safeguarding processes under the Care Act sit within the VARM process map. e.g. Does VARM stop when Section 42 starts and/or vice versa?
- Where CMARAC fits in.
- Is there a step up and step-down process from other processes?
- Commitment of agencies to attend VAP at the right level rather than downward delegation.
- Assurance gathering on the efficacy of the system.

4. Self-Neglect; a safeguarding issue

4.1 RSAB to update the Self-neglect policy and procedures incorporating all new learning from this review.

- Ensuring a multi-agency response with guidance on which agencies may need to be considered to include.
- Flow charts of each stage of process including signposting and other processes, downloadable for ease of reference.
- Responses outside of S42.
- Engagement with difficult to engage people.
- Policy and process in one document so all in one place rather than separate.
- Identify where VARM and other processes fit with self-neglect.
- Importance of being professionally curious.

4.2 RSAB Subgroups to spotlight Self Neglect and being professionally curious during Safeguarding Adult Awareness week (November 2022).

4.3 RSAB to ask that the appropriate RBC Department provides a presentation and briefing regarding how Selective Licensing may work together with other organisations to protect against harm from self-neglect.

5. General Learning Briefing

5.1 RSAB should consider various methods of sharing the learning from this review e.g. podcast, video, etc. as well as the traditional learning briefing.

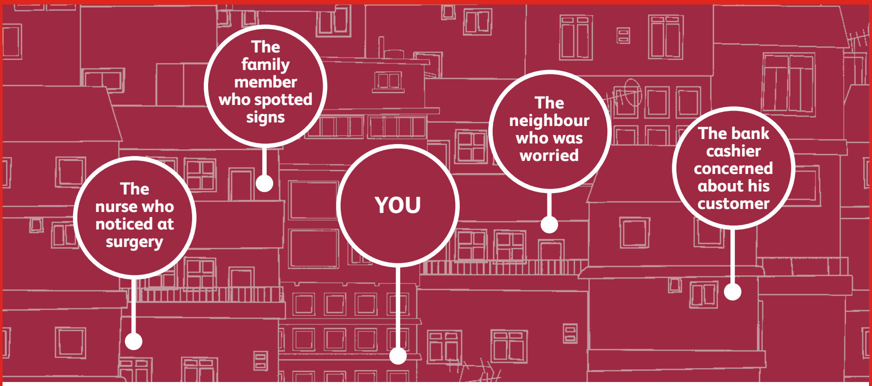
5.2 A case study should be developed to support individual and team reflection.

APPENDIX 3
ROTHERHAM SAFEGUARDING ADULTS BOARD ATTENDANCE

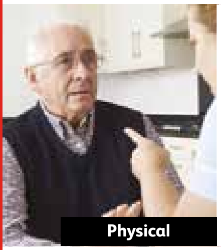
Date of Safeguarding Adults Board Meeting (excludes e-learning)

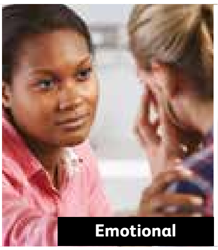
	June 2022	September 2022	December 2022	March 2023
South Yorkshire Police	✓	✓	✓	✓
The Rotherham Foundation Trust	✓	✓	✓	✓
Rotherham Integrated Care Board	✓	✓	✓	✓
Director of Adult Social Care, Rotherham Council	✓	✓	✓	✓
South Yorkshire Fire and Rescue	✓	✓	✓	✓
Rotherham, Doncaster and South Humber NHS Foundation Trust	✓	✓	✓	✓
Rotherham Council Services	✓	✓	✓	✓
Voluntary Sector	✓	Apologies	✓	Apologies
National Probation Service	✓	✓	✓	Apologies
Cabinet Member for Adults Services	Apologies	✓	Apologies	Apologies

Rotherham Council's Cabinet Member for Adults Services supports the work the Safeguarding Adults Board with a visible presence at events and discussions throughout the year and is provided with monthly updates on all safeguarding adults' issues as well as the work of the Board.

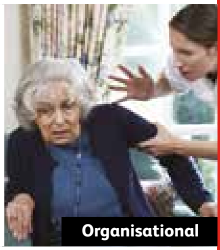

The family member who spotted signs
The nurse who noticed at surgery
YOU
The neighbour who was worried
The bank cashier concerned about his customer

Do you know the signs of adult abuse?


Physical


Emotional

Financial


Organisational

Recognise • Respond • Report

Rotherham Council 01709 822330
Police non emergency: **101** *or* emergency: **999**

Keeping people safe from abuse is everyone's business

For more information about types of abuse
www.rotherham.gov.uk/abuse

Rotherham Safeguarding Adults

NHS Rotherham Clinical Commissioning Group

South Yorkshire POLICE

Rotherham Metropolitan Borough Council

NHS The Rotherham NHS Foundation Trust

NHS South Yorkshire Integrated Care Board

NHS England

NHS Rotherham

Rotherham age UK

healthwatch Rotherham

National Probation Service

CROSS ROADS CARE Rotherham

South Yorkshire POLICE

South Yorkshire FIRE & RESCUE

carers trust a Network Partner

RDaSH leading the way with care

South Yorkshire Police and Crime Commissioner Your Voice

Rotherham Metropolitan Borough Council

NHS
South Yorkshire
Integrated Care Board

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

Rotherham Place Board

20 December 2023

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

Purpose of Paper

For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which is scheduled for discussion, by exception on the Rotherham PET agenda on the 14 December 2023. Due to the deadline for the papers, please note that the discussion has not been captured in this version of the Risk Register.

Key Issues / Points to Note

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.

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:

- Risks are routinely reviewed and owned at Place, and give a clear picture of risks at Place; and that
- The Place is satisfied that each identified risk is properly sized up (i.e. scored); and that
- Places are satisfied that the right actions are in place to mitigate those risks back to the risk appetite score

Executive Summary

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.

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.

Table 1; BAF Objectives, by score

Ref	Descriptor	Score	Actions
4.3	The number of transformations 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.	**5x4=20**	• Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning. • Finalise July 2023 ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023. • ICB Transformation PMO review completed and methodology and approach being implemented.
1.2	The local healthcare system is sustainable, accessible, and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.	3x3=9	• 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives. • Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. • Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.
2.1	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.	4x2=8	• Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board • Robust ICB 5-year Joint Forward plan - agreed at July board 2023. • Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake. • 360 Internal Audit HI completed May 23. • Audit and PHM SDG action plan presented to August QPPIE - HI internal audit to be included in the internal audit ICB annual Plan.

2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships.	2x3=6	• Complete review of all ICB Functions as part of Phase 1 (to June 2023). • Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. • Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4. • 360 HI audit undertaken and action plan in place.
4.4	The ICB is working as part of an integrated care partnership collaborating with the South Yorkshire Mayoral Combined Authority, and partners in the development of priorities and delivery plans.	2x3=6	• Robust ICB 5-year Joint Forward plan - Draft June 2023. • Robust ICB 5 year joint forward plan with clear membership and governance. • Next step now to move to delivery and identifying delivery.
3.1	The ICB is working in the best way to make sure the best use of resources: a. there is an effective Operating Model to fulfil the organisations objectives b. Partnership arrangements are fully exploited to secure effective arrangements in Place c. Strong and effective collaborative arrangements are operating at a system level.	1x3=3	- BAF Deep-Dive with Operational Executive and revision, emending in 2023/24. - Review in conjunction with Running Cost Allowance work programme in Q1 23/24.

There are currently a total of **47** 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	**Service Delivery** - 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**	• Place Committee. • Partnership Agreements.
SY113		**16**	

	Waiting times – failure to eliminate Referral to Treatment (RTT) waits over 65 weeks affects patient access, patient safety and experience, security of future funding and SYB reputation, by March 2024		• Implement SYBAF Diagnostics & Elective Recovery Plan. • GIRFT improvement programme. • NHSE Quality Improvement support Patient initiated digital mutual aid system (PIDMAS) in development by NHSE to allow for better access and choices for patients.
SY114	**Winter Planning** - There is a risk that the SY health and care providers will not have the capacity to provide a safe service over the winter period, due to increased public demand linked to the winter surge resulting in potential patient harm and reputational damage.	16	• Daily system co-ordination centre calls. Weekly winter check in calls. • Ongoing implementation of UEC recovery plan and 10 high impact measures. • Flu and 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.
SY102	**Learning Disability and Autism** - There is a risk that LDA patients are not receiving good quality care and treatment and are in hospital when they should not be, this is due to there being no LDA inpatient provision in SY and gaps in the community infrastructure to enable discharge and prevent admission, resulting in people being admitted inappropriately and sent out of area	16	• Safe and Wellbeing Check Improvement Plan. • Implementation of National Escalation. • Protocol for CQC inadequate ratings. • Provider Collaborative priority to look at inpatient beds for LDA. • Implementation of new CETR/DSR Policy including establishment of ICB Oversight Panel. • Inclusion of LDA Placement issues on SQG hotspot report for oversight.
SY115	**Operational Recovery** - There is a risk that operational recovery for cancer services will be significantly hindered by further Industrial Action.	16	Continue to support local derogations in relation to cancer services if possible.
SY116	**Operational Recovery** - 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	**Paediatric Radiotherapy** - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals NHS Foundation Trust	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.

