



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15am – 11.00am
Date of Meeting:	Wednesday 21 February 2024
Venue:	Elm Room, Oak House, Moorhead Way, Bramley S66 1YY
Chair:	Claire Smith
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	C Edwards, Chief Officer, NHS SY ICB R. Jenkins, CEO, TRFT T Lewis, CEO, RDaSH
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	Rotherham Place Medicines Management Report	10 mins	SL	Enc 2
3	Medical Director's Update	10 mins	JP	Verbal
4	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	CS	Enc 4
Standard Items				
5	Minutes and Action Log from 17 January 2024 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 <ul style="list-style-type: none"> • Rotherham Place Performance Report (monthly) • Risk Register (Monthly for information) • Place Prescribing Report (May) • Quality, Patient Safety and Experience Dashboard (Mar) • Quarterly Medical Director Update (May) - JP 			
9	Date of Next Meeting: Wednesday 20 March 2024 at 10:15am.			

GLOSSARY

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



South Yorkshire
Integrated Care Board

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

February 2024

Rotherham Place Delivery Dashboard - February 2024

Performance Comparison - Rotherham Place/FT v National

November 2023

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	3.39%	23.32%	0 out of 106	1st out of 106
RTT	92%	61.68%	58.25%	0 out of 106	30th out of 106
IAPT 6 Week Wait*	75%	97.00%	90.00%	94 out of 106	36th out of 106

*IAPT Figures are as at October 2023

Performance This Month

Key:

Meeting standard - no change from last month	●	—
Not meeting standard - no change from last month	●	—
Meeting standard - improved on last month	●	▲
Not meeting standard - improved on last month	●	▲
Meeting standard - deteriorated from last month	●	▼
Not meeting standard - deteriorated from last month	●	▼

Achieving

Last three months met and YTD met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
IAPT - 6 week wait	75%	●▲	●▲	●▲	●
Mixed Sex Accommodation	0	●	●	●	●

Improving

Last month met but previous not met or YTD not met

	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer 28 Day Faster Diagnosis	75%	●▼	●▲	●▲	●

Deteriorating

Not met last month but met previously or YTD met

Concern

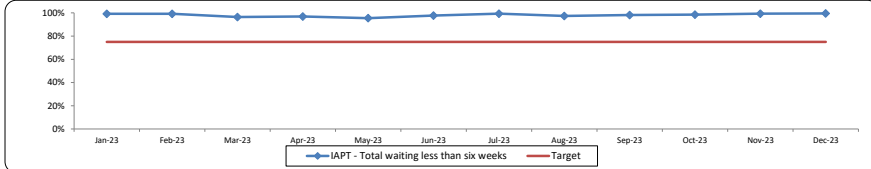
Not met last two months

	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 - February 2024

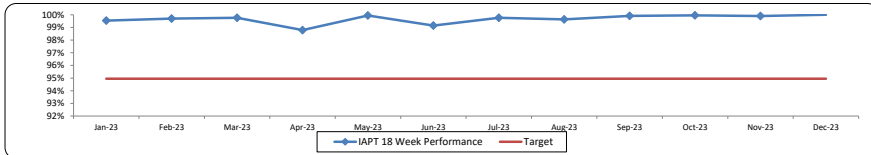
IAPT 6 Week Wait
 The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks.
 The 6 week waits position for Rotherham Place as at end December was 99.7%. This is above the standard of 75%. November performance was 99.3%.
 Self-referral into the service is now established and contributing to this position.

		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
6 Week Waiting List Performance	Actual	99.2%	99.3%	96.4%	96.9%	95.4%	97.7%	99.3%	97.3%	98.2%	98.5%	99.3%	99.5%
	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 December was 100%. Performance is consistently meeting the 95% standard for 18 weeks.

		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
18 Week Waiting List Performance	Actual	99.6%	99.8%	99.8%	98.8%	100.0%	99.2%	99.8%	99.7%	100.0%	100.0%	100.0%	100.1%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



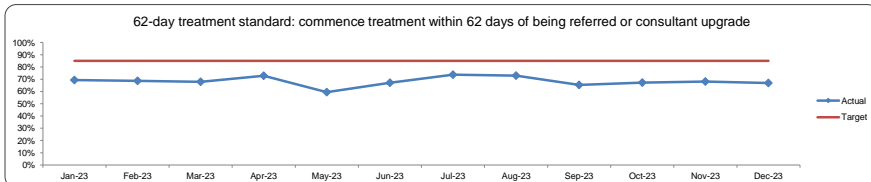
IAPT Supporting Narrative
 Local comparison (published data November 23) shows the following benchmark position against Rotherham Place 98%
 Barnsley – 96%
 Doncaster – 85%
 Sheffield – 99%
 National – 90.6%

Cancer Waits
 This section has been updated to align to the recent guidance on modernising and streamlining cancer waiting times
 In December the 28 day Faster Diagnosis standard achieved the target of 75% at 78.2% up from November's performance of 74.1%
 The 31 day standard was not achieved in December, with performance at 85.1% against the standard of 96%. November performance was 82.2%
 In December the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 67.0% for Rotherham Place. November performance was 68.1%.

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

Focus on - Cancer

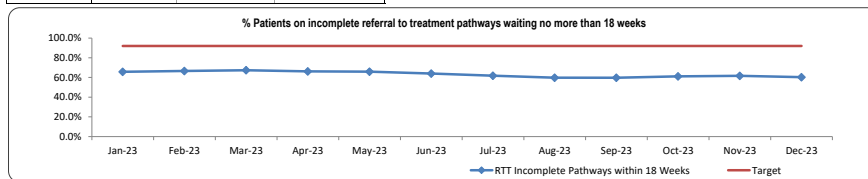
	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%	67.7%	74.8%	76.8%	73.5%	74.1%	72.2%	79.7%	77.1%	73.6%	73.2%	74.1%	78.2%
31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients	96%	81.3%	86.6%	82.4%	89.1%	78.2%	81.7%	87.6%	88.3%	86.1%	84.9%	82.2%	85.1%
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	85%	69.3%	68.6%	67.9%	72.8%	59.4%	67.1%	73.7%	73.0%	65.4%	67.2%	68.1%	67.0%



Rotherham Place Delivery Dashboard - February 2024

Referral to Treatment					
RTT Incomplete Pathways did not meet the 92% standard in December at 60.3% based on provisional data. The position for November was 61.7%.					
In December there were 1010 waiters over 52 weeks, 177 over 65 weeks, 12 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	27767	637 (63%)	85 (48%)	4 (33%)	0 (-)
Barnsley Hospital NHS Foundation Trust	133	1 (0%)	0 (0%)	0 (0%)	0 (-)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1015	30 (3%)	6 (3%)	1 (8%)	0 (-)
Sheffield Teaching Hospitals NHS Foundation Trust	6209	274 (27%)	67 (38%)	5 (42%)	0 (-)
Sheffield Children'S NHS Foundation Trust	1135	54 (5%)	14 (8%)	2 (17%)	0 (-)
Other provider	888	14 (1%)	5 (3%)	0 (0%)	0 (-)
All Providers	37147	1010 (100%)	177 (100%)	12 (100%)	0 (-)

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



	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
RTT Incomplete Pathways within 18 Weeks	92%	65.8%	66.7%	67.4%	66.2%	65.9%	64.0%	61.9%	59.8%	59.8%	61.1%	61.7%	60.3%
RTT Incomplete Pathways over 52 Weeks	0	582	572	593	712	798	811	918	1079	1146	1095	1023	1010
RTT Incomplete Pathways over 65 Weeks	0	185	173	127	132	150	146	151	220	210	179	149	177
RTT Incomplete Pathways over 78 Weeks	0	72	65	34	36	36	28	21	9	14	6	8	12
RTT Incomplete Pathways over 104 Weeks	0	3	4	1	1	2	3	3	0	0	0	0	0

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

	% Over 13 Weeks	% Over				Target
		Sep-23	Oct-23	Nov-23	Dec-23	
All specialities - total incomplete	51.3%	59.8%	61.1%	61.7%	60.3%	92%
Cardiology	50.5%	61.1%	62.8%	58.2%	60.8%	92%
Cardiothoracic Surgery	27.3%	75.0%	77.3%	83.6%	81.8%	92%
Dermatology	53.0%	60.8%	63.3%	62.5%	61.0%	92%
Ear, Nose & Throat (ENT)	61.1%	54.8%	53.1%	51.7%	50.4%	92%
Gastroenterology	42.5%	84.8%	83.8%	80.7%	75.4%	92%
General Medicine	20.0%	96.4%	96.3%	92.9%	95.0%	92%
General Surgery	55.5%	55.1%	56.3%	59.0%	57.3%	92%
Geriatric Medicine	20.6%	86.7%	82.1%	86.5%	89.3%	92%
Gynaecology	55.6%	55.7%	56.2%	56.4%	55.6%	92%
Neurology	63.4%	44.5%	48.5%	49.9%	45.7%	92%
Neurosurgery	62.6%	52.5%	46.4%	45.4%	47.1%	92%
Ophthalmology	41.1%	51.1%	59.2%	71.0%	71.2%	92%
Other - Medical Services	42.4%	71.4%	71.2%	71.2%	69.3%	92%
Other - Mental Health Services	0.0%	-	-	100.0%	100.0%	92%
Other - Paediatric Services	39.6%	65.5%	68.0%	70.9%	71.2%	92%
Other - Surgical Services	41.7%	69.4%	69.1%	71.6%	69.2%	92%
Other - Other Services	24.9%	82.4%	81.5%	86.0%	86.3%	92%
Plastic Surgery	64.0%	53.2%	49.5%	46.4%	43.0%	92%
Rheumatology	25.2%	94.3%	91.0%	88.1%	84.1%	92%
Thoracic Medicine	23.5%	74.3%	80.1%	86.2%	89.8%	92%
Trauma & Orthopaedics	59.9%	55.4%	56.5%	54.9%	51.9%	92%
Urology	42.9%	67.4%	65.5%	66.5%	67.9%	92%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham Place	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of Pathways	30177	30410	30356	35153	35823	36945	38333	39284	39890	39422	37289	37147
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	13358	13591	13537	18334	19004	20126	21514	22465	23071	22603	20470	20328

RTT Supporting Narrative

Latest provisional data for December shows 20 specialities under the 92% standard, with just General Medicine (95%) and Other - Mental Health Services (100%) meeting the Standard.

Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in December (60.3%): Barnsley - 67.2% / Doncaster - 58.3% / Sheffield - 61.5% / South Yorkshire - 61.5%

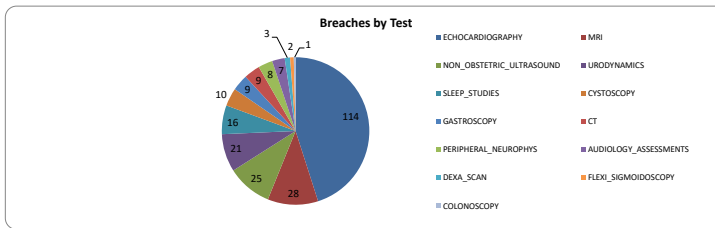
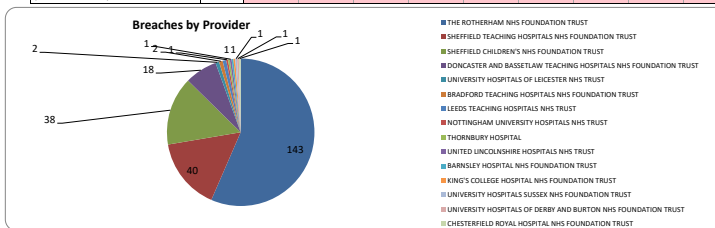
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information.