	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.		
SY124	**National Trajectory for Learning Disability and Autism (LDA) Inpatients** - 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.	**16**	• Regular Case Reviews with place and Programme Director to identify and unblock 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 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. • 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.
SY028	**Oncology Workforce Challenges** – in recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower GI service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer-term solution which is being led by the Cancer Alliance.	**16**	National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team with IMT established. STH are establishing an Non-Surgical Oncology (NSO) insourcing model for breast services with Remedy to secure additional capacity.

SY082	**Adult Mental Health -** Across the ICB there are increasing presentations for eating disorders in adults. This is due to unmet need and lack of provision in this pathway across the system. Secondly there are issues around the current available services and the capacity of these to meet the needs of 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.	**16**	Partnership eating disorders T&F group established, Alternative to Crisis reduction/ prevention provision commissioned, Development of MH ARRS model in primary care.
SY123	**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.	**15**	• More hours being focused in from other workstreams to support the complaints' function. Acknowledgement letters changed to acknowledge delays in the process and asking not to contact.

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

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

Table 3: Risks above risk appetite

Ref	**Descriptor**	**Score**	**Mitigation / Treatment**

SY091	**Corporate ICB Capacity -** There is a risk of insufficient capacity in the ICB in shared functions and place teams to be able to fulfil the obligations of the ICB.	**12**	Shared functions and Place teams will work to build resilience within their functions during and post the running costs allowances programme.
SY021	**LeDeR -** There is a risk that the ICB will not meet national policy requirements for LeDeR, this is due to delays in agreeing workforce and accountability framework, which may result in learning not being identified and embedded across the system to prevent avoidable deaths and reduce health inequalities. The ICB will also be in breach of Nationally set KPI's resulting in further action by NHSE	**12**	• South Yorkshire approach to manage LeDeR

SY001	**Cancer Waiting Times across the ICB**- If BHNFT/DBHFT do not improve its performance in respect of people waiting longer than 62 days to be treated following an urgent cancer referral, there is a risk to the reputation of the ICB and the quality of care provided to the people of Barnsley in respect of this service.	**12**	• The ICB place team and the providers are working as part of a South Yorkshire Cancer Alliance and continuing to improve and develop services to ensure delivery of cancer standards • BHNFT are actively working with the CCG through the Barnsley Cancer Steering Board to improve pathways and ensure delivery of waiting times standards. • Programmes in place to develop rapid diagnostic approaches and community diagnostic hubs • Additional capacity via CDC being used and BHNFT are meeting 28 days faster diagnosis standard. • Using additional non-recurrent funding from NHSE /cancer alliance to improve triage of referrals, increase capacity in diagnostics and to meet 31-day treatment targets • Clinical prioritisation of waiting lists in place to minimise risk to patients. • Targeted lung health check programme providing alternative route for referrals and skin pathway introduced nurse led clinics to reduce waiting list and increase treatment slots.
SY040	**CAMHS -** Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (with long waits across SYICB). Unmet need leading to increased acuity in presentation, Continued risk of dissatisfaction in the service by GP's, families and young children.	**12**	• Weekly meeting between RICB and RDaSH, CAMHS and TRFT • Monthly CAMHS contract performance meeting.

SY107	**Community Paediatrics/Childrens Pathways** - There is a risk that current commissioned services, pathways and capacity of the services in place to support people are not aligned to meet the increasing needs of the CYP population (Including ASD Assessments, Sleep Pathways, Enuresis/Continence Support SALT and other related services is insufficient to meet the increasing demand resulting in people not receiving the timely care and support they require by the most appropriate service in the most appropriate setting. This could result in poor patient experience and impact upon quality of care and support. This also increases the risk that the ICB and Local Authority are unable to meet their statutory duties in relation to EHCP/SEND and means that children and young people are not having their needs met appropriately	**12**	• ICB Place Committees/Leadership - oversight of risk and actions required to mitigate. – QPPIE and ICB operational executive • Place Governance in place for SEND, jointly with LA.
SY108	**Community Paediatrics/Childrens Pathways** - There is a risk that current commissioned services, pathways and capacity of the services in place to support people are not aligned to meet the increasing needs of the CYP population (Including ASD Assessments, Sleep Pathways, Enuresis/Continence Support SALT and other related services is insufficient to meet the increasing demand resulting in people not receiving the timely care and support they require by the most appropriate service in the most appropriate setting. This could result in poor patient experience and impact upon quality of care and support. This also increases the risk that the ICB and Local Authority are unable to meet their statutory duties in relation to EHCP/SEND and means that children and young people are not having their needs met appropriately.	**12**	• Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diffs, and this is unlikely to change. • The PSIRF process is also being implemented currently. • Each area has their own improvement/ reduction plan and are looking at themes and trends and actions required. • These can be the same or also differ due to variations in trusts and Places. There is a plan to bring all the plans together and develop an ICB wide improvement position that incorporates shared work.

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

SY021 – Mitigation updated
SY028 – Mitigation updated
SY082 – Risk description amended
SY113 – Risk description amended
SY114 – Mitigation Updated
SY118 – Residual risk score reduced to 8 (2 x 4)
SY122 – Closed

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:

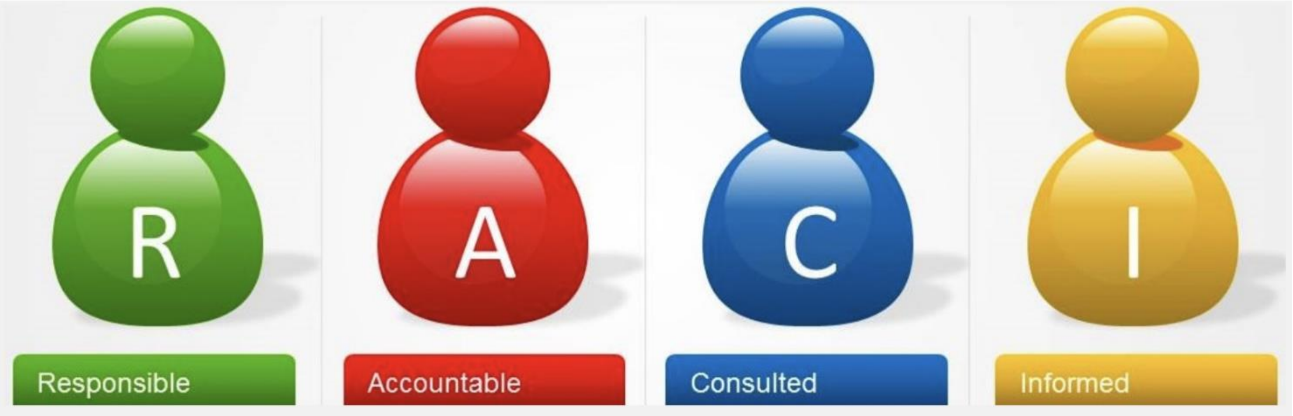
Table 5: Red Issues

Ref	Descriptor	Score	Mitigation / Treatment
IL18	**Doncaster Royal Infirmary (DRI) - Backlog Maintenance** - 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.	**25**	• Risk summit held with local partners • Put improved electrical infrastructure • Upgraded roofing and replaced windows. • Improve fire precautions. • Multi agency workshop on 9th October 2023 involving all SY trusts Ambulance Service and NHSE. • NHSE 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 4th December 2023. • Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCG.
IL03	**Strike Action across health and social care workforce** - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.	**20**	Effective incident planning of services local discussion about derogations services that should continue during strike.

IL12	**Cancer** – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.	**20**	• Breast waiting times are being monitored through the Regional Incident management team meetings. • Mutual aid has been fully explored through regional team. • However, capacity issues are reflected regionally and nationally. • Some capacity has been established through insourcing.
IL13	**78/104 Week Waits** - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.	**20**	• Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.
IL15	**Workforce -** The impact of the organisational change is causing higher levels of absence and turnover, lower levels of morale which is impacting on the resources the ICB has available to carry out its obligations.	**20**	• Complete the organisational change as quickly and effectively as possible. • Ensure there is a comprehensive support and OD in place to manage the transition to the new operating model and to positively engage those in the organisation. • Provide as much support as possible to those leaving the organisation.
IL07	**Urgent and Emergency Care** (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.	**15**	• Note Contract led by West Yorkshire ICB. • South Yorkshire ICB executive represented on the Y&H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS • Good engagement and representation from YAS at place and SY UEC Alliance Board. • System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. • The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups

IL08	**SALT Provision -** There is a risk of Speech and Language Therapy provision specified within Education Health and Care Plans (EHCPs) not being delivered. This is as a result of lack of capacity within the Speech and Language Therapy Team. This is leading to the ICB and Local Authority being unable to meet their statutory duties in relation to SEND and means that children and young people are not having their needs met appropriately.	**15**	• 6 month contract put in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions. • Referral pathway for direct referral/access to services removed from SWYPFT website as they have ceased providing the services. • Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head Injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.
IL09	**Medication Supply** - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.	**15**	• To communicate deployment of serious shortage protocols • An additional mitigation/ response is a co-ordinated sharing of out of stock information across MO lead by Barnsley Place and tactical level response being developed in the event of a sudden shortage. • To raise with the system control centres the possibility of dealing stock from hospitals • Release advice about alternatives and how they can be used • To raise with NHS region.

There has been some debate in relation to risks on the ICB Risk Management Framework which are not under the control of the ICB. This is where the RACI model is utilised.



This allows the ICB to understand where the authority for control of the risk lies, specifically in relation to risks that belong to other partners but will impact the ICB in any form e.g., financial pressures, patient flow, capacity etc.

These risks will be added to the ICB Risk register and presented to the assurance committees and Board of the ICB as appropriate.

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

- NHS South Yorkshire ICB Board
- Operational Executive
- 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 07 December 2023 at 11:30

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 3; and
- Support the ongoing development of the BAF, Risk Register and Issues log.
- Note the progress regarding the development of the Rotherham Place Partnership Risk Register

Board Assurance Framework

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

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

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

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

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

There are no risk implications.

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

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

Are there any Procurement Implications?
There are no procurement implications.
Have you carried out an Equality Impact Assessment and is it attached?
Not applicable
Have you involved patients, carers, and the public in the preparation of the report?
There has been no Patient or public involvement in the development of the BAF, RR or Issues Log but stakeholders/risk owners are being contacted for conversations about their risk profile and this will continue in a structured way during each cycle of updates.
Appendices
The following documents are appended to this cover paper: • BAF, RR and IL

Ref	How is the Board Assured that	Accountable Officers	Principal Oversight	RACI	Link to Risk Register/Issues Log	1st Line of Defence - Risk Ownership/ Front Line e.g. operational processes, project risk and control activity, business level monitoring CONTROLS	2nd Line of Defence - Risk Management' Corporate Oversight Functions e.g. Finance, IT, Business Support, HR and Payroll INTERNAL ASSURANCE	3rd Line of Defence - External and internal audit, CIC Regulator, CQC, Monitor. e.g. Monitor compliance and provide independent challenge and assurance EXTERNAL ASSURANCE	Risk Appetite Risk Score	Assurance Level	Rationale for confidence level	Control/Assurance Gap What additional actions need to be taken to manage this risk (including timescales) or what additional assurance do we need to seek.	What would be required to reduce the risk?	Residual Score	Assurance Level	ACTIONS SMART (Specific, Measurable, Achievable, Resourced and Timely),	Potential audit area
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse									**Risk Appetite 9**					**Risk Appetite 9**			
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 Lowder / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer	ICB Place Committees, supported by: - System Leaders Executive	**Accountable**	**SY031, SY032, SY082, SY013, SY028, SY059, SY060, SY076, SY069, SY040,SY064,IL02**	- Development and implementation of effective system-wide and Place Operational Plans - Effective delivery management processes at place including internal ICB escalation - Effective and responsive complaints and enquiries processes - Patient experience and engagement process - Integrated Care Strategy - 5 year ICB Plan - EPRR - NHS England/SY ICB Assurance MOU	- ICB Place Committees - Operational Executive - Board Sub Committee review	- Local HWBBs - NHSE Single Oversight Framework - NHSE Assurance process	**3 x 4 = 12**	**Medium**	- Significant organisational focus and capacity at Place - Good system partnerships and working and strong track-record	- Ongoing, effective leadership in the development and implementation of Place Partnerships, collaborative working, and plan implementation - Subsidiarity at Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme - Ongoing focus on prevention of illness - Sufficient funding and workforce	- Greater certainty of finances and resources to provide planned services - Effective and successful Organisational Redesigned required by the National ICB Running Cost Reduction Programme.	**3 x 3 = 9**	**Medium**	- 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.	Place Delegation Arrangements and Effectiveness
Objective 2: Tackle Inequalities in Outcomes, Experience and Access - Executive Lead - Chief Medical Officer									**Risk Appetite 9**					**Risk Appetite 9**			
2.1	Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment. The ICB is able to: a. risk stratify its population; b. engage effectively with all parts of its population to understand quality and patient experience, especially with those seldomly heard; and c. has effective plans to manage unwarranted variation in care and outcomes.	Executive Place Directors - Barnsley: Wendy Lowder / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Chief Medical Officer: Dr David Crichton Executive Director of Strategy & Partnerships: Will Cleary-Gray	QIPPE, supported by: - ICB Place Committees - PHM SDG - Digital Research Innovation (DRI) SDG	**Accountable**	SY021, SY042, SY010, SY061, SY064, SY044	- ICS Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong relationship with Healthwatch - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and PLACE Delivery Plans - Integrated Care Partnership Strategy - Population Health Needs Assessment - Joint Forward Plan - ICP strategy and comprehensive public engagement on population needs. SY Digital strategy to develop PHM infrastructure, i.e.. shared data platform PHM digital tech and implementation across SY (both for direct patient care and service planning purposes).	SY Population health SDG and 360 HI audit action plan Digital Research and innovation SDG. Outcomes framework and Dashboard - Integrated Care Strategy - x 4 Place Partnership Committees	360 Internal Audit on HIs completed with considerations , action plan developed and owned by Pop h SDG was presented at QPPIE 8/8, Action plan progress to be presented to QPPIE going forward - NHSE Assurance Framework - CQC	4x3=12	Medium	- Commitment at all levels to tackle Inequalities - 4 aims /core purpose of ICB - ICP strategy strong focus on importance of these issues - Driving principle underpinning Place Partnerships	Sufficient resources required to undertake the work required to facilitate work that reduces health inequalities and inequity of access (investment £ and capacity / resources) - Health Care related Inequalities are clearly reported, in equivalence with other ICB Duties - through pop health outcomes framework and dashboard (which is part of the ICB's IPR) - 360 internal audit HIs action plan and annual HI internal audit undertaken	- Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Robust ICB 5-year Joint Forward plan - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and HIs measurement and regularly collecting patient experience and insights(inc PROMS metrics)	4 x 2 = 8	Medium	- Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board - Robust ICB 5-year Joint Forward plan - agreed at July board 2023 - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake - 360 Internal Audit HI completed May 23. Audit and PHM SDG action plan presented to August QPPIE - HI internal audit to be included in the internal audit ICB annual Plan.	
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships	Executive Place Directors - Barnsley: Wendy Lowder / 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 HI's	- Y&H Clinical Networks - NEY NHSE Regional meeting	**2 x 3 = 6**	**Medium**	- Good foundations of working in partnership	- Strengthen governance between ICB and provider collaboratives - Subsidiarity at Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme	- Evidence that the control measures are effective - Effective and successful Organisational Redesigned required by the National ICB Running Cost Reduction Programme.	**2 x 3 = 6**	**Medium**	- Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4. 360 HI audit undertaken and action plan in place.	HI Audit
Objective 3: Enhance Productivity and Value for Money - Executive Leads - Director of Strategy & Partnerships/Chief Finance Officer									**Risk Appetite 9**					**Risk Appetite 9**			
3.1	The ICB is working in the best way to make sure the best use of resources: a. there is an effective Operating Model to fulfil the organisations objectives b. Partnership arrangements are fully exploited to secure effective arrangements in Place c. Strong and effective collaborative arrangements are operating at a system level.	Executive Director Team - Cathy Winfield (Chief Nurse) / David Crichton (Chief Medical Officer) / Will Cleary-Gray (Dir. of Strategy and Partnerships) / Mark Janvier (Dir. of Corporate and Governance) / Christine Joy (Chief People Officer) / Lee Outhwaite (Chief Finance Officer) / Andrew Ashcroft (Dir. of Comms and Engagement) Executive Place Directors - Barnsley: Wendy Lowder / 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 isa full Organisational Redesign Programme stood up to review and implement the requirements of the National ICB Running Cost Allowance Reduction programme	Planning guidance 2023/24 we have to do things "efficiently" reporting to NHSE with oversight piece	**3x3 = 9**	**Medium**	- Board is sighted on the TOM with review periods agreed.	- Fully develop and embed the ICB BAF - Embed and refine Corporate Risk Management processes	- Review TOM and continually make changes when needed - Effective and successful Organisational Redesigned required by the National ICB Running Cost Reduction Programme.	**1x3 = 3**	**High**	- BAF Deep-Dive with Operational Executive and revision, emending in 2023/24 - Review in conjunction with Running Cost Allowance work programme in Q1 23/24.	No
Objective 4: Help the NHS Support Broader Social and Economic Value - Executive Lead, Director of Strategy & Partnerships									**Risk Appetite 9**					**Risk Appetite 9**			
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 communities across SY identified as most in need and differential funding to help address gap in access care and outcomes.	QSIR Training continues in the ICB, and we are further reviewing our system wider approach to the PMO and tracking our improvement/transformation work.	**Increased from 3 x 3 = 9 to 5X4=20**	**Low**	- Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning - finalise July 2023 - ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023 - ICB Transformation PMO review completed and methodology and approach being implemented	
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 Lowder / 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	CQC review. NHSE review, DHSC	**2x3 = 6**	**Medium**	- The ICB has Just received the strategy from the ICP - next stage to develop into delivery plans	- 5 year forward delivery plan - how to translate the strategy into real plans, reliant on other organisation such as LA's to respond to the strategy - this is outside our control	- Robust ICB 5-year Joint Forward plan	**2x3= 6**	**Medium**	- Robust ICB 5-year Joint Forward plan - Draft June 2023. -Robust ICB 5 year joint forward plan with clear membership and governance. Next step now to move to delivery and identifying delivery	