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 - February 2024

Diagnostic Waiting Times	
Provisional performance in December of 4.2% exceeds the <1% standard.	
253 Breaches occurred in December:	
143 (57%) at The Rotherham NHS Foundation Trust (110 Echocardiography, 2 CT, 8 Sleep Studies, 14 Uroynamics, 4 Gastroscopy, 5 Cystoscopy)	
1 (0%) at Barnsley Hospital NHS Foundation Trust (1 Cystoscopy)	
18 (7%) at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (1 MRI, 7 Audiology Assessments, 2 Dexa Scan, 7 Non Obstetric Ultrasound, 1 Peripheral Neurophys)	
40 (16%) at Sheffield Teaching Hospitals NHS Foundation Trust (1 Colonoscopy, 7 Peripheral Neurophys, 1 Flexi Sigmoidoscopy, 4 Cystoscopy, 4 MRI, 6 CT, 2 Echocardiography, 15 Non Obstetric Ultrasound)	
38 (15%) at Sheffield Children's NHS Foundation Trust (20 MRI, 6 Sleep Studies, 5 Gastroscopy, 7 Uroynamics)	
13 (5%) at Other Providers (1 Dexa Scan, 1 Flexi Sigmoidoscopy, 2 Sleep Studies, 3 MRI, 2 Echocardiography, 3 Non Obstetric Ultrasound, 1 CT)	

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	17.3%	9.0%	5.1%	6.4%	8.4%	7.6%	8.3%	9.4%	7.5%	5.1%	3.4%	4.2%



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

December-23 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	826	28	3.4%
Computed Tomography	978	9	0.9%
Non-obstetric ultrasound	1604	25	1.6%
Barium Enema	0	0	0.0%
DEXA Scan	132	3	2.3%
Audiology - Audiology Assessments	277	7	2.5%
Cardiology - echocardiography	805	114	14.2%
Cardiology - electrophysiology	0	0	0.0%
Neurophysiology - peripheral neurophysiology	30	8	26.7%
Respiratory physiology - sleep studies	153	16	10.5%
Uroynamics - pressures & flows	42	21	50.0%
Colonoscopy	370	1	0.3%
Flexi sigmoidoscopy	112	2	1.8%
Cystoscopy	258	10	3.9%
Gastroscopy	452	9	2.0%
Total Diagnostics	6039	253	4.2%

Rotherham Place Delivery Dashboard - February 2024

Eliminating Mixed Sex Accommodation

There were 0 breaches of this standard in November 2023

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

Incidence of C.diff

Performance for Rotherham Place overall in December was 13 cases. 9 cases in December occurred at Rotherham FT. In the YTD there have been a total of 85 cases. Rotherham FT performance for December is 4 cases and 33 in the YTD.

	Oct-23	Nov-23	Dec-23
Place c.diff	●	●	●
RFT c.diff	●	●	●
MRSA	●	●	●

Cancelled Operations

Data for Quarter 4 2019-20 to Quarter 2 2021-22 was not collected due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response.

	Target	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Cancelled operations re-booked within 28 days (Breaches)	0			6	9	6	7	11	5	5	13	11

Wheelchairs for Children

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

	Target	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24
Percentage of equipment delivered within 18 weeks	92%	100.0%	100.0%	100.0%	100.0%	98.7%	99.1%	97.9%	98.0%	100.0%	100.0%	100.0%

Rotherham Place Delivery Dashboard - February 2024

Percentage in 4 hours or less (type 1)

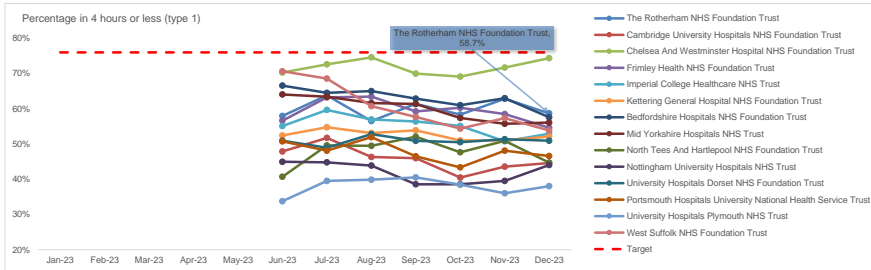
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of December 2023 was 58.7%

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

TRFT is 2nd highest out of the 14 pilot sites in December

	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
The Rotherham NHS Foundation Trust	76%						58.0%	63.8%	56.5%	61.4%	58.3%	62.8%	58.7%
TRFT Plan							50.0%	50.0%	55.0%	55.0%	60.0%	60.0%	65.0%
Cambridge University Hospitals NHS Foundation Trust	76%						47.9%	51.7%	46.3%	46.0%	40.5%	43.6%	44.6%
Chelsea And Westminster Hospital NHS Foundation Trust	76%						70.3%	72.6%	74.6%	70.0%	69.1%	71.7%	74.4%
Frimley Health NHS Foundation Trust	76%						56.6%	63.2%	63.5%	59.3%	60.3%	58.5%	54.6%
Imperial College Healthcare NHS Trust	76%						55.1%	59.7%	57.0%	56.4%	55.1%	50.8%	52.9%
Kettering General Hospital NHS Foundation Trust	76%						52.4%	54.8%	53.1%	53.9%	51.0%	51.0%	52.1%
Bedfordshire Hospitals NHS Foundation Trust	76%						66.6%	64.5%	65.0%	62.9%	61.0%	63.0%	57.6%
Mid Yorkshire Hospitals NHS Trust	76%						64.1%	63.4%	61.6%	61.4%	57.4%	55.7%	56.1%
North Tees And Hartlepool NHS Foundation Trust	76%						40.7%	49.6%	49.5%	52.1%	47.6%	50.9%	44.7%
Nottingham University Hospitals NHS Trust	76%						45.0%	44.8%	43.9%	38.6%	38.6%	39.5%	44.0%
University Hospitals Dorset NHS Foundation Trust	76%						50.9%	48.9%	52.8%	50.9%	50.5%	51.4%	50.9%
Portsmouth Hospitals University National Health Service Trust	76%						50.7%	48.1%	51.9%	46.5%	43.4%	48.1%	46.6%
University Hospitals Plymouth NHS Trust	76%						33.8%	39.5%	39.9%	40.5%	38.5%	36.0%	38.0%
West Suffolk NHS Foundation Trust	76%						70.6%	68.6%	60.7%	57.7%	54.4%	57.4%	53.8%



Rotherham Place Delivery Dashboard - February 2024

YAS		
Yorkshire Ambulance Service (YAS) is continuing to participate in NHS England's Ambulance Response Programme (ARP), which has moved to phase three. Based on feedback from the pilot, there are now four categories and the eight minute response time for category 1 incidents no longer exists.		
YAS reported a mean of 8 minutes 23 seconds for category 1 calls in January for Rotherham Place. The position in December was 8 minutes 54 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in January was 41.1% a decrease from December performance at 49.6%.		
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)

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Cat 1 Mean	00:08:43	00:09:02	00:08:12	00:08:39	00:09:13	00:09:01	00:08:17	00:08:05	00:08:56	00:09:18	00:08:54	00:08:23
Cat 2 Mean	00:30:21	00:29:33	00:20:38	00:23:46	00:27:59	00:26:01	00:24:22	00:24:53	00:26:30	00:35:04	00:39:52	00:34:09
Cat 3 90th Percentile	03:27:39	03:27:19	02:32:00	03:06:08	03:28:34	03:04:43	03:18:45	02:34:33	03:09:29	03:36:33	04:56:32	03:44:40
Cat 4 90th Percentile	02:30:26	04:13:50	03:10:26	05:46:52	01:50:02	04:26:26	01:24:04	10:39:53	02:20:33	06:08:09	03:16:40	04:43:44

Handovers at TRFT

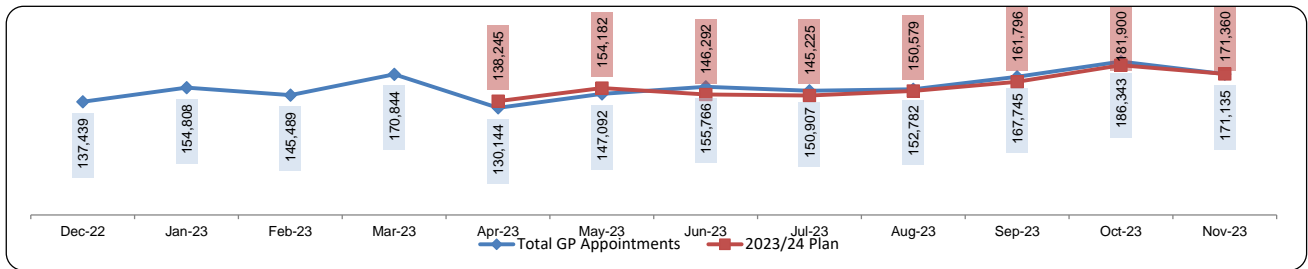
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
% Handovers WITHIN 15 minutes	48.1%	62.8%	61.3%	68.6%	65.2%	66.2%	64.8%	68.2%	53.8%	56.9%	49.6%	41.1%
% Handovers OVER 30 minutes	24.8%	15.0%	13.6%	7.3%	12.0%	8.7%	13.7%	7.7%	13.6%	9.4%	18.7%	31.6%
% Handover OVER 60 minutes	12.9%	4.9%	5.2%	1.9%	4.6%	2.8%	5.8%	1.4%	5.0%	1.0%	6.4%	15.9%
Number of ambulance handovers OVER 60 minutes (RFR)	202	95	99	37	88	54	114	28	105	22	144	348

Please Note:

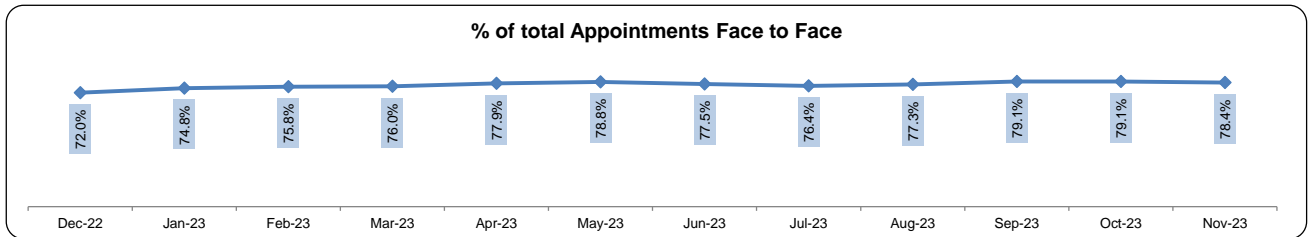
Due to "Technical difficulties" NHS digital has delayed the publication of Decembers GP Appointments data, therefore this section has not been updated this month

GP Appointments

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



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



Health Outcomes

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

Enhancing Quality of Life	Sep-23	Oct-23	Nov-23	Dec-23	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	81.90%	83.00%	83.80%	83.60%	66.70%
Protecting People From Avoidable Harm	Oct-23	Nov-23	Dec-23	2023/24 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	1	1	2	6	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	1	0	0	1	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	10	11	13	85	Actual
	4	3	4	31	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	5	7	4	33	Actual
	2	1	2	12	Plan
Mental Health: Monthly Indicators	Oct-23	Nov-23	Dec-23	2023/24 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	13.4%	15.4%	16.7%	16.7%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	46.67%	54.31%	48.94%	51.60%	50.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Urgent Cases	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 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	Q4 2022/23	Q1 2023/24	Q2 2023/24	Q3 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 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	Target
Proportion entering treatment waiting two weeks or less	63%	74%	88%	61%	60.0%
Care Program Approach (CPA)	Sep-23	Oct-23	Nov-23	Dec-23	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 72 hours	100%	100%	92%	100%	80.0%

Health Outcomes

CYP Access (1+ contacts)	Sep-23	Oct-23	Nov-23	Dec-23	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4675	4730	4770	4725	4250
Perinatal Access (No. of Women)	Sep-23	Oct-23	Nov-23	Dec-23	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	215	215	215	215	TBC
Discharges follow up in 72 hours	Sep-23	Oct-23	Nov-23	Dec-23	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	75%	79%	75%	84%	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 Q3	2022/23 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3
People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end)	1041	1197	1106	1086	1099
Target (Local)			918		
Community Mental Health (MH) Access (2+ contacts)	Sep-23	Oct-23	Nov-23	Dec-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)	2385	2390	2365	2370	TBC
Learning Disability Annual Health Checks	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Checks	67	78	135	186	95
Register	1739	1739	1739	1739	1739
Trajectory	92	92	125	125	125
2 Hour Urgent Community Response	Sep-23	Oct-23	Nov-23	Dec-23	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	76%	73%	73%	67%	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

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ACS Admissions		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Number of Ambulatory Care Sensitive Admissions	Actual	287	283	348	339	315
	Target	245	245	249	249	249
Discharges to Usual Place of Residence		Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
% Discharged to Usual Place of Residence	Actual	93.9%	95.5%	94.9%	95.0%	95.6%
	Target	94.0%	94.0%	93.5%	93.5%	93.5%

Discharges

This section is being reviewed following a change in the format of the data. This will be updated for next month.