Ref	Place/ICB	Domain	Link to BAF/RR	Issue Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead issue owner	Source of Issue	Date Issue assessed	Due for review	Overdue?	Responsible person for updates	Progress / update	Date for reassessment	Assurance	Oversight	Date Issue Added to IL	Month added to issue log	Days Open	Comments
IL18	ICB	1,2,5,7,8		**Doncaster Royal Infirmary (DRI) - Backlog Maintenance** - 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	25	Responsible	Risk summit held with local partners Put improved electrical infrastructure Upgraded roofing and replaced windows. Improve fire precautions. Multi agency workshop on 9th October 2023 involving all SY trusts Ambulance Service and NHSE. NHSE 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 4th December 2023. Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCG.	Will Cleary-Gray (Director of Strategy and Partnerships)	LHRP Risk Register	06/11/2023	06/12/2023	7	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 Partnership	Audit and Risk Committee	06/11/2023	Nov-23	29	
IL03	ICB	1, 2, 4, 6	BAF 2.2 SY031, SY028, SY078	**Strike Action across health and social care workforce** - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.	5	4	20	Accountable	Effective incident planning of services local discussion about derogations services that should continue during strike.	Will Cleary-Gray (Director of Strategy and Partnerships)	SY ICB RR SY068	18/12/2022 16/01/2023 02/05/2023 14/08/2023	14/09/2023	66	Chief People Officer - Christine Joy Chief Nursing Officer - Cathy Winfield Director of Strategy and Partnerships - Will Cleary-Gray	Added 18.12.2022 General update to Board.	Monthly	TBC	People, Workforce and Culture Committee	18/12/2022	Dec-22	259	
IL12	ICB	1,2,5,6	BAF 1.1, BAF 1.2 SY028	**Cancer** – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients	**5**	**4**	20	Accountable	Breast waiting times are being monitored through the Regional Incident management team meetings. Mutual aid has been fully explored through regional team. However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.	Emma Latimer (Sheffield Place Director)	CCG Due Diligence Assurance Letters	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023 19/06/2023 03/07/2023 01/08/2023 05/09/2023	05/10/2023	51	Julia Jessop	STHFT continue to have regular Tier 1 discussions to review the backlog position. Additional capacity being secured through Remedy. Agreement IMT discussion will continue until waiting times revert back to pre escalation. Regional IMT meetings will continue until breast waiting times revert to pre incident levels. Additional capacity will be established in August through the insourcing arrangement with Remedy. STHFT requested to provide regular communications across providers and through exec director 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. STHFT continue to have regular Tier 1 discussions to review the overall backlog position.	Monthly	Cancer Alliance	Quality, Performance, Involvement, Experience	05/12/2022	Dec-22	269	
IL13	ICB	1,2,6	BAF 1.1, BAF 2.1	**78/104 Week Waits** - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.	5	4	20	Accountable	Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.	Chris Edwards (Rotherham Place Director)	Sarah Bayliss	02/05/2023 01/08/2023 18/08/2023 11/09/2023 02/10/2023 11/10/2023 10/11/2023	10/12/2023	4	Cathy Hassell / Sarah Bayliss	Information is in the integrated performance report. There has been significant progress on the target to eliminate 78ww+ 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 191 patients waiting over 78 weeks (1 at BHNFT, 29 at DBTH, 47 at SCFT and 111 at STH). There has been a significant reduction in patients waiting over 78 weeks at STH; STH continue to be supported by NHSE and national improvement leads via the Tier 1 meetings and to seek regional and national mutual aid for specific patients/procedures. As predicted, SCFT 78 waits are increasing due to the NHSE decision that SCFT should record ADHD waits as RTT waits. (In other systems ADHD services are typically provided by non-acute providers and waits are not typically recorded as RTT). It is anticipated that 78 week waits for ADHD patients at SCFT will increase significantly throughout the remainder of 23/24 and beyond. SYB providers are each working to implement OP and theatre improvement plans to increase productivity, supported by SYB collaborative working groups, GIRFT and NHSE 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	Quality, Performance, Involvement, Experience	02/05/2023	May-23	163	
IL15	All places	4, 8	BAF 1.2, BAF 2.2	**Workforce** - The impact of the organisational change is causing higher levels of absence and turnover, lower levels of morale which is impacting on the resources the ICB has available to carry out its obligations.	5	4	20	Responsible	Complete the organisational change as quickly and effectively as possible. Ensure there is a comprehensive support and OD in place to manage the transition to the new operating model and to positively engage those in the organisation. Provide as much support as possible to those leaving the organisation.	Christine Joy (Chief People Officer)	Government communications	29/06/2023 11/08/2023 31/08/2023	01/10/2023	54	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	JSCF/Operational Executive Group	People, Workforce and Culture Committee	29/06/2023	Jun-23	121	
IL07	All places	1,5,6	BAF 1.1	**Urgent and Emergency Care** (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.	5	3	15	Consulted	Note Contract led by West Yorkshire ICB. South Yorkshire ICB executive represented on the Y&H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY)and YAS Good engagement and representation from YAS at place and SY UEC Alliance Board . System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups. Letter issued to Place Delivery Board from UEC SRO and Exec lead to request recovery plan to recover current operational attainment.	Dr David Crichton (Chief Medical Officer)	SY ICB RR SY048	05/12/2022 02/03/2023 22/03/2023 28/03/2023 02/05/2023 06/06/2023 19/06/2023 01/08/2023 04/09/2023 21/09/2023 10/11/2023	21/10/2023	39	Barnsley: Jamie Wike / Doncaster: Ailsa Leighton / Rotherham: Claire Smith (Steph Watt) / Sheffield: Ian Atkinson Katie Roebuck-Marfleet	**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 escalation 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 pathways and streaming to SDEC. **Sheffield:** From a Quality and Patient Safety perspective engagement with YAS is positive, managed through YAS Quality Review Group - Update from UEC is that in Q1 performance is in line with the rest of South Yorkshire, and the Sheffield position has been sustained.	Monthly	All Place Committees	Quality, Performance, Involvement Experience Committee	05/12/2022	Dec-22	269	
IL08	All places	1, 8	BAF 1.1	**SALT Provision -** 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 put in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions. Referral pathway for direct referral/access to services removed from SWYPFT website as they have ceased providing the services. Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head Injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.	Place Directors - Barnsley: Wendy Lowder Doncaster: Anthony Fitzgerald Rotherham Chris Edwards Sheffield Emma Latimer	SY ICB RR SY058	05/12/2022 02/05/2023 06/07/2023 10/08/2023 16/08/2023 11/09/2023 11/10/2023 01/11/2023 10/11/2023	10/12/2023	4	Barnsley: Jamie Wike / Doncaster: Ailsa Leighton / Rotherham: Claire Smith (Steph Watt) / 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 this 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 OSTEAD 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 RMBC, ICB, TRFT to oversee the action plan across the workstreams and provide assurance within organisations. a SEND strategy will 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 £500k recurrently from next financial year to increase capacity within the SLT service, whilst also working to move to a different delivery model that is more integrated with education. The council have provided £60k non-recurrent funding this year and a further £60k 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	Quality, Performance, Involvement Experience Committee	05/12/2022	Dec-22	269	OE - Requested Deep Dive on this risk (14/7/23) Barnsley - (Jamie Wike) - This risk feels very much Sheffield specific and the mitigation below is also Sheffield apart from the wording in red, in the mitigation / treatment column (J) as SWYPFT 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
IL09	ICB	3,5,6	BAF 1.1	**Medication Supply** - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.	5	3	15	Accountable	To communicate deployment of serious shortage protocols An additional mitigation/ response is a co-ordinated sharing of out of stock information across MO lead by Barnsley Place and tactical level response being developed in the event of a sudden shortage. to raise with the system control centres the possibility of dealing stock from hospitals, release advice about alternatives and how they can be used to raise with NHS region.	Dr David Crichton (Chief Medical Officer)	Previous CCG Risk Management Processes	13/04/2023 02/05/2023 03/07/2023 18/08/2023 21/09/2023 16/10/2023	16/11/2023	21	Alex Molyneux (Chief Pharmacy Officer)	The shortage of Antibiotics availability during the Group A Strep 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	Quality, Performance, Involvement Experience Committee	13/04/2023	Apr-23	176	
IL17	ICB	5, 6, 8	SY105	**Continuing Health Care -** Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	**4**	**3**	**12**	Accountable	Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.	Cathy Winfield	South Yorkshire ICB Chief Nurse formal meeting. SYICB Place Directors and DoN and Place Executive Team meeting	29/08/2023	29/11/2023	12	Andrew Russell	Discussions regarding setting up a All age continuing care transformation group - possible paper to board by October 2023.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	29/08/2023	Aug-23	78	Score currently being reviewed as issue is greater in some areas over others.
IL14	ICB	1,5,6		**Administrative support** - There is currently no ICB wide administrative support to the meds Opt team. This means that certain meetings including those related to service assurance and development do not have minutes and actions follow-up. It means that shared mailboxes are not monitored with regularity and work requests are not 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**	**5**	**10**	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	19/06/2023	19/09/2023	63	Mark Janvier	Request has been made for AI production of minutes from auto transcriptions. Pending. Request for automation of activities reqalted to mailbox monitoring has been made. Pending. Request for shared admin resource across MO has been made. Rejected.	Quarterly	TBC		19/06/2023	Jun-23	129	requires review alongside other staffing issues