		26-Nov	03-Dec	10-Dec	17-Dec
Proportion of acute beds occupied by patients no longer meeting Criteria to Reside (LOS 7+)	South Yorkshire and Bassetlaw	12.0%	12.2%	12.2%	11.3%
	Barnsley Hospital NHS Foundation Trust	19.2%	19.5%	17.7%	6.8%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	9.9%	9.5%	10.2%	11.7%
	Sheffield Teaching Hospitals NHS Foundation Trust	11.5%	11.8%	11.5%	12.5%
	The Rotherham NHS Foundation Trust	9.5%	9.9%	11.6%	11.1%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	South Yorkshire and Bassetlaw	40.7%	40.4%	33.8%	29.4%
	Barnsley Hospital NHS Foundation Trust	79.3%	70.8%	55.7%	12.9%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	7.4%	7.6%	2.8%	9.9%
	Sheffield Teaching Hospitals NHS Foundation Trust	39.2%	41.5%	41.4%	42.9%
	The Rotherham NHS Foundation Trust	18.4%	22.5%	16.7%	19.6%
Number of patients who did not meet the criteria to reside in hospital but continued to reside (7 day average) (all LOS)	South Yorkshire and Bassetlaw	422	444	476	518
	Barnsley Hospital NHS Foundation Trust	59	59	53	56
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	113	120	131	121
	Sheffield Teaching Hospitals NHS Foundation Trust	204	214	229	284
	The Rotherham NHS Foundation Trust	46	51	63	56

2023-24 Medicines Management Report Quarter 2 April-September 2023

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

Purpose
To update Place Board on 2023/24 Medicine Management activity.
Background
<p>The Medicines Management Team (MMT) monitors and advises on all aspects of prescribing that is attributed to Rotherham Place.</p> <p>The attached report details</p> <ul style="list-style-type: none"> • The financial performance. • The quality initiatives that are being implemented.
Analysis of key issues and of risks
See attached report.
Patient, Public and Stakeholder Involvement
Not applicable.
Financial Implications
<p>Prescribing is the second largest area of expenditure for Place and the South Yorkshire Integrated Care Board (ICB). Whilst the financial risk of this area of expenditure resides with the ICB, we have little influence over the “prescribers” whose actions impact on prescribing expenditure.</p> <p>Prescribing costs are influenced by a wide range of factors that are often outside of the individual clinician’s control such as:</p> <ul style="list-style-type: none"> • National guidance (NICE etc) • New clinical evidence • Drug shortages – resulting in patients having to prescribing less cost-effective alternatives • Drugs not available at drug tariff price (NHS contract price) NCSO – No cheaper stock obtainable. <p>Drugs are global commodities and supply chains into the UK are international. The ever-increasing number of drug shortages/supply problems and the inability to obtain drugs at drug tariff prices, will all impact on prescribing costs.</p> <p>The MMT engages with prescribers to get them to accept ownership of the financial impact of their prescribing, even though increased prescribing costs will have little direct impact on the clinician.</p>
Approval history
Not applicable.
Recommendations
Rotherham Place Board is asked to note the 2023/24 quarter 2 position and outcomes in the attached report.

2023-24 Medicine Management Report

Quarter 2 - April-September 2024

NHS South Yorkshire SICBL Rotherham

SICBL Rotherham has experienced a cost growth of 8.13% in the first 8 months of 2023/24 this is stronger than usual but below the cost growth for England (8.60%). Rotherham's cost growth is driven by a very strong item growth of 4.52% compared to an item growth of 3.48% for England.

NCSO (no cheaper stock obtainable) continues to contribute to cost growth adding £934,999 to Rotherham's prescribing costs (Apr-Nov 2023)

12 months item and cost growth to November 2023 (top 10)

Cost growth

1	Antidiabetic drugs (060102)	£776,185.00
2	Lipid-regulating drugs (021200)	£391,816.24
3	Proton pump inhibitors (010305)	£313,626.18
4	Detection Sensor Interstitial Fluid/Gluc (2148)	£245,612.79
5	Penicillins (050101)	£229,192.61
6	Female sex hormones and their modulators (060401)	£224,293.51
7	Corticosteroids (respiratory) (030200)	£207,522.83
8	Adrenoceptor agonists (030101)	£197,805.86
9	H2-receptor antagonists (010301)	£153,093.07
10	Hormone antagonists (080304)	£135,759.74
	Total	£2,874,907.82

The strong growth in antidiabetic drugs reflects the increase in patients and an increase in patients using continuous blood glucose monitoring systems in accordance with NICE guidelines. The increase in lipid regulating drugs reflects both an NCSO issue but also an increase in treatment and this should be viewed positively. Increases in HRT and penicillin prescribing is in line with national trends.

1	Oral anticoagulants (020802)	-£214,033.45
2	Antimuscarinic bronchodilators (030102)	-£165,936.64
3	Diabetic diagnostic and monitoring agents (060106)	-£58,914.34
4	Bisphosphonates and other drugs (060602)	-£43,030.62
	Hypothalamic & anterior pituitary hormone & antioestrogens (060501)	-£33,587.49
5	Drugs used in metabolic disorders (090801)	-£26,899.45
6	Viral hepatitis (050303)	-£25,948.15
7	Alcohol dependence (041001)	-£17,743.49
8	Corticosteroids (010502)	-£17,442.20
9	Anxiolytics (040102)	-£17,129.08
10		
	Total	-£620,664.92

The decrease in oral anticoagulants costs is due to the drug apixiban coming off patent. The decrease in the cost of diabetic diagnostics is in response to new Rotherham guidelines inline with NHSE recommendations and a active switch programme.

Item Growth

1	Lipid-regulating drugs (021200)	43241
2	Calcium-channel blockers (020602)	22808
3	Antidiabetic drugs (060102)	21654
4	Renin-angiotensin system drugs (020505)	20403
5	Proton pump inhibitors (010305)	20182
6	Penicillins (050101)	14779
7	Selective serotonin re-uptake inhibitors (040303)	12470
8	Beta-adrenoceptor blocking drugs (020400)	12378
9	Female sex hormones and their modulators (060401)	11637
10	Other antidepressant drugs (040304)	7485

Item growth is fuelled by increased lipid and hypertension prescribing which is part of the health inequalities agenda. Antidiabetic drugs reflects the increase in caseload. The increase in HRT, antidepressant and penicillins is inline with national prescribing trends

Chart 1: Rotherham - Trend chart showing the cost impact (% and £) of changes to price concession status

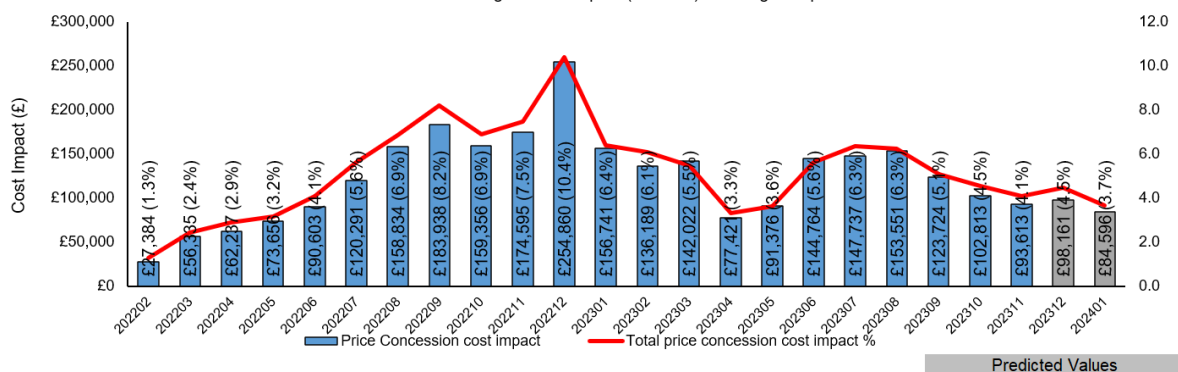
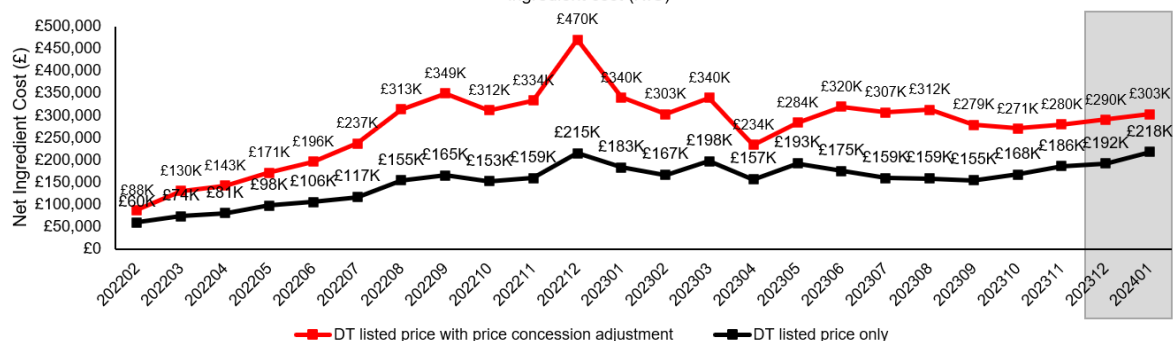


Chart 2: Rotherham - The effect of price concession changes over time (previous 2 years) based on predicted net ingredient cost (NIC)



2023-24 Prescribing Incentive scheme

The prescribing incentive scheme has been refreshed for 2023/4 (App 2). The scheme comprises of a total of 13 criteria (9 quality indicators and 4 financial indicators) as of December 2023 there is an achievement rate of 43.6%. Overall achievement in 2022/23 was 82%.

The majority of the criteria are showing improvement.

- The asthma indicator highlighting patients under using inhaled corticosteroids while overusing their reliever (SABA) inhaler, has resulted in reviews and compliance increasing for 124 patients.
- In the last 9 months there has been an increase in statins being offered to patients with a high Qrisk & non-HDL (5.8% reduction of patients needing a review – 381 patients)
- A new indicator to review Oestrogen HRT not having progesterone, has resulted in more than 150 reviews & changes.
- Previous indicators in regards laxatives, recording insulin dosages, DOAC monitoring continue to improve.
- The **antibiotic indicator for volume is currently above target** due to the national spike in Strep A in Dec 22, however Rotherham's very low use of broad-spectrum antibiotics continues.
- Continued issues with **Out of Stocks are causing problems** with a couple of the financial indicators and they may need modifying.

QIPP Savings 24/25

QIPP 23/24	Potential Savings (£)	Year to Date savings April – Nov	Supporting info & comments
AMD Pathway (BlueTec)	500K		Currently included in TRFT Block contract
Edoxaban	60K	£66,035	Supporting practices to use most cost effective DOAC in 23/24
Test Strip swap (with new guideline)	50K	Commenced Jan 2024	Test strip work to tie in with ICB timeline and Rotherham Place High Impact Transformation Projects
Buprenorphine patch swap	60K	To Commence	Chosen brand currently Out of Stock
Optimise RX	330K	£383,371	Active management of decision support tool
Vit D swaps to Formulary (cont.)	72K	£31,254	Adherence to more cost-effective Vitamin D preparations
Rebates		£106,289	Active utilisation of rebates where appropriate
Other Swaps (e.g. Atorva 60, Ciprofibrate, Topiramate etc)	50K	£47,950	Rationalise to locally agreed choices.
Total year to date	£1.1M	£634,899	

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

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

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

This has been taken forward into 2023/24 with the medicine management team leading on projects to completely overall the management pathways for diabetes, heart failure and potentially other therapeutic areas.

Medicine Safety Dashboard

A medicines safety dashboard (App 1) was launched in 2022/23 this was incorporated into the Quality Contract for 2023/24.

The MMT has introduced the Medicines Safety Dashboard to assist practices in prioritising MHRA alerts and other safety agendas. There are 12 indicators on the dashboard, and on the first run of data over 1,000 patients were highlighted as needing a review, this has reduced to 675 in December 2023 and continues to decrease across all indicators.

- Both the monitoring of amiodarone and retinal screening for Hydroxychloroquine has increased from 13% to 47%
- For the first time ever, Rotherham Place has NO prescribing of Methotrexate at the higher 10mg tablet strength.
- Other areas monitored include:
 - Valproate pregnancy prevention program.
 - DOAC incl. dosages for renal function
 - Diabetes & asthma
 - Mental health drug recording

Medicines Management 2022/23 Medicines Safety Dashboard															
Dec-23	1. DOACs & Warfarin			2. Hospital info recorded			3. Diabetes & Asthma			4. High Risk Monitoring			Total patients to review	Green Count	Red Count
	DOAC & warfarin	DOACs needing "dose reduction"	DOACs needing "review and stop"	Hydroxy-chloroquine	Valproate and pregnancy prevent	Mental Health Hospital drug recording	Type 1 diabetes and a Flozin (SGLT2)	DDP-4 inhibitor & GLP-1 agonist	LABA and no ICS (Asthma register)	Minocycline	Methotrexate 10mg	Amiodarone			
	2	28	4	210	77	73	57	34	86	5	0	99	675		
TARGET	No Pts	No Pts	No Pts	100%	No Pts	100%	No Pts	No Pts	No Pts	No Pts	No Pts	100%		146	188

Management of non-PBR drugs.

The use of biosimilar options = 98% which has saved the Rotherham health care community £1,345,054

This is the pure saving figure, there are also further savings from a high % of our AMD patients being on Ranibizumab (Lucentis) whereas in other places patients were initiated onto the newer agents (There is no evidence of greater efficacy)

In 2024/25 there are potential savings if the hospital switched further drugs to the biosimilars. There are new biosimilars coming to market 2024/25 which could release potentially further savings.

Tocilizumab – 100K / annum – Already available

Ustekinumab – at least 300k / annum – products to be available from July 23 onwards.

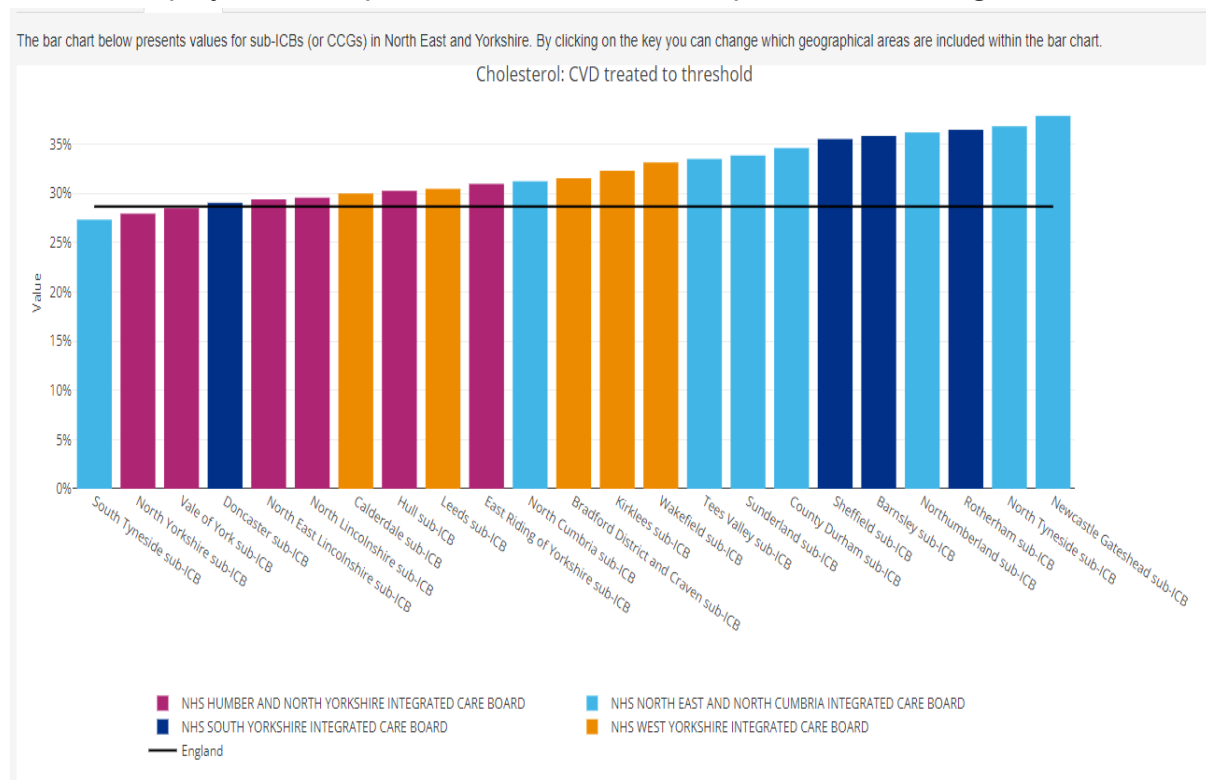
Medicine Management Projects

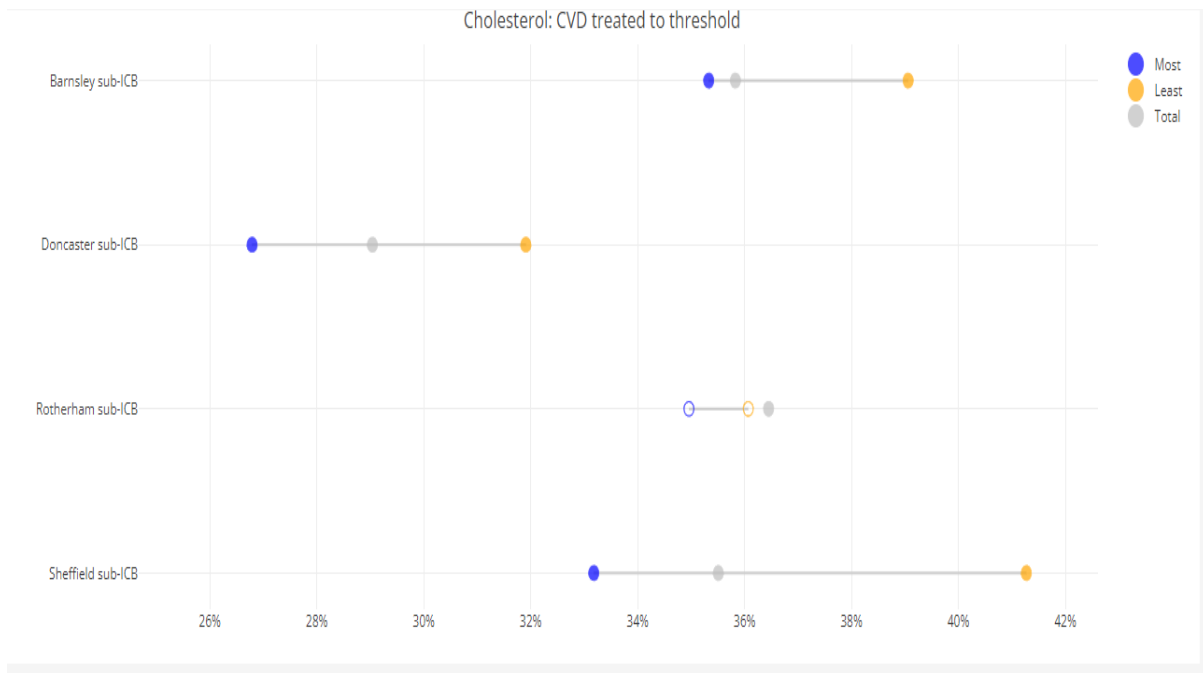
Health Inequalities

Hypertension & Lipid modification

- A range of searches have been developed to help practices identify the missed opportunities in the management of hypertension and lipid modification.
- A dashboard outlining practice performance is sent to all practices every month.
- This initiative has been well received by practices.

The graphs below shows that Rotherham is in the top three SIBL's in the North East & Yorkshire region for achieving cholesterol treatment targets in CVD patients and has no inequity between practices for CVD treated patients achieving threshold.





Comparing the grey dots, **Rotherham sub-ICB** value of **36.45%** is the highest for this metric, and the **Doncaster sub-ICB** value of **29.04%** is the lowest. **Sheffield sub-ICB** has the greatest gap between the most and least deprived quintiles, and **Rotherham sub-ICB** the smallest.

On the chart, a solid dot indicates that there is statistically significant difference between patients in the most and least deprived quintiles, and a hollow dot no statistically significant difference.

This initiative was recognised with an Eclipse award in 2023.

Nutrition Prescribing

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

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

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

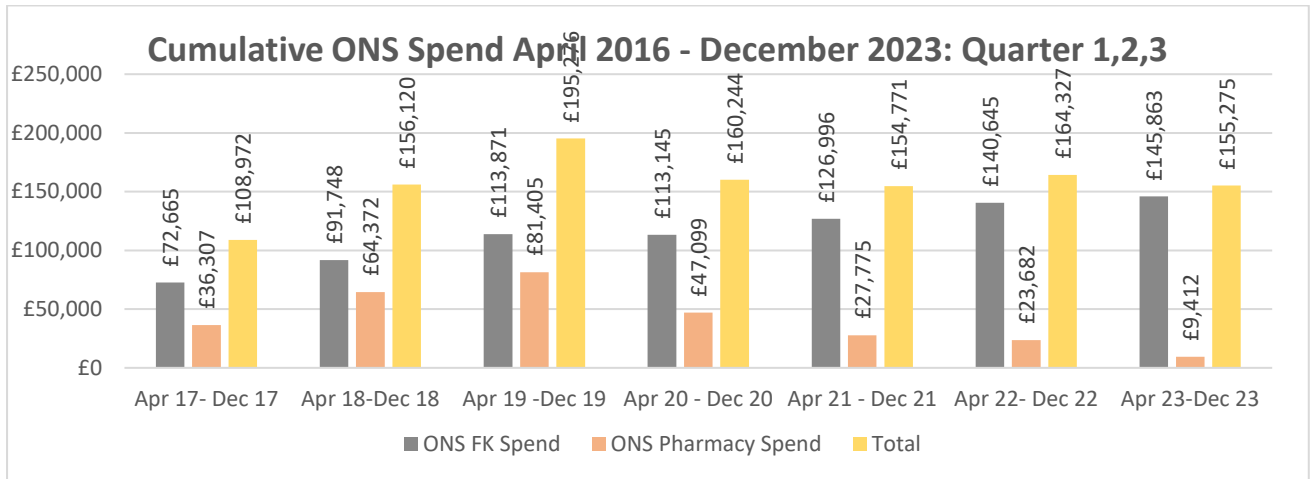
This model has produced considerable cost savings from the reduction in use of nutritional products.

The service supports 161 patients on tube feeds (90 adults 71 children), this is double the number from 2004. The service model has also enabled most tube feed patients to have their PEG tubes changed/managed in their own home. The service has collaborated with patients and carers to enable them to be more self-caring eg. Changing Y connectors (previously they would have to attend hospital), managing own balloon water changes (reducing work for community nursing). They have also

supported carers/patients to be self-caring with tube changes where they have requested this.

The dietitians have now received wound care training and can access products via the Rotherham wound care contract to treat PEG feeding site skin issues.

There are currently 471 patients receiving oral nutritional support (sip feeds) this is less than half the number that there was in 2004.