						Initial Risk							Residual Risk										
Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Residual Score	Date risk assessed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR	Month added to RR	Number of days open	Commentary to Support Review
SY042	Finance inc Fraud	ICB	6, 7	BAF 2.1, BAF 3.5, BAF 4.3	**Service Delivery** - There is a risk that the number of transformation workstreams within Places are not delivered which will cause a non delivery of our plans of services population health improvement and potential funding gap.	4	3	12	Accountable	- Place Committee - Partnership Agreements	Lee Outhwaite (Chief Finance Officer)	Previous CCG Risk Management Processes	20	05/12/2022 02/03/2023 16/03/2023 16/05/2023 15/06/2023 06/07/2023 02/10/2023 13/10/2023 01/11/2023 01/12/2023	Barnsley: Roxanna Naylor Doncaster: Hayley Tingle Sheffield: Jackie Mills Rotherham: Wendy Allott	**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 firmer robust plans need to be in place for 2024/25 and beyond. Plans are in development across the place partnership lead by the place director, this is in additional 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 posts for transformation. PMO being rolled out and QSIR to support with quality improvement and delivery of change plans **Sheffield:** 5 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 DoFs including additional areas of potential for efficiency and will be presented to December HCP board.	Monthly	All Place Committees	Finance & Investment Committee	05/12/2022	Dec-22	269	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	**Oncology Workforce Challenges –** in recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower GI service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer-term solution which is being led by the Cancer Alliance.	3	4	12	Accountable	National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team with IMT established. STH are establishing an Non-Surgical Oncology (NSO) insourcing model for breast services with Remedy to secure additional capacity.	Emma Latimer (ICB SRO Cancer)	CCG Due Diligence Assurance Letters	16	05/12/2022 19/04/2023 16/05/2023 15/06/2023 06/07/2023 01/08/2023 16/08/2023 12/09/2023 31/10/2023	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 resilient medium-longer term through NHSE service change framework. Doncaster - workshop planned to cover all cancer services. A confirm and challenge session with NEC and NYH Alliances established for 6.9.23. Expect preferred option to be presented to CAB in November 2023 with briefings in parallel through Acute Fed SDG and ICB OE to ensure executive system leaders are fully informed. 31.10.2023 Informal JHOSC held 26.10.2023 outlining approach to a stabilisation phase. CAB discussion scheduled 31.10.2023. AF Board scheduled in November.	Monthly	Quality, Performance, Involvement, Experience	Audit and Risk Committee	05/12/2022	Dec-22	269	
SY082	Mental Health Services inc. LD/Autism	All places	1,2,3,5,6	BAF 1.1, BAF 1.2	**Adult Mental Health -** Across the ICB there are increasing presentations for eating disorders in adults. This is due to unmet need and lack of provision in this pathway across the system. Secondly there are issues around the current available services and the capacity of these to meet the needs of 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.	3	4	12	Accountable	Partnership eating disorders T&F group established, Alternative to Crisis reduction/ prevention provision commissioned, Development of MH ARRS model in primary care	Wendy Lowder (Barnsley Place Director)	Claire Smith following public complaints	16	05/12/2022 24/03/2023 30/03/2023 19/04/2023 02/05/23 04/05/2023 16/05/2023 01/06/2023 03/07/2023 06/07/2023 01/08/2023 14/08/2023 04/09/2023 16/10/2023 01/11/2023	Barnsley - Jamie Wike Doncaster - Ailsa Leighton Rotherham: Claire Smith Sheffield: Ian Atkinson + Sarah Boul (as ICB Prog Director for MH)	**WL -** MHLD Collaborative has one theme Eating Disorders. Agreed leadership for work. Full system to complete work. **Barnsley:** A Barnsley Eating Disorder programme is in place and is implementing plans to support people with complex nutritional failure; improve pathways for adults with eating disorders, embed Avoidant, Restrictive Food Intake Disorder (ARFID) pathways, and; ensuring CAMHs capacity to support the locally developed framework and pathways. **Doncaster:** Primary Care are commissioned by SY ICB and have a role in managing patients with low level eating disorders. Patients who need support from secondary care community services are referred to the RDaSH Community Mental Health Teams who have access to an Eating Disorder Specialist Clinical Lead and dietitian support. As part of the community mental health transformation programme of work in 2022/23 SY ICB (Doncaster Place) commissioned a 0.6WTE dietician post and a 1 WTE CBT Eating Disorder post to work within the Community Mental Health Hubs. The hubs are in pilot phase at present and will be fully implemented by March 2024. The South Yorkshire Provider Collaborative are leading on a project which looks to design one pathway for the whole of south Yorkshire in relation to Eating Disorders from low level community support through to specialist in patient services. Whilst this work is underway we are looking at interim options in Doncaster which include the possibility of working with the South Yorkshire Eating Disorder Association (SYEDA) to support patients in Doncaster and to train staff within the mental health hubs, primary care and the VCSE sector **Rotherham:** The Trust have met with commissioners and confirmed that their ward team (on a specific medical ward) have been trained to safely manage a patient admitted with physical health issues arising from an eating disorder. It is acknowledged by Rotherham Hospital that they are going to undertake further specialised training with the Urgent and Emergency Care Team (Emergency Department) and work is also ongoing in relation to identifying a Medical Consultant to support these patients whilst in hospital. Rotherham Place ICB colleagues are working in collaboration with Rotherham Hospital to ensure these actions are taken in a timely manner. There is a mental health liaison team provided by Rotherham Doncaster and South Humber Trust (RDaSH) which will also support the patient whilst in hospital. Locally we did look at commissioning a MEED service (pilot) with the Trust but the wish is to seek a solution across SY which is being discussed through the Provider alliance. There is recognition of a gap across SY in terms of medical oversight (monitoring) at home - an action at Place through the MH head of service to review options as some funding has been identified to support a pathway. 1st November the above work is ongoing our federation are interested in supporting with physical health checks in the community. Rdash have agreed to support with acute advice via their MH team and are being paid for backfill of hours (this isn't agreed as permanent solution but is medium term) **Sheffield:** Pathways / Patient Quality / Waits to be reviewed through Quality Review Group in July / August with Providers along with transition arrangements. **System Level:** The ICB Mental Health Programme in partnership with the specialised and non-specialised MHLDA provider collaboratives have established a programme of work to support the eating disorder pathway developments required in SY. The SRO for this work is Jo McDonough from RDASH and the programme will focus on the following 4 areas: 1. To reshape the Eating Disorders care model and commissioning approach across South Yorkshire. 2. Working across acute and primary care (with a focus on MEED) 3. To develop a South Yorkshire wide ARFID pathway. 4. The development of a SY wide workforce plan (skills, expertise, networking, relationships). In September 2023 the system will be hosting a multiagency/multidisciplinary event focussing on physical health needs of people with eating disorders to begin to agree a common pathway/service to support this cohort of patients. Work is also underway on the wider pathway mapping and system collaboration and specifically for Barnsley and Doncaster places joint work is taking place to mitigate the current lack of service availability by exploring a potential hub. In September 2023 an event was held bringing partners to gather to discuss the MEED pathway and begin to design a SY wide specification for safely implementing meed. Additionally, the pathway development group has been established, meeting for the first time on 19 September to co-develop an optimum SY ED pathway. All working groups have now had initial meetings and agreed objectives to take forward programmes of work. Further work to be done on timescales for improvements/changes to pathways. System wide event planned for January 2024 to review progress.	Monthly	All Place Committees	Quality, Performance, Involvement, Experience	05/12/2022	Dec-22	269	Doncaster: commentary from Doncaster is this the same as the pervious quality risks?
SY102	Quality	ICB		BAF 1.1	**Learning Disability and Autism** - There is a risk that LDA patients are not receiving good quality care and treatment and are in hospital when they should not be, this is due to there being no LDA inpatient provision in SY and gaps in the community infrastructure to enable discharge and prevent admission, resulting in people being admitted inappropriately and sent out of area	4	4	16	Responsible	Safe and Wellbeing Check Improvement Plan Implementation of National Escalation Protocol for CQC inadequate ratings Provider Collaborative priority to look at inpatient beds for LDA Implementation of new CETR/DSR Policy including establishment of ICB Oversight Panel Inclusion of LDA Placement issues on SQG hotspot report for oversight	Wendy Lowder (Barnsley Place Director)	LDA Programme Risk	16	16/06/2023 04/09/2023 16/11/2023 01/02/2024	Kelly Glover / Anita Winter	Continue to undertake Safe and Wellbeing checks every 6-8 weeks and triangulate intelligence/issues via the COP Ongoing work to develop standardised approach to CETR/DSR processes across SY. Risk stratification tool for rag rating developed piloted, reviewed and repiloted across SY. Tool to be implemented for longer term pilot evaluation to March 2024. Draft ToR for ICB Assurance & Oversight panel agreed at QIPPE agreed through governance processes. Panel to be established. ICB Policy Framework & SOPs in development. Consultation on draft streamlined processes and documentation to reduce risk of individuals falling between gaps concluded. Revision of documents near completion. Comprehensive training programme now fully implemented. Agreed priority for MHLDA Provider collaborative to look at inpatient provision and out of area placements Procurement of Safe Space/Crisis provision for LDA underway MHLDA Inpatient Quality Transformation programme - Linked into this programme working in partnership across the ICB MH & LDA Programmes and both MHLDA Provider Collaboratives to ensure a cohesive approach to implementation across SY. A Project Lead to be recruited to support SY delivery. Work already underway at Trust Level to address some of the issues around Restrictive Practice and STOMP/STAMP MHLDA Inpatient Quality Transformation programme - Linked into this programme working in partnership across the ICB MH & LDA Programmes and both MHLDA Provider Collaboratives to ensure a cohesive approach to implementation across SY. A Project Lead to be recruited to support SY delivery. Work already underway at Trust Level to address some of the issues around Restrictive Practice and STOMP/STAMP Sheffield system agreed LD Transformation Programme to invest in community intensive support following agreement to close Firshill Beds which will help prevent admission RDASH and SHSC invested in ward environment to make them more sensory friendly with RDASH employing an EBE to provide training and support. RDASH staff also undertaking Sensory Integration masters to embed good practice within the organisation	Quarterly	TBC	Quality, Performance, Involvement, Experience	15/06/2023	01/06/2023	131	Despite all local work that has happened there has still been a national quality improvement programme launched because of the ongoing issues with these hospitals
SY113 (New)	Elective Care	ICB	1 4 5 8		**Waiting times –** failure to eliminate Referral to Treatment (RTT) waits over 65 weeks affects patient access, patient safety and experience, security of future funding and SYB reputation, by March 2024	4	5	20	Accountable	Implement SYBAF Diagnostics & Elective Recovery Plan GIRFT improvement programme NHSE Quality Improvement support Patient initiated digital mutual aid system (PIDMAS) in development by NHSE to allow for better access and choices for patients	Chris Edwards (Executive Place Director Rotherham)	Sarah Bayliss	16	18/08/2023 11/09/2023 02/10/2023 11/10/2023 10/11/2023	Cathy Hassell (Managing Director South Yorkshire & Bassetlaw Acute Federation) / Sarah Bayliss	The number of 65+ week waiters 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 elimination of 65ww increases with each round of industrial action. SCFT have highlighted a significant risk to their plan as NHSE have advised that they should record ADHD pathways as RTT waits; mental health providers deliver ADHD services in many other systems and do not typically report waits as RTT. Information is in the integrated performance report. SYBAF Diagnostic 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, GIRFT and NHSE Quality Improvement. SYB mutual aid principles and SOP 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	18/08/2023	01/09/2023	85	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 20 (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.
SY114	Winter Planning	All places	1,2,3,5,6,7	BAF 1.1, BAF 1.2	**Winter Planning** - There is a risk that the SY health and care providers will not have the capacity to provide a safe service over the winter period, due to increased public demand linked to the winter surge resulting in potential patient harm and reputational damage.	5	4	20	Accountable	System co-ordination centre calls directed by OPEL scores across ICB footprint. Weekly winter check in calls. Ongoing implementation of UEC recovery plan and 10 high impact measures. Flu+Covid vaccination groups in place to oversee seasonal immunisation. Support by communications campaign to staff and public. Letter issued to Place Delivery Board from SRO and Exec lead to request recovery plan to recover current operational attainment.	Dr David Crichton (Chief Medical Officer)	SY ICB UEC Alliance Board	16	23/08/2023 16/10/2023 01/11/2023 10/11/2023	Barnsley: Jamie Wike Rotherham: Claire Smith Doncaster: Ailsa Leighton Sheffield: Ian Atkinson	**ICB:** Plans overseen by monthly UEC 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 have been presented to the UEC Alliance Board. Information has also been provided to formulate the SY Winter Plan submission to NHSE. 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 UEC Board and is focussed on the 6 key workstreams as identified by ECIST, 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 UEC 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 UEC Group alongside the NHSE narrative and numerical submission and had has been to Place leadership board in October 23. There is assurance via UEC Board of our actions for winter which are all currently on track or completed. Our plans are robust and cover all elements of the NHSE 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 ARI hub with primary care and additional health and social care staff to support flow. Our winter plan implementation is monitored through our UEC transformation group (under Place Plan governance) and through our weekly (3x) exec escalation calls at Place. **Sheffield:** the winter plan had been updated and signed off in public, with continual review through the UEC group.	Monthly	SY ICB UEC Alliance Board	Quality, Performance, Involvement, Experience	23/08/2023	01/08/2023	82	Added by the SY ICB UEC Alliance Board