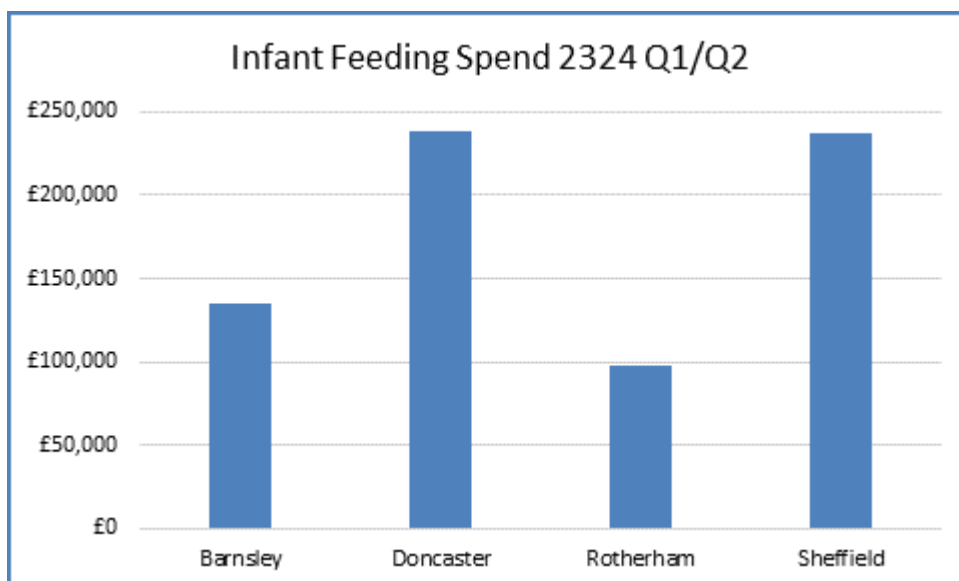


Nationally ONS expenditure is showing very strong cost growth whereas Rotherham has seen virtually no cost growth over the last 6 years.

The nutrition contract needs to be re-tendered in the next 12 months, the current contract is being reviewed prior to re-tendering and this work is on schedule.

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

17.6% of all Rotherham newborns are now being referred into this service (9.6% breast fed infants, 22.4% of formula fed infants).



Place	Actual cost, £
Barnsley	£135,027
Doncaster	£238,024
Rotherham	£97,802
Sheffield	£236,817

Rotherham benchmarks well on its infant feeding formula costs and analysis of products prescribed by the dietitians demonstrates appropriate cost- effective prescribing.

The service is struggling to see referrals within 7 days due to the increase in referral rates there is the potential to expand the service model to manage infant reflux this would improve patient care and impact on GP and paediatrician capacity.

Continence and Stoma

All continence and stoma products are managed and prescribed through a service run by specialist nurses. They manage all aspects of care for 1729 continence patients and 919 stoma patients (March 2023). The service benchmarks well for costs and some of the initial savings made against products were re-invested into increasing community provision.

Continence products 2022/23

SICBL	Cost/1000 pts	Cost/ 1000 ASTROPU
Barnsley	£4,386	£1,177
Doncaster	£4,774	£1,366
Rotherham	£4,357	£1,170
Sheffield	£4,581	£1,288

Continence products 2022/23

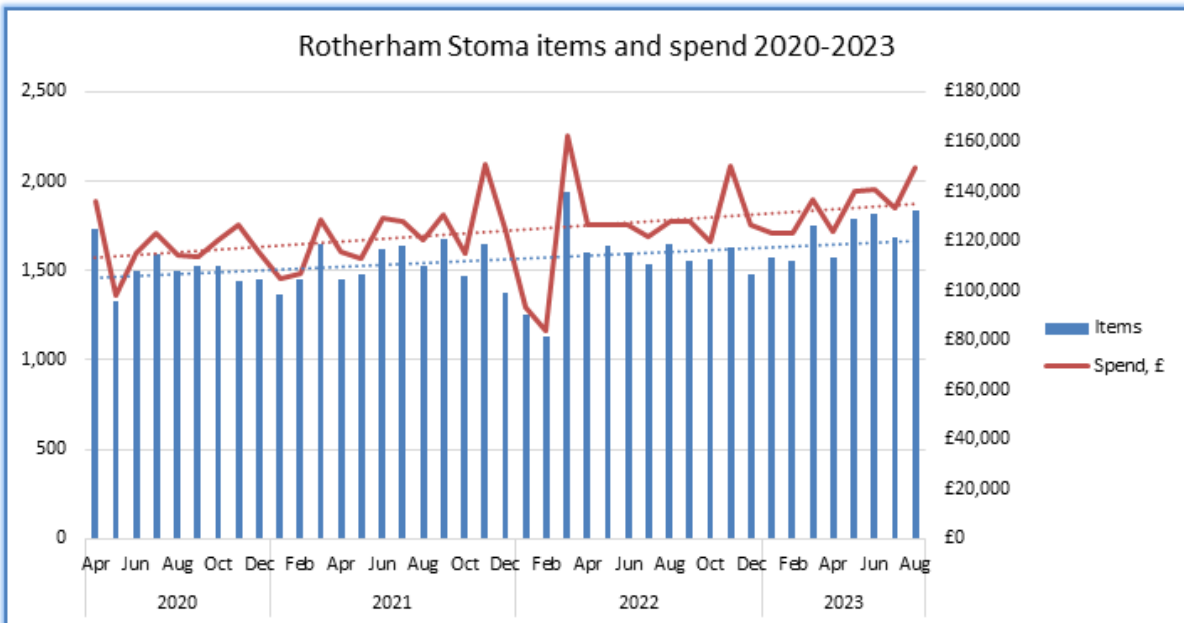
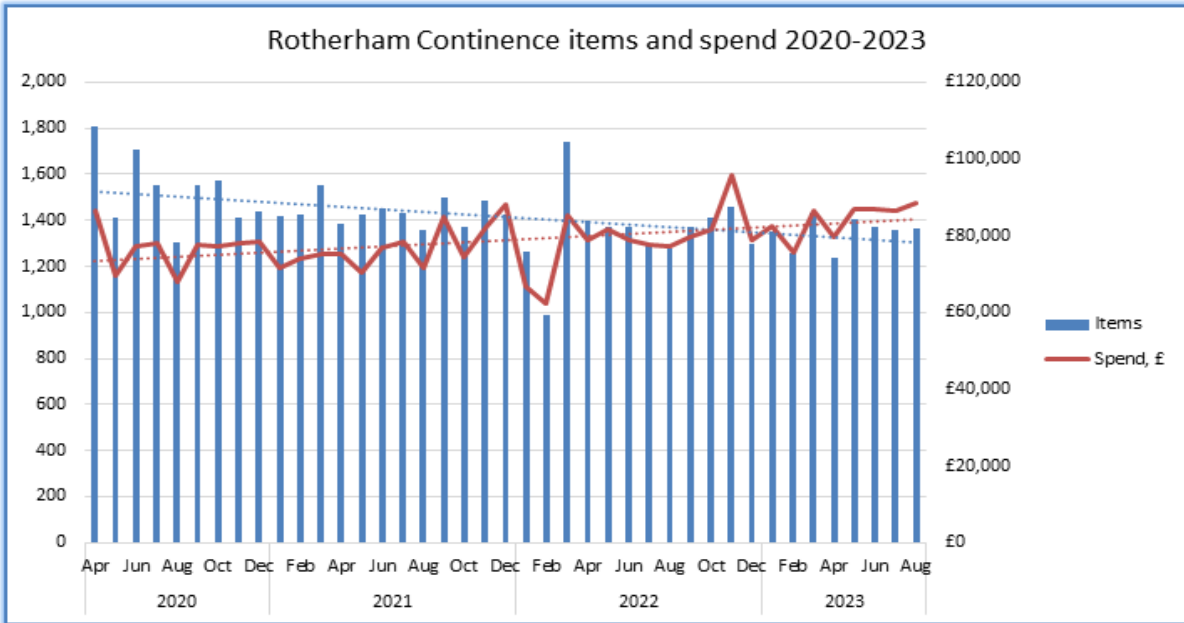
excluding Anal Irrigation products

SICBL	Cost/1000 pts	Cost/ 1000 ASTROPU
Barnsley	£3,912	£1,046
Doncaster	£4,312	£1,270
Rotherham	£3,598	£970
Sheffield	£4,256	£1,171

Rotherham still has the lowest prescribing costs for continence products in South Yorkshire and continues to benchmark well nationally.

The service model also prevents admissions and hospital attendances and can demonstrate patient focused personalised care.

The continence prescribing costs are however, inflated by some of the highest costs nationally for anal irrigation products this requires further investigation, to either reduce or justify these high costs. £186,162 was spent on anal irrigation products in 2022/23 = 19.14% of the services total prescribing costs.



Cost growth in both areas is driven by demand (Patient numbers) and increases in unit costs, product choice remains very cost effective. Nursing support to stoma patients is very sparse compared to other areas, it is intended to run a pilot project offering additional support to stoma patients in the community to ascertain whether this can deliver further efficiencies.

Wound Care

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

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

The wound care contract needs to be re-tendered in the next 12 months and work is underway to ascertain the feasibility of a joint SICBL Rotherham / TRFT wound care contract.

The service also manages all lymphedema products and work is ongoing to expand the service to manage hosiery.

Diabetes

Rotherham has 18,000 patients with diabetes. The growth in the number of patients with diabetes and resulting increase in prescribing expenditure, together with the inequity in care across practices and the number of preventable health issues associated with diabetes and its management as led to diabetes being a major transformational project for Rotherham Place.

In the 8 months April 2023-November 2023 Rotherham spent £5,356,878 on the management of diabetes (15.8% of all prescribing expenditure) the current cost growth for drugs to manage diabetes = 7% (11.3% 2022/23)

A further £538,858 has been spent of continuous blood glucose monitoring devices (In accordance with NICE guidelines) cost growth = 32.8% (57% 2022/23)

There is a wide variation in practice performance in the management of diabetes especially in the management of HbA1c and the 8 diabetes care processes.

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

Rotherham Diabetes initiatives 2023/24

- Prevention to become the mainstay of type two diabetes treatment, the GP federation was tasked with contacting patients with diabetes and encouraging them to participate in an evidence-based NHS commissioned weight loss intervention.

842 calls have been made.

248 patients have been contacted (29.4%)

162 have accepted an intervention (65.3%)

22 Oviva programme

100 The NHS low calorie diet

35 Desmond

5 BETTY

86 Declined

- Additional diabetes clinics are being piloted for patients using high doses of insulin.
- The newly diagnosed diabetes clinics are established and achieving a remission rate of around 30%

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

Heart Failure

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

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

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

6 practices have agreed to participate in this programme and training of the HF champions has commenced.

Antidepressant prescribing

- Antidepressant reviews are offered to Rotherham patients where there appears to be no reason for an antidepressant continued use.
- Patients are contacted and opt in to the service
- All reviews are done virtually.
- Work completed in 25/28 practices.
- Positive feedback from both pts and GP practices
- 7000 pts contacted and around 800 pts reviewed, with two-thirds stopping antidepressant and one-third reducing.
- The project has won two national PresQipp awards and promoted by Prof Avery NHSIR
- Project is now reviewing hypnotic and anxiolytic drugs which are the biggest cause of falls and fractures resulting in hospital admissions. Plan is to review 2000 pts.

Care home hydration project

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

A total of 700 staff have been trained in 2023 and a further 86 in the first month of 2024.

The production of a virtual training platform to enable training for staff that were unable to attend the face-to-face training or have recently joined a care home.) 78 staff have completed 470 modules.

The data in the table compares months after the intervention, to the corresponding calendar months of the previous year (to remove seasonal variations), depending on the quarter the care home was provided with the training.

	Baseline 6 months	Intervention 6 months	% age decrease	Baseline 9 months	Intervention 9 months	% age decrease
Ambulance	617	587	4.9%	899	852	5.2%
Antibiotic courses	396	350	11.6%	564	506	10.3%
Barrier products	69	47	31.9%	97	71	26.8%
Laxatives	631	559	11.4%	922	838	9.1%
Referrals	200	288	-44.0%	297	433	-45.8%
Repeat Antibiotics	31	23	25.8%	40	34	15.0%
UTIs read coded	84	62	26.2%	110	86	21.8%

- Ambulance call outs have reduced even with the increase in pressure on the service (increase of 16.2%).
- Referrals (mobility, falls, SALT) increasing is a good thing as we are encouraging homes to refer residents as small issues arise and not wait until it is serious/urgent.

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

The changes from the 6-month post intervention to the 9-month post intervention data, shows that all the impacts are being maintained.

NHSE have recognised the value of this project and have offered further funding for 2024/25 to embed the project over a wider footprint. The project group has received a number of requests to present the data.

Rotherham GP Practice / Community Pharmacy Interface

HRT prescription changes

- New national guidelines for prescription charges for HRT landed in 1/3/23
- Clinical Systems do not support the new requirement to prescribe HRT meds separately.
- At place, a GP clinical system pop-up was created to aid GP Practices with the prescribing of HRT meeting the new requirements.
- Subsequently, all other SY places have adopted this work.

Out of Stock medicines (OOS)

- Working with Accurx to streamline the communication of OOS between CPs and GPs
- Worked with Accurx a system was development to allow CPs to send electronic msg into GP practice.
- Piloted scheme at RVS PCN where feedback from both CPs and GPs was positive. Reduction in prescription items issued and reduced workload.
- Liaised with all Practices and received full consensus from all to take forward.

- Expanding scheme across all Rotherham GPs and CPs with training events planned throughout Feb and March 2024, with go-live 11/03/24

Stuart Lakin

Head of Medicine Management

NHS South Yorkshire SICBL Rotherham

February 2024

Medicines Management 2022/23 Medicines Safety Dashboard

Dec-23	1. DOACs & Warfarin			2. Hospital info recorded			3. Diabetes & Asthma			4. High Risk Monitoring			Total patients to review	Green Count	Red Count
	DOAC & warfarin	DOACs needing "dose reduction"	DOACs needing "review and stop"	Hydroxy-chloroquine	Valproate and pregnancy prevent	Mental Health Hospital drug recording	Type 1 diabetes and a Flozin (SGLT2)	DDP-4 inhibitor & GLP-1 agonist	LABA and no ICS (Asthma register)	Minocycline	Methotrexate 10mg	Amiodarone			
Blyth Road Medical Centre	No Pts	No Pts	No Pts	2	4	3	2	No Pts	1	No Pts	No Pts	5	17	6	6
Braithwell Road Surgery	No Pts	No Pts	1	9	1	2	1	1	2	No Pts	No Pts	4	21	4	8
Brinsworth Medical Centre	No Pts	1	No Pts	10	7	2	2	1	3	No Pts	No Pts	2	28	4	8
Broom Lane	No Pts	1	No Pts	8	6	7	1	2	5	No Pts	No Pts	7	37	4	8
Clifton	No Pts	1	No Pts	10	1		1	No Pts	1	No Pts	No Pts	3	17	5	6
Crown Street Surgery	No Pts	3	1	14	6	1	3	1	1	No Pts	No Pts	4	34	3	9
Dinnington Group Practice	No Pts	4	No Pts	13	4	No Pts	2	4	4	No Pts	No Pts	6	37	5	7
Gateway Primary Care	No Pts	No Pts	No Pts	2	No Pts	1	No Pts	1	3	No Pts	No Pts	2	9	7	5
Greasbrough Medical Ctr.	No Pts	No Pts	No Pts	4	No Pts	3	3	No Pts	1	No Pts	No Pts	1	12	7	5
Greenside Surgery	No Pts	No Pts	No Pts	6	2	3	1	2	No Pts	No Pts	No Pts	4	18	6	6
High Street Surgery	1	1	No Pts	10	1	3	2	No Pts	2	No Pts	No Pts	6	26	4	8
Kiveton Park	1	7	No Pts	4	1		No Pts	No Pts	No Pts	No Pts	No Pts	1	14	6	5
Magna Group Practice	No Pts	2	No Pts	16	3	7	7	4	6	3	No Pts	13	61	3	9
Manor field	No Pts	No Pts	No Pts	2	1	No Pts	No Pts	No Pts	3	No Pts	No Pts	1	7	8	4
Market Surgery	No Pts	No Pts	No Pts	10	2	1	No Pts	No Pts	1	No Pts	No Pts	1	15	7	5
Morthen Road Surgery	No Pts	1	No Pts	9	No Pts	1	3	No Pts	11	No Pts	No Pts	No Pts	25	7	5
Parkgate Medical Centre	No Pts	1	No Pts	10	4	12	6	5	1	No Pts	No Pts	4	43	4	8
Rawmarsh Health Centre	No Pts	No Pts	No Pts	5	2	7	2	1	3	No Pts	No Pts	2	22	5	7
Shakespeare Road	No Pts	No Pts	No Pts	5	4	1	2	1	3	No Pts	No Pts	1	17	5	7
St Ann's Medical Centre	No Pts	1	No Pts	13	9	5	2	5	5	No Pts	No Pts	4	44	4	8
Stag Medical Centre	No Pts	1	1	14	3	3	8	2	4	1	No Pts	10	47	2	10
Swallownest Health Centre	No Pts	No Pts	No Pts	2	1	No Pts	3	No Pts	8	1	No Pts	1	16	6	6
Thorpe Hesley Surgery	No Pts	1	1	4	2	1	No Pts	2	2	No Pts	No Pts	No Pts	13	5	7
Treeton Medical Centre	No Pts	1	No Pts	7	3	1	3	No Pts	2	No Pts	No Pts	6	23	5	7
Village Surgery	No Pts	No Pts	No Pts	3	4	No Pts	1	1	1	No Pts	No Pts	3	13	6	6
Wickersley	No Pts	No Pts	No Pts	3	No Pts	1	1	No Pts	3	No Pts	No Pts	6	14	7	5
Woodstock Bower Practice	No Pts	1	No Pts	9	5	7	1	1	10	No Pts	No Pts	1	35	4	8
York Road Surgery	No Pts	1	No Pts	6	1	1	No Pts	No Pts	No Pts	No Pts	No Pts	1	10	7	5
Total patients to review	2	28	4	210	77	73	57	34	86	5	0	99	675		
TARGET	No Pts	No Pts	No Pts	100%	No Pts	100%	No Pts	No Pts	No Pts	No Pts	No Pts	100%		146	188

Audits required for:

Reds in Qtr4 can be appealed by submitting an audit to the MMT at the CCG presenting reasons for **clinical** exceptions. This must include information for **ALL** patients not reaching the target with **specific** reviews and actions taken between Apr 2023 & Mar 2024. Audits should be submitted on the appraisal template with all sections completed.

Medicines Management Incentive Scheme December 2023	Quality									Financial				Green Count	Red Count
	Insulin dose recorded	Reduction of Osmotic alone in over 18yr	ICS compliance (asthma)	Oestrogen only HRT & a uterus	DOAC CrCl monitoring	Compliance thyroid / epilepsy / antipsychotics	Antibiotics Items /STAR-PU	Antibiotics Broad spectrum (cefalosporins, quinolones and co-amoxiclav)	Statin for primary prevention	Emollients to formulary	Rubefaciants	Triple therapy switch	CCG Preferred brand		
BRINSWORTH MEDICAL CENTRE	84.3%	27.4%	2.7%	1	95.6%	7	0.974	5.9%	12.0%	90.3%	78.0%	-50%	92.8%	5	8
GATEWAY PRIMARY CARE	67.9%	23.1%	2.5%	No Pts	89.3%	6	1.272	5.7%	5.3%	95.6%	93.0%	-20%	92.3%	6	7
STAG MEDICAL CENTRE	97.9%	26.0%	0.7%	No Pts	97.2%	5	1.067	6.0%	4.2%	92.2%	83.0%	77%	94.6%	8	5
THORPE HESLEY SURGERY	61.2%	27.2%	1.1%	2	92.7%	7	0.975	5.2%	6.4%	94.1%	98.0%	29%	95.6%	7	6
TREETON MEDICAL CENTRE	100.0%	27.4%	2.0%	No Pts	96.3%	11	1.158	7.8%	1.1%	85.7%	87.0%	0%	93.1%	6	7
CLIFTON MEDICAL CENTRE	71.8%	25.4%	0.0%	3	71.9%	13	1.105	5.5%	7.7%	89.0%	90.0%	6%	90.2%	4	9
MARKET SURGERY	81.7%	20.0%	1.0%	2	88.3%	5	1.130	5.2%	16.0%	95.0%	95.0%	40%	64.5%	7	6
ST ANN'S MEDICAL CENTRE	66.2%	29.4%	2.6%	6	80.8%	18	1.050	5.7%	1.6%	90.8%	94.0%	27%	96.1%	5	8
BROOM LANE MEDICAL CENTRE	85.8%	27.3%	3.2%	No Pts	98.2%	11	0.910	7.1%	20.9%	88.8%	75.0%	48%	95.3%	7	6
GREASBROUGH MEDICAL CENTRE	91.8%	24.3%	2.4%	1	96.3%	7	0.902	6.1%	6.4%	87.8%	92.0%	0%	91.9%	5	8
GREENSIDE SURGERY	90.4%	34.0%	1.6%	5	91.2%	3	1.068	5.9%	2.6%	90.5%	77.0%	36%	93.8%	5	8
WOODSTOCK BOWER	94.3%	29.7%	3.8%	1	92.2%	11	0.923	4.9%	10.6%	88.3%	91.0%	20%	94.1%	6	7
DINNINGTON GROUP PRACTICE	84.5%	25.2%	1.7%	3	93.1%	12	0.982	6.6%	6.8%	89.2%	92.0%	0%	97.8%	6	7
KIVETON PARK MEDICAL PRACTICE	84.1%	31.7%	1.4%	No Pts	89.4%	13	0.957	6.3%	-2.5%	91.6%	89.0%	29%	83.1%	6	7
SWALLOWNEST HEALTH CENTRE	75.9%	31.4%	2.5%	12	93.2%	15	0.877	7.2%	4.5%	85.2%	95.0%	-38%	76.8%	3	10
VILLAGE SURGERY	95.5%	32.3%	1.3%	1	97.8%	12	1.008	5.8%	4.2%	90.5%	94.0%	29%	93.6%	6	7
BLYTH ROAD MEDICAL CENTRE	73.6%	40.1%	1.3%	1	76.7%	No Pts	1.440	7.3%	7.8%	86.7%	65.0%	0%	87.5%	3	10
BRAITHWELL ROAD	44.6%	30.0%	2.3%	No Pts	72.5%	7	1.084	5.8%	-8.5%	93.6%	100.0%	14%	85.8%	5	8
MANOR FIELD SURGERY	82.0%	29.8%	0.8%	2	84.5%	4	1.083	6.0%	0.0%	90.4%	79.0%	12%	88.6%	4	9
MORTHEN ROAD GROUP PRACTICE	80.1%	22.3%	2.1%	No Pts	75.4%	3	1.208	6.4%	-1.8%	91.2%	91.0%	-17%	96.1%	6	7
WICKERSLEY HEALTH CENTRE	54.4%	19.5%	1.9%	No Pts	53.7%	1	1.099	5.1%	8.2%	93.1%	85.0%	60%	96.5%	7	6
CROWN STREET SURGERY	80.1%	33.3%	1.5%	8	85.3%	6	1.118	5.3%	2.8%	88.0%	79.0%	9%	90.5%	3	10
HIGH STREET SURGERY	86.8%	25.3%	2.8%	3	63.4%	7	0.835	5.9%	1.5%	91.6%	83.0%	-29%	94.1%	6	7
MAGNA GROUP PRACTICE	87.1%	19.8%	2.5%	3	77.0%	7	0.992	7.0%	3.8%	84.9%	80.0%	10%	92.2%	4	9
PARKGATE MEDICAL CENTRE	79.2%	29.6%	2.7%	4	85.4%	2	1.206	4.5%	18.3%	92.1%	88.0%	-10%	93.9%	6	7
RAWMARSH HEALTH CENTRE	97.4%	19.0%	5.8%	1	86.4%	3	0.818	11.6%	4.4%	90.5%	83.0%	-100%	95.5%	7	6
SHAKESPEARE ROAD SURGERY	84.3%	26.7%	1.7%	No Pts	92.2%	4	1.186	4.8%	27.3%	91.8%	91.0%	17%	94.6%	8	5
YORK ROAD SURGERY	83.6%	20.0%	0.0%	No Pts	88.3%	2	1.343	2.8%	-9.1%	99.5%	94.0%	0%	98.6%	8	5
TARGET	Above 85%	Below 30%	Below 2%	Reduce to No Pts	Above 85%	Reduce to No Pts	<0.871	<10%	Reduce by 10%	Above 90%	Above 80%	Reduce by 90%	Above 95%	159	205

No Pts = No patients
And therefore a full reduction and achievement

Practices can receive:
10p / patient if they achieve for each criteria up to a maximum of 130p / patient