SY115 (New)	Cancer	All places	1,2,5,6		**Operational Recovery** - 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	16	05/09/2023 31/10/2023	Julia Jessop, Cancer Alliance Managing Director	Continue to maintain oversight through Cancer Alliance & DEOG and specific national Tier 1 calls for STHFT.	Monthly	Quality, Performance, Involvement, Experience	Audit and Risk Committee	05/09/2023	01/09/2023	73	
SY116	Cancer	All places	1,2,5,6		**Operational Recovery** - 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.	4	4	16	Accountable	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.	Emma Latimer (ICB SRO Cancer)	Cancer Alliance	16	05/09/2023 31/10/2023	Julia Jessop, Cancer Alliance Managing Director	Escalate discussions to Region if no solutions are forthcoming to reduce waiting times. Other systems are also flagging OMFS as a pressured service. Regional meeting established 17.10.2023	Monthly	Quality, Performance, Involvement, Experience	Audit and Risk Committee	05/09/2023	01/09/2023	73	
SY117	Cancer	All places	1,5,6		**Paediatric Radiotherapy** - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals NHS Foundation Trust beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals. There is a risk that the paediatric radiotherapy service will not be able to be returned.	4	4	16	Accountable	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	Emma Latimer (ICB SRO Cancer)	Cancer Alliance	16	05/09/2023 31/10/2023	Julia Jessop, Cancer Alliance Managing Director	Spec comm continuing to hold regular meetings with LTHFT, SCH and STHFT. Alternative providers being explored in case required.	Monthly	Quality, Performance, Involvement, Experience	Audit and Risk Committee	05/09/2023	01/09/2023	73	
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) Inpatients** - 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	4	4	16	Accountable	Regular Case Reviews with place and Programme Director to identify and unblock 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 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 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	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 coproducing Autism Only Team Service Specification South Yorkshire MHLDA Housing Programme Lead to commence role December	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	16/10/2023	01/10/2023	44	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 complexities of this population and the work that needs to be undertaken.
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 changed to acknowledge delays in the process and asking not to contact. Request to recruit urgently made	Will Cleary-Gray	Chief Nurses	15	18/10/2023 4/12/2023	Ruth Nutbrown	Awaiting confirmation of budget code in order to process recruitment paperwork	Monthly		Quality, Performance, Involvement, Experience	13/10/2023	01/10/2023	45	
SY021	Quality	ICB	1,2,5,6,8	BAF 2.1	**LeDeR -** There is a risk that the ICB will not meet national policy requirements for LeDeR, this is due to delays in agreeing workforce and accountability framework, which may result in learning not being identified and embedded across the system to prevent avoidable deaths and reduce health inequalities. The ICB will also be in breach of Nationally set KPI's resulting in further action by NHSE	4	3	12	Responsible	• South Yorkshire approach to manage LeDeR	Wendy Lowder (Barnsley Place Director)	Previous CCG Risk Management Processes	12	01/06/2022 07/12/2022 24/03/2023 30/03/2023 16/05/2023 06/06/2023 16/06/2023 06/07/2023 05/09/2023 16/10/2023 01/12/2023	Kelly Glover / Anita Winter	Business case by Anita Winter/Kelly Glover to establish an ICB wide approach – supported by Execs. 1.00wte 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. Recommenced membership routes 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 SAANS. 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. LeDeR ECHO programme continues, new workstreams established on Health Passports, Annual Health Checks, Down's Syndrome, SUDEP.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	01/06/2022	01/06/2022	402	
SY001	Cancer	All places	1, 6	BAF 1.1, BAF 2.3	**Cancer Waiting Times across the ICB**- If BHNFT/DBHFT do not improve its performance in respect of people waiting longer than 62 days to be treated following an urgent cancer referral, there is a risk to the reputation of the ICB and the quality of care provided to the people of Barnsley in respect of this service.	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 - BHNFT are actively working with the CCG through the Barnsley Cancer Steering Board to improve pathways and ensure delivery of waiting times standards. - Programmes in place to develop rapid diagnostic approaches and community diagnostic hubs. -Additional capacity via CDC being used and BHNFT are meeting 28 days faster diagnosis standard. -Using additional non-recurrent funding from NHSE /cancer alliance to improve triage of referrals, increase capacity in diagnostics and to meet 31 day treatment targets . - Clinical prioritisation of waiting lists in place to minimise risk to patients. -Targeted lung health check programme providing alternative route for referrals and skin pathway introduced nurse led clinics to reduce waiting list and increase treatment slots.	Emma Latimer (Sheffield Place Director)	Previous CCG Risk Management Processes	12	05/12/2022 09/06/2023 05/09/2023 31/10/2023	Julia Jessop, Cancer Alliance Managing Director	BHNFT 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. BHNFT are meeting 28 days faster diagnosis standard and using additional non-recurrent funding from NHSE /cancer alliance to improve triage of referrals, increase capacity in diagnostics and to meet 31 day treatment targets . Clinical prioritisation of waiting lists in place to minimise risk to patients. Cancer Waiting Time Standards are non-compliant (including SACT and RT 31 day due to Non Surgical Oncology workforce pressures). - Mutual aid models established. - Consolidation of Non Surgical Oncology outpatient appointments – Breast, LGI and Head & Neck.	Quarterly	Barnsley Place Committee	Quality, Performance, Involvement, Experience	05/12/2022	Dec-22	269	Julia Jessop - Recommending closure of risk as forms part of SY115
SY040	Children and Young People	ICB	5, 6	BAF 1.2	**CAMHS -** Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (with long waits across SYICB). Unmet need leading to increased acuity in presentation, Continued risk of dissatisfaction in the service by GP's, families and young children.	3	4	12	Accountable	- Weekly meeting between RICB and RDaSH, CAMHS and TRFT. - Monthly CAMHS contract performance meeting.	Wendy Lowder (Barnsley Place Director)	Previous CCG Risk Management Processes	12	05/12/2022 02/03/2023 19/04/2023 06/07/2023 18/08/2023 14/08/2023 04/09/2023 16/10/2023	Deputy Place Directors - Barnsley - Jamie Wike Doncaster - Ailsa Leighton Rotherham: Claire Smith, Sheffield - Ian Atkinson	WL - priority for Provider Alliance. The SY MHLDA Provider Collaborative is focussing on neurodiversity as a key work programme. The purpose of this workstream is to improve access, experience and outcomes of the neurodiversity assessment process and to provide a seamless transition to aftercare – whether provided by NHS or other partners. The intended outcomes are a reduction in waiting times. System Level: Across the system the access target for CAMHS is not being met. However, there have been significant improvements in access in 2023/24 compared to previous years, which is testament to the investment in CAMHS by Place. Specifically regarding neurodiversity presentation training has been commissioned from a number of sources which is accessible to CAMHS clinicians to assist with upskilling in this area. The ICB Mental Health Programme in partnership with the specialised and non-specialised MHLDA provider collaboratives have established a programme of work to support the eating disorder pathway developments required in SY. This includes children and young people. The SRO for this work is Jo McDonough from RDASH and the programme will focus on the following 4 areas: 1. To reshape the Eating Disorders care model and commissioning approach across South Yorkshire. 2. Working across acute and primary care (with a focus on MEED) 3. To develop a South Yorkshire wide ARFID pathway. 4. The development of a SY wide workforce plan (skills, expertise, networking, relationships). In September 2023 the system will be hosting a multiagency/multidisciplinary event focussing on physical health needs of people with eating disorders to begin to agree a common pathway/service to support this cohort of patients. Work is also underway on the wider pathway mapping and system collaboration and specifically for Barnsley and Doncaster places joint work is taking place to mitigate the current lack of service availability by exploring a potential hub Barnsley: Significant investment has taken place over recent years to enhance and expand the CAMHS services and other related services for CYP including services relating to neurodevelopmental pathways. In Barnsley Community Paediatrics as contributes to this work as they provide the ASD Assessment Service. Doncaster: Re- specification of the CYP Neuro pathway has commenced in Doncaster. Both providers who currently provide services (DBTHFT and RDASH) have agreed to re-model the service to align with local SEND objectives. An option appraisal has commenced in August 2023 aligning to other local models of provision. It is anticipated that by September 2024 we will move to a community based one stage assessment for Neurodiversity. Rotherham: Significant investment within neurodevelopment for CAHMS over the past few years to increase capacity, further work on pathways and how education access the service is reducing the number of people and time waiting which is positive. This is being reviewed and governance is through our Place leadership board. Sheffield: Awaiting update	Quarterly	Rotherham Place Committee	Quality, Performance, Involvement, Experience	05/12/2022	Dec-22	269	Doncaster: Clarify who responsible in other areas.
SY091	Human Resources	ICB	1,2,8	BAF 2.1	**Corporate ICB Capacity -** There is a risk of insufficient capacity in the ICB in shared functions and place teams to be able to fulfil the obligations of the ICB	3	4	12	Accountable	Shared functions and Place teams will work to build resilience within their functions during and post the running costs allowances programme	Christine Joy (Chief People Officer) / Gavin Boyle (Chief Executive)	Previous CCG Risk Management Processes	12	05/12/2022 19/04/2023 16/05/2023 06/07/2023 11/09/2023 11/10/2023 13/11/2023	Barnsley: Wendy Lowder Doncaster: Anthony Fitzgerald Rotherham: Chris Edwards Sheffield: Emma Latimer	**Barnsley:** The comms function is a central function now so there isn't a place risk as such I don't think. Ruth, this links to conversation at a previous Barnsley meeting – I'm not a Barnsley specific resource/action owner anymore so these should all be centralised – I think! **Doncaster:** 22/23 staff survey concluded - awaiting results and action plan No E+D operational lead identified for the ICB. Ni ICB strategy/policy/procedural document in existence. EDS2 being completed. No ICB E+D annual report completed. **Rotherham:** 22/23 staff survey concluded - Rotherham have analysed the results and identified key areas to improve. In terms of provision Equality impact assessment are completed on any service changes - but as above for Doncaster **Sheffield:** Query whether ICB update only required	Quarterly	TBC	Quality, Performance, Involvement, Experience	05/12/2022	Dec-22	269	Rotherham SMT reviewed as relative to all places we think that there should be a corporate response from Andy re how the team will support places to mitigate risk too.
SY107	Children and Young People	ICB	1,2,3,4,5,6,7,8		**Community Paediatrics/Childrens Pathways** - There is a risk that current commissioned services, pathways and capacity of the services in place to support people are not aligned to meet the increasing needs of the CYP population (Including ASD Assessments, Sleep Pathways, Enuresis/Continence Support SALT and other related services is insufficient to meet the increasing demand resulting in people not receiving the timely care and support they require by the most appropriate service in the most appropriate setting. This could result in poor patient experience and impact upon quality of care and support. This also increases the risk that the ICB and Local Authority are unable to meet their statutory duties in relation to EHCP/SEND and means that children and young people are not having their needs met appropriately	4	4	16	Responsible	ICB Place Committees/Leadership - oversight of risk and actions required to mitigate. QIPPE meetings ?? And ICB operational executive Place Governance in place for SEND, jointly with LA.	Cathy Winfield	OE	12	18/10/2023	Barnsley:Jamie Wike Doncaster: Ailsa Leighton Rotherham: Claire Smith Sheffield: Ian Atkinson	**Barnsley:** '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 to ensure those who are on the waiting list are receiving appropriate support. SEND Oversight Board 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 Sleep Pathway T&F 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 **Doncaster:** **Rotherham;** 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 H&SC. 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 Carer forum to engage including experts by experience) and to oversee the delivery of improvements to pathways and waiting times in services included ASD Assessment. **Sheffield:** 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 Committee ICB OE	All Place Committees	17/07/2023	01/07/2023	109	Pending updates from Sheffield and Doncaster