Audits required for:
Reds in Qtr4 can be appealed by submitting an audit to the MMT at Rotherham Place presenting reasons for **clinical** exceptions.
This must include information for **ALL*** patients not reaching the target with **specific** reviews and actions taken between Apr 2023 & Mar 2024
Audits should be submitted on the appraisal template with all sections completed

*Or 50% patients for the Osmotic indicator
*Or 10% for the statin indicator



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

Rotherham Place Board

21 February 2024

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 had been presented on the 1 February 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.	
Key Issues / Points to Note	
<p>The current BAF, RR and IL (attached as appendix 1) is a standing agenda item on the Rotherham Place Board agenda at each meeting as set out in the ICB Risk Management Framework the Place Board will consider Risk and the BAF at each meeting. A deep dive is conducted on a quarterly basis, with exception reporting occurring between each deep dive. Risks can be added, amended, or deleted at any time by contacting a member of the risk management team, it doesn't have to wait for a meeting.</p> <p>Development of the Rotherham Place Risk Register is ongoing, it is to be acknowledged that whilst the Place Risk Register may not be finalised, the Corporate Risk Team should continue to receive updates in regard to progress, as the Audit and Risk Committee require evidence and assurance that work is continuous work is being undertaken in the management of localised risks. The Audit Committee are seeking assurance that:</p> <ul style="list-style-type: none"> • Risks are routinely reviewed and owned at Place, and give a clear picture of risks at Place; and that • The Place is satisfied that each identified risk is properly sized up (i.e. scored); and that • Places are satisfied that the right actions are in place to mitigate those risks back to the risk appetite score <p>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.</p> <p>The BAF is attached at tab 5 on the excel spreadsheet. The Rotherham Place Board has joint oversight of the following BAF objectives and is asked to review these, please note these are arranged by Score. <i>Table 1; BAF Objectives, by score</i></p>	

Ref	Descriptor	Score	Actions
4.3	<p>The number of transformations workstreams within Places are being delivered. Inherent Risks are mitigated:</p> <p>a. potential funding gap.</p> <p>b. System operational pressures preventing transformation to reduce health inequalities and health outcomes.</p>	5x4=20	<ul style="list-style-type: none"> • 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.
2.1	<p>Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment.</p> <p>The ICB is able to:</p> <p>a. risk stratify its population;</p> <p>b. engage effectively with all parts of its population to understand quality and patient experience, especially with those seldomly heard; and</p> <p>c. has effective plans to manage unwarranted variation in care and outcomes.</p>	4x4=16	<ul style="list-style-type: none"> • sufficient Health Inequalities investment in the 2023/24 Operating and Financial Plan and in the 24.25 Financial planning process and careful consideration of the implications of stopping proposal funding for Prevention and HI / Pop h plans/ interventions in managing the financial position for 2023.24 • Robust ICB 5-year Joint Forward plan • Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and HIs measurement and regularly collecting patient experience and insights through the dashboard and InSYghts data tool
1.2	<p>The local healthcare system is sustainable, accessible, and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.</p>	3x3=9	<ul style="list-style-type: none"> • 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives. • Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. • Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.

2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships.	2x3=6	<ul style="list-style-type: none"> • Complete review of all ICB Functions as part of Phase 1 (to June 2023). • Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. • Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4. • 360 HI audit undertaken and action plan in place.
4.4	The ICB is working as part of an integrated care partnership collaborating with the South Yorkshire Mayoral Combined Authority, and partners in the development of priorities and delivery plans.	2x3=6	<ul style="list-style-type: none"> • Robust ICB 5-year Joint Forward plan - Draft June 2023. • Robust ICB 5 year joint forward plan with clear membership and governance. • Next step now to move to delivery and identifying delivery.
3.1	<p>The ICB is working in the best way to make sure the best use of resources:</p> <p>a. there is an effective Operating Model to fulfil the organisations objectives</p> <p>b. Partnership arrangements are fully exploited to secure effective arrangements in Place</p> <p>c. Strong and effective collaborative arrangements are operating at a system level.</p>	1x3=3	<ul style="list-style-type: none"> - 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 **43** 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	<ul style="list-style-type: none"> • Place Committee. • Partnership Agreements.
SY113	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	16	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Daily system co-ordination centre calls. • Weekly winter check in calls. • Ongoing implementation of UEC recovery plan and 10 high impact measures. • Flu 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.
SY115	Operational Recovery - There is a risk that operational recovery for cancer services will be significantly hindered by further	16	Continue to support local derogations in relation to cancer services if possible. Cancer Alliance Board have requested work is undertaken to fully understand the impact of IA on cancer pathways and

	Industrial Action.		identify opportunities that could enhance mitigations as a result of further action.
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 beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals. There is a risk that the paediatric radiotherapy service will not be able to be returned.	16	NHSE Specialised commissioning leading discussions with LTHFT, SCH and STHFT. Current commitment to March '24 based on increased training commitment of the STHFT clinical oncologist.
SY119	If the CDEL (Capital Departmental Expenditure Limit) is not sufficient the Trust may not be able to proceed with all planned asset acquisitions (including fleet, estates, medical equipment and ICT) THEN the Trust will need to reprioritise the capital plan and make decisions about which schemes to pursue or abandon, RESULTING in inefficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage.	16	Actively requesting details from YAS
SY120	If the CDEL (Capital Departmental Expenditure Limit) is not notified in a timely way THEN the Trust may have already committed to lease agreements and so risk	16	Actively requesting details from YAS

	breaching the CDEL, RESULTING in failure to meet the statutory duty to remain within financial limits, increased scrutiny and oversight from NHSE, loss of management controls, requirement to manage CDEL at ICB level (other Trusts may need to scale back their capital plans to offset our overspends), reduction to funding in future years, and reputational damage.		
SY124	<p>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.</p>	16	<ul style="list-style-type: none"> • 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. <p>Expansion of Forensic Outreach Liaison Services.</p> <ul style="list-style-type: none"> • 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	16	National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team

	<p>we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower GI service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer-term solution which is being led by the Cancer Alliance.</p>		<p>with IMT established. STH are establishing an Non-Surgical Oncology (NSO) insourcing model for breast services with Remedy to secure additional capacity.</p>
SY082	<p>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.</p>	16	<p>Partnership eating disorders T&F group established, Alternative to Crisis reduction/ prevention provision commissioned, Development of MH ARRS model in primary care.</p>
SY123	<p>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</p>	15	<ul style="list-style-type: none"> • 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. • Transformational work ongoing to bring complaints teams together across the ICB

our public.

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

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

Table 3: Risks above risk appetite

Ref	Descriptor	Score	Mitigation / Treatment
SY091	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	<ul style="list-style-type: none">• South Yorkshire approach to manage LeDeR

SY040	<p>CAMHS - Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (with long waits across SYICB). Unmet need leading to increased acuity in presentation, Continued risk of dissatisfaction in the service by GP's, families and young children.</p>	12	<ul style="list-style-type: none"> • Weekly meeting between RICB and RDaSH, CAMHS and TRFT • Monthly CAMHS contract performance meeting.
SY107	<p>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</p>	12	<ul style="list-style-type: none"> • 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	<p>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.</p>	12	<ul style="list-style-type: none"> • Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diff, and this is unlikely to change. • The PSIRF process is also being implemented currently. • Each area has their own improvement/ reduction plan and are looking at themes and trends and actions required. • These can be the same or also differ due to variations in trusts and Places. There is a plan to bring all the plans together and develop an ICB wide improvement position that incorporates shared work.
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Changes from the previous presentation of Rotherham Place Partnership risk portfolio.

SY001 – Risk closed

SY115 / SY123 – Mitigations reviewed and amended

Issues Log

There are currently **12** issues on the Issues log, with 10 related to Rotherham (inclusive of All Places and ICB issues). These can be seen in tab 14 of the attached Spreadsheet.

The current red issues (8) are shown in the table below:

Table 5: Red Issues

Ref	Descriptor	Score	Mitigation / Treatment
IL18	<p>Doncaster Royal Infirmary (DRI) - Backlog Maintenance - Recent incidents at DRI including a fire at the maternity wing, evacuation of</p>	25	<ul style="list-style-type: none"> • Risk summit held with local partners • Put improved electrical infrastructure • Upgraded roofing and replaced windows. Improve fire precautions.

	<p>South Block and failure of lifts have demonstrated significant risks within the estate of DRI. The issue has the potential to cause harm to patients, staff and visitors.</p>		<ul style="list-style-type: none"> • 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	<p>Strike Action across health and social care workforce - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.</p>	20	<p>Effective incident planning of services local discussion about derogations services that should continue during strike.</p>
IL12	<p>Cancer – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.</p>	20	<ul style="list-style-type: none"> • Breast waiting times are being monitored through the Regional Incident management team meetings. • Mutual aid has been fully explored through regional team. • However, capacity issues are reflected regionally and nationally. • Some capacity has been established through insourcing.
IL13	<p>78/104 Week Waits - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.</p>	20	<ul style="list-style-type: none"> • Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.
IL15	<p>Workforce - The impact of the organisational change is causing higher levels of absence and turnover, lower levels of morale which is impacting on the resources the ICB has available to carry out its obligations.</p>	20	<ul style="list-style-type: none"> • Complete the organisational change as quickly and effectively as possible. • Ensure there is a comprehensive support and OD in place to manage the transition to the new operating model and to positively engage those in the organisation. • Provide as much support as possible to those leaving the organisation.

IL17	<p>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.</p>	16	<p>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.</p>
IL07	<p>Urgent and Emergency Care (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.</p>	15	<ul style="list-style-type: none"> • Note Contract led by West Yorkshire ICB. • South Yorkshire ICB executive represented on the Y&H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS • Good engagement and representation from YAS at place and SY UEC Alliance Board. • System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. • The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups
IL08	<p>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.</p>	15	<ul style="list-style-type: none"> • 6 month contract put in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions. • Referral pathway for direct referral/access to services removed from SWYPFT website as they have ceased providing the services. • Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head Injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.

IL09	<p>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.</p>	15	<ul style="list-style-type: none"> • To communicate deployment of serious shortage protocols • An additional mitigation/ response is a co-ordinated sharing of out of stock information across MO lead by Barnsley Place and tactical level response being developed in the event of a sudden shortage. • To raise with the system control centres the possibility of dealing stock from hospitals • Release advice about alternatives and how they can be used • To raise with NHS region.
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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 08 February 2024 at 13:20

Is your report for Approval / Consideration / Noting

- For Consideration and discussion.

Recommendations / Action Required

Members are asked to:

- Review the collated SY ICB Risk Register and Issues Log for Quarter 4; and
- Support the ongoing development of the BAF, Risk Register and Issues log.
- Note the progress regarding the development of the Rotherham Place Partnership Risk Register

Board Assurance Framework

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

Priority 1 - Improving outcomes in population health and health care.	<input checked="" type="checkbox"/>	Priority 2 - Tackling inequalities in outcomes, experience, and access.	<input checked="" type="checkbox"/>
Priority 3 - Enhancing productivity and value for money.	<input checked="" type="checkbox"/>	Priority 4 - Helping the NHS to support broader social and economic development.	<input checked="" type="checkbox"/>

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

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

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

There are no risk implications.

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

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

Are there any Procurement Implications?

There are no procurement implications.

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

Not applicable

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

There has been no Patient or public involvement in the development of the BAF, RR or Issues Log but stakeholders/risk owners are being contacted for conversations about their risk profile

and this will continue in a structured way during each cycle of updates.

Appendices

The following documents are appended to this cover paper:

- BAF, RR and IL

Risk Scoring Matrix

Likelihood	Consequences / Severity				
	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 1-3	Medium 4-6	High 8-12	Very High 15-20	Extreme 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 breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating
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	Severely critical report 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
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)

Descriptor	Likelihood Score				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 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



Who is responsible for implementation



Who is accountable for the task completion



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 |
|---|

Ref	How is the Board Assured that	Accountable Officers	Principal Oversight	RACI	Link to Risk Register/Issues Log	1st Line of Defence - Risk Ownership/ Front Line	2nd Line of Defence - Risk Management/ Corporate Oversight Functions	3rd Line of Defence - External and Internal audit, CIC Regulator, COC, Monitor.	Risk Appetite	Assurance Level	Rationale for confidence level	Control/Assurance Gap	Residual Score	Assurance Level	ACTIONS	Potential audit area	
						e.g. operational processes, project risk and control activity, business level monitoring	e.g. Finance, IT, Business Support, HR and Payroll	e.g. Monitor compliance and provide independent challenge and assurance				What additional actions need to be taken to manage this risk (including timescale) or what additional assurance do we need to seek?					What would be required to reduce the risk?
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse						CONTROLS	INTERNAL ASSURANCE	EXTERNAL ASSURANCE	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 Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer	ICB Place Committees, supported by: - System Leaders Executive	Accountable	SY031, SY032, SY082, SY013, SY028, SY069, SY066, SY076, SY069, SY040, SY064, 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	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 Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Chief Medical Officer: Dr David Critchton Executive Director of Strategy & Partnerships: Will Cleary-Gray	QIPPE, supported by: - ICB Place Committees - PHM SDG - Digital Research Innovation (DRI) SDG	Accountable	SY021, SY042, SY010, SY061, SY064, 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 Data and Insights strategy (draft out for comments), developing shared data platform that will enable all partners to utilise data and intelligence to inform pop need and service change proposals - PHM approach and data tool rolled out across SY practices / PCNs (ECL IPSE) in SY for both direct patient care and service planning purposes. SY HIs Funding allocation 23/24	SY Population health SDG and 360 HI internal audit action plan - Digital Research and Innovation SDG. - x 4 Place Partnership Committees, ICP board	360 Internal Audit on HIs completed with considerations action plan developed and owned by Pop h SDG (note was presented at QPPIE 8/8, Action plan progress presented to QPPIE going forward) - SY Outcomes framework and Dashboard to be incorporated into ICB IPR and Integrated Care Strategy reporting at ICP	3x4=12	Medium	- Commitment at all levels to tackle inequalities - 4 aims (core purpose of ICB - ICP strategy strong focus on importance of these issues - Driving principle underpinning Place Partnerships	- sufficient Health Inequalities investment in the 2023/24 Operating and Financial Plan and in the 24.25 Financial planning process and careful consideration of the implications of stopping proposal funding for Prevention and H / Pop h plans/ interventions in managing the financial position for 2023/24 - Robust ICB 5-year Joint Forward plan - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and HIs measurement and regularly collecting patient experience and insights through the dashboard and InSights data tool	4 x 4 = 16	Low	- sufficient Health Inequalities investment in the 2023/24 Operating and Financial Plan and in the 24.25 Financial planning process and careful consideration of the implications of stopping proposal funding for Prevention and H / Pop h plans/ interventions in managing the financial position for 2023/24 - Robust ICB 5-year Joint Forward plan - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and HIs measurement and regularly collecting patient experience and insights through the dashboard and InSights data tool	annual 360 Internal Audit programme - Health Inequalities audit 2024/25	
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships	Executive Place Directors - Barnsley: Wendy Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Director of Strategy and Partnerships - Will Cleary-Gray	ICB Place Committees, supported by: - System Leaders Executive	Accountable	SY001, SY079, IL02	- ICB 5 year Plan - ICP Strategy - Place Plans	- Cancer Alliance - System Leaders Executive - Integrated Care Partnership - x4 Place Partnership Committees - Provider Collaboratives & SY SDG Population Health and HIs	- Y&H Clinical Networks - NEV NHSE Regional meeting	2 x 3 = 6	Medium	- Good foundations of working in partnership	- Strengthen governance between ICB and provider collaboratives - Subsidiarity at Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme	2 x 3 = 6	Medium	- Evidence that the control measures are effective - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	annual 360 Internal Audit programme - Health Inequalities audit 2024/25	
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 Wifford (Chief Nurse) / David Critchton (Chief Medical Officer) / Will Cleary-Gray (Dir. of Strategy and Partnerships) / Mark Janvier (Dir. of Corporate and Governance) / Christine Joy (Chief People Officer) / Lee Outhwaite (Chief Finance Officer) / Andrew Ashcroft (Dir. of Comms and Engagement) Executive Place Directors - Barnsley: Wendy Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer	Board, supported by: - People, Workforce and Culture Committee - ICB Place Committees - System Leaders Executive - Operational Executive	Accountable	SY031, SY013	- Target Operating Model (TOM) currently being implemented following resource review. - Board fully signed on TOM, Audit & Risk Committee, Finance and Investment Committee, People and Culture committee also receiving reports - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme	- There is a Financial plan in place supporting the TOM reporting to Operational Executive - There is a full Organisational Redesign Programme stood up to review and implement the requirements of the National ICB Running Cost Allowance Reduction programme	Planning guidance 2023/24 we have to do things "efficiently" reporting to NHSE with oversight piece	3x3 = 9	Medium	- Board is sighted on the TOM with review periods agreed.	- Fully develop and embed the ICB BAF - Embed and refine Corporate Risk Management processes	1x3 = 3	High	- Review TOM and continually make changes when needed - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	- BAF Deep-Dive with Operational Executive and revision, emerging in 2023/24 - Review in conjunction with Running Cost Allowance work programme in Q1 23/24.	No
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 committees across SY identified as most in need and differential funding to help address gap in access care and outcomes.	Increased from 3 x 3 = 9 to 6x4=24	Low	QSIR Training continues in the ICB, and we are further reviewing our system wider approach to the PMO and tracking our improvement/transformation work.	- Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning - finishes 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 Lower / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Director of Strategy and Partnerships: Will Cleary-Gray	Integrated Care Partnership, supported by: - ICB Board - ICB Place Committees - System Leaders Executive - Operational Executive	Consulted	IL02	Reports to the integrated care partnership and health and care partnerships in every place	Producing strategies and plans through a Governance process/ committees	COC review, NHSE review, DHSC	2x3 = 6	Medium	- The ICB has just received the strategy from the ICP - next stage to develop into delivery plans	- 5 year forward delivery plan - how to translate the strategy into real plans, reliant on other organisation such as LAs to respond to the strategy - this is outside our control	2x3= 6	Medium	- Robust ICB 5-year Joint Forward plan - Draft June 2023 - Robust ICB 5 year joint forward plan with clear membership and governance. Next step now to move to delivery and identifying delivery		

Ref	Place/ICB	Domain	Link to BAF/RR	Issue Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead Issue owner	Source of Issue	Date Issue assessed	Responsible person for updates	Progress / update	Date for reassessment	Assessment Area	Date Issue Added to E	Must add to issue log	Comments
E.18	ICB	1,2,5,7,8	No linked BAF or Risks	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	28	Responsible	Risk summit held with local partners Put improved electrical infrastructure Upgraded roofing and replaced windows. Improve fire precautions. Multi agency workshop on 8th October 2023 involving all SY trusts, Ambulance Services and NHS. NHSSE appointed project manager to oversee development of office SY wide Plan. Doncaster Place Team are engaging 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 NHSSE lead to WCC.	Will Cleary-Grey (Director of Strategy and Partnerships)	LHRP Risk Register	06/11/2023 01/02/2024	Alia Leighton	Action plan agreed to develop a system evacuation plan and a number of things have happened since: Doncaster Place Workshop involving all local agencies and partners including DRI / ICB / Trusts / LA / Primary Care and offers to understand the risk, the potential scenarios and to work through solutions. Further to this, a draft plan has been developed which has been to internal OE, the draft is also going to DBHFT Trust Board and shared with regional NHS E Colleagues. An action has been agreed to have a second system wide MA workshop to agree solutions to the out of Doncaster scenario. A meeting has been arranged for early February for the 3 executive sponsors to agree next steps.	Weekly	Local Health Resilience Partnership Audit and Risk Committee	06/11/2023	Nov-23	
E.03	ICB	1, 2, 4, 6	BAF 2.2, SY01, 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-Grey (Director of Strategy and Partnerships)	SY ICB RR SY068	18/12/2022 16/01/2023 02/05/2023 14/08/2023 01/02/2024	Chief People Officer - Christine Joy Chief Nursing Officer - Cathy Winfield Director of Strategy and Partnerships - Will Cleary-Grey	Industrial Action period occurred in December 2022 and January 2024, which the ICB coordinated. Awaiting further notification of planned periods of industrial action. Impact on ICB programmes and delivery evaluated and action plans agreed accordingly.	Monthly	People and Culture Audit and Risk Committee	18/12/2022	Dec-22	EFRR Manager left organisation on 23 December 2022. Recruitment for replacement completed and successful candidate commencing on 4 March 2024. Interim arrangements through existing team members.
E.12	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 increasing.	Emma Latimer (Sheffield Place Director)	CCG Due Diligence Assurance Letters	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023 18/05/2023 03/07/2023 01/08/2023 05/09/2023 05/12/2023	Julia Jessop	STHFT continue to have regular Tier 1 discussions to review the backlog position. Additional capacity being secured through Remedy. Agreement MT discussion will continue until waiting times revert back to pre escalation. Regional MT meetings will continue until breast waiting times revert to pre incident levels. Additional capacity will be established in August through the insourcing arrangement with Remedy. 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. Looking to consolidate temporary service model as part of stabilisation phase for longer term sustainability.	Monthly	Cancer Alliance Quality, Performance, Patient Involvement, Experience	05/12/2022	Dec-22	Unable to be impacted by next period of industrial action
E.13	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 10/11/2023 01/12/2023 15/12/2023	Cathy Hassell / Sarah Bayliss	Information is in the integrated performance report. There has been significant progress on the target to eliminate 78week+ waits; however, ongoing industrial action poses a threat to this. Trusts are prioritising the delivery of safe clinical services during strikes but also optimising the use of non-striking staff for elective care where possible. As of 10 Sept, SYB providers had 191 patients waiting over 78 weeks (1 at BHFT, 29 at DTH, 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 NHSSE 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 NHSSE decision that SCFT should record ADHD waits as RTT waits. (In other systems ADHD services are typically provided by non-stroke 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 CP and theatre improvement plans to increase productivity, supported by SYB collaborative working groups GRFT and NHSSE 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 DEOG and outsourcing utilised to supplement NHS capacity. Industrial action having adverse impact on activity and waiting times.	Monthly	Sheffield / Doncaster Place Committee Quality, Performance, Patient Involvement, Experience	02/05/2023	May-23	Unable to be impacted by next period of industrial action
E.15	All places	4, 8	BAF 1.2, BAF 2.2	ICB 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	Lisa Dewdney	Organisational change phase has commenced and on track to meet the outline timeline Comprehensive engagement plan in place with the outline timeline 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	At risk letters expected 20 December 2023 which may impact this risk
E.07	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 'V4' Executive Leadership Board. Memorandum of Understanding in place between 3 ICBs (WY, HW and SY) and SY and YUEC Alliance Board. 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 Cichlam (Chief Medical Officer)	SY ICB RR SY046	05/12/2022 02/03/2023 22/03/2023 28/03/2023 02/05/2023 06/06/2023 19/06/2023 01/08/2023 04/09/2023 21/09/2023 10/11/2023 08/01/2024 09/01/2024	Barnsley: Jamie Wike / Doncaster: Alia Leighton / Rotherham: Claire Smith (Steph Watt) / Sheffield: Ian Atkinson Katie Roebuck-Marlett	Barnsley: Good engagement from all partners including YAS on Barnsley UEC Board. UEC Plan is in place and currently being reviewed to ensure requirements set out in the UEC Recovery Plan and Winter Planning Guidance. Specific area of focus agreed and programme manager aligned to support delivery of improvements to Urgent Treatment Pathways including the model of meeting the needs of people with Emergency and Urgent/Major injuries needs. Doncaster: Good engagement from YAS on Doncaster UEC Board and active participation in the key UEC workstreams, with YAS now agreeing to lead localities 6 - alternatives to ED. Improvements in handover times being maintained have been challenged more recently, work of the Doncaster UEC Board is focused on system flow with a set of standards being agreed 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 in PLS/RT 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 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, Patient Involvement, Experience	05/12/2022	Dec-22	Unable to be impacted by future industrial action
E.08	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 referrals/access to services removed from SWYPTT website as they have ceased providing the services. Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.	Place Directors - Barnsley: Wendy Lowler Doncaster: Anthony Fitzgerald Rotherham: Chris Edwards Sheffield: Emma Latimer	SY ICB RR SY058	05/12/2022 02/05/2023 06/07/2023 10/08/2023 16/08/2023 11/09/2023 11/10/2023 01/11/2023 10/11/2023	Barnsley: Jamie