SY108	Infection Control	ICB	1,5,6,7,8		**Infection Prevention and Control -** IPC risk and exceeding the target for c-diff- There is a risk that each/ some Place areas will be over the NHSE set thresholds for case numbers of C Diff and as a result the ICB will be over the C Diff threshold set by NHSE. there has been an increase seen in cases locally and also nationally. The themes appear to be the same as previously, for example the cause in Rotherham appears to be the unrealistic threshold set that is based on the algorithm used by NHSE that is not cases per 100000. The setting of the thresholds is being reviewed for next year. The cases result in quality and patient safety concerns.	5	3	15	TBC	Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diffs, and this is unlikely to change. The PSIRF process is also being implemented currently. Each area has their own improvement/ reduction plan and are looking at themes and trends and actions required. These can be the same or also differ due to variations in trusts and Places. There is a plan to bring all the plans together and develop an ICB wide improvement position that incorporates shared work.	Cathy Winfield	OE	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	17/07/2023	01/07/2023	109	NHSE 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 reduction 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: https://www.england.nhs.uk/wp-content/uploads/2021/08/PRN00150-NHS-Standard-Contract-202324-Minimising-Clostridioides-difficile-and-Gram-negative-bloodstream-infect.pdf

Risk Scoring Matrix

	Consequences / Severity				
Likelihood	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1	1	2	3	4	5
Unlikely 2	2	4	6	8	10
Possible 3	3	6	9	12	15
Likely 4	4	8	12	16	20
Almost Certain 5	5	10	15	20	25

	Low	Medium	High	Very High	Extreme
	1-3	4-6	8-12	15-20	25
Review Frequency	**Annually**	**Six Monthly**	**Quarterly**	**Monthly**	**Weekly**

Table 1 Consequence Score (C)

Domains	Consequence score (severity levels) and examples of descriptors				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness requiring minor intervention. Requiring time off work for > 3 days. Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability. Requiring time off work for > 14 days. Increase in length of hospital stay by > 15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

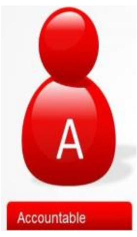
Table 2 Likelihood Score (L)

	Likelihood Score				
	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

RACI Model

R
Responsible

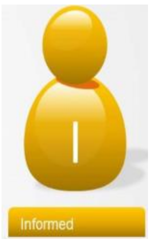
Who is responsible for implementation



Who is accountable for the task completion

C
Consulted

Who is consulted during process



Who should be informed when project complete

Domains

Domains
1. Adverse publicity/ reputation
2. Business Objectives/ Projects
3. Finance including claims
4. Human Resources/ Organisational Development/ Staffing/ Competence
5. Impact on the safety of patients, staff or public (phys/psych)
6. Quality/ Complaints/ Audit
7. Service/Business Interruption/ Environmental Impact
8. Statutory Duties/ Inspections

DRAFT

Minutes

Title of Meeting:	Rotherham Place Board: **ICB Business**
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 15 November 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net

Apologies:	Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse (Roth), NHS SY ICB Nicola Curley, Director of Children's Services, RMBC Shafiq Hussain, Chief Executive, VAR 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
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members Present:
Chris Edwards (**CE**), Executive Place Director (Roth), NHS SY ICB
Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB
Dr Jason Page (**JP**), Medical Director, NHS SY ICB
Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB
Claire Smith (**CS**), Deputy Place Director (Roth), NHS SY ICB

Participants:
Ben Anderson (**BA**), Director of Public Health, RMBC
Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust
Stuart Lakin (**SL**), Head of Medicines Management – Rotherham, NHS SY ICB

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

Item Number	Discussion Items
i39/11/23	**Place Performance Report**

CS presented this month's performance report.

Rotherham is performing well with diagnostic waits. Although no area nationally is achieving, Rotherham is currently 8th best out of 106. The same is true with the referral to treatment (RTT) target, again no trusts are achieving nationally but Rotherham is mid table and 40th out of 106 and for IAPT waits we are achieving the target and 39th out of 106.

CS went on to highlight some areas of the report:

- Waits for IAPT achieving for both 6 and 18 weeks.
- On cancer, reporting has been adjusted to meet the updated guidance. Against the 28 day faster diagnosis 75% target we have performed positively at around 79/80%. However achieving the 31 and 62 day cancer waiting times has proved challenging and below target. These areas are being focussed on by the Cancer Board.
- RTT 18 weeks target remains in a similar position to least month with 60% achieved against the 92% target.
- Rotherham has only a few over 78 week waits for elective surgery and none waiting over 104 weeks. We are still on track to recover to the required target by March 2024 and compare well across partners, helped by performance of the Sheffield Childrens Hospital.
- The Trust took part in a trial for different ways of working in A&E. The A&E 4-hour target in mid-September was around 63% and doing well in comparison with other pilot sites, however the anticipated 76% will not be met. Internal scrutiny is taking place within the Trust to understand the issues.
- The Trust is performing well with 15 minute handovers with the longest wait being around 35 minutes when under pressure.
- GP face to face appointments - very positive at 79% which is above the national average.
- There had been a small decline in August in the urgent care response but still expecting to achieve target.
- Discharge metrics are doing well with the numbers waiting significantly decreased.

JP commented that reduction in the cancer metrics to the 28 day faster diagnosis is of concern for the Cancer Board but welcomed the Trust's approach to addressing the issue and working to new pathways.

BA said that it would be good to include more metrics in the report on health inequalities and begin to look at what the differences in deprived and ethnic areas.

SS was pleased to hear that Rotherham is performing comparatively well in some areas and re-iterated the need for these to be publicised and celebrated more, both locally and nationally.

Members noted this month's Place performance.

i40/11/23 Medical Director Update

JP gave an update on the work he has been undertaking in his role:

Rotherham continues to perform well on Covid and flu vaccinations.

Rotherham's Medicines Management Team has recently won a PrescQIPP national award for antidepressant de-prescribing. The specialist pharmacy team helped patients who have been on antidepressants for a long time to gradually reduce and stop taking them, both difficult and time consuming to support.

JP recently attend Quality Service Improvement and Redesign Training (QSIR) which he enjoyed and looked forward to working with colleagues to use the methods learned.

He continues as vice-chair on the Health and Wellbeing Board and is co-sponsor for Aim 1- the best start in life, and has also attended the Integrated Care Partnership Board representing Rotherham where employment and health was discussed.

With respect to cancer work, JP has been involved in Grail, which is a new blood test that may be used by the NHS from next year to detect early cancer.

JP continues to chair the primary care collaboration board which includes, general practice, pharmacy and optometry and medical leaders from TRFT, RDaSH and public health. As well as updating on news and local issues, local problems are discussed.

Rotherham recently hosted a primary care access event which was attended by the majority of Rotherham practices. Good practice was discussed and practices were supported to make actions plans for their contractual requirements. This was the first time this approach has been used and a representative from NHS England attended with a view to recommending it as best practice across the country.

Going forward, JP will look to develop relationships with dentists. He recently attended an oral health meeting where fluoridation of water was discussed. Although often high on the agenda, this is one of the areas Place could support alongside the Integrated Care Partnership.

Place Board noted the update. It was agreed that a regular update from the Director of Public Health will also be helpful and this will be added to future agendas.

Action: BA/LG for agenda

i41/11/23 Quality, Safety and Patient Experience Report

JP presented the report highlighting:

- There is a pause on industrial action to allow for discussions and negotiation to take place.
- Endoscopic Retrograde Cholangio-Pancreatography (ERCP) services have resumed at TRFT after being temporarily halted in response to Coroner concerns.
- There was a link to the final report from an independent investigation into a child death in Sheffield. The ICB safeguarding team had provided oversight, assurance and support in this process.
- Good progress had been made against the CQC quality improvement plan with 77 of the 78 actions completed and CQC advising that they do not have intelligence to suggest there is a risk to safety at RDaSH which the outstanding action relates to.
- JP had taken part in an enhanced contract and quality practice visit following a whistle-blowing complaint to the CQC. A number of areas for improvement were

identified. SY ICB is working with the practice and will undertake a formal revisit in 3 months' time.

- In relation to infection control, Rotherham has no measles outbreak or reports of necrotising fasciitis cases as being seen in Sheffield and Barnsley but information continues to be monitored.

Members noted the report for information.

i42/11/23 Rotherham Medicines Management Report

Stuart Lakin, Head of Medicines Management advised that despite a challenging year with pressure in the team, there had been very positive cost growth with Rotherham below that for England.

The medicines safety dashboard has been launched as part of the primary care quality contract and improvements are now being seen.

Rotherham continues to ensure cost effective biosimilars are used rather than high cost drugs resulting in savings and TRFT remaining at the top of all the national comparison graphs.

Work has been carried out and practices incentivised to help them identify missed opportunities in the management of hypertension and lipid modification. The health inequalities gap has been widening in Rotherham but this work has paid off and Rotherham has no inequity in the percentage of patients achieving between the less and most deprived practices.

This work had recently won the CVD Prevent Award at the 2023 Eclipse Conference.

The team had also been double winners at the 2023 PRESCQIPP awards for the work on the antidepressant pilot. This involved identifying patients who were continuing to take an antidepressant and asking them if they wanted support to stop their medication safely. 405 patients stopped their antidepressants and 252 reduced their dose. The project is now moving to reviewing patient's hypnotics and anxiolytics which Members will be kept updated on.

SL went on to mention that the team has been carrying out work to contribute to the health inequalities agenda around the management of lipids and blood pressure. The North East and Yorkshire Analytics Team has analysed the data which is showing positive results. SL will share the information once he has reviewed the detail.

Finally, SL explained that due to the running cost exercise taking place within NHS South Yorkshire ICB, the restructure of the medicines management team in Rotherham may impact on the team's ability to continue to attain good results for Rotherham.

CE will make sure that as part of the organisational change programme that each Place should get a fair share of Medicines management support.

Action: CE

Place Board thanked SL for the update and asked him to convey congratulations to the team for their hard work in achieving the recent awards.

i43/11/23 ICB Board Assurance Framework

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

The Board noted the risk register, issues log and Board Assurance Framework. No amendments were suggested.

i44/11/23 Minutes and Action Log from 18 October 2023 Meeting

The minutes from the October meeting were accepted as a true and accurate record.

The action log was reviewed and up to date.

i45/11/23 Communication to Partners

Partners to share any of the updates in their organisations.

i46/11/23 Risks and Items for Escalation

None.

i47/11/23 Future Agenda Items:

Standing Items

- Rotherham Place Performance Report (monthly)
- Risk Register (Monthly for information)
- Place Prescribing Report (Feb)
- Quality, Patient Safety and Experience Dashboard (Jan)
- Quarterly Medical Director Update (Feb) - JP
- Public Health Directors Update – Partnership session (Dec) - BA

i48/11/23 Date of Next Meeting

The next meeting will take place on **Wednesday 20 December 2023** from 10.15am – 11am in Elm Room, Oak House, Bramley, Rotherham S66 1WB.

Membership

Chris Edwards (Chair)	Executive Place Director/Deputy Chief Executive, ICB	NHS South Yorkshire Integrated Care Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
Sue Cassin	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust (TRFT)
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust

Lydia George	Strategy & Delivery Lead	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services	Rotherham Metropolitan Borough Council
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care	Rotherham Metropolitan Borough Council
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

ROTHERHAM PLACE BOARD: ICB BUSINESS ACTION LOG - 01 April 2023 - 31 March 2024

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
15-Nov-23	i40/22/23	Medical Directors Update	Agreed that Public Health Update will become a regular item going forward.	BA/LG	Green	On forward agenda to commence from Dec 23
15-Nov-23	i42/11/23	Medicines Management Report	CE to make sure that as part of the organisational change programme each Place gets a fair share of medicines management support.	CE	Green	Agreed and work will take place between Dec - Apr 24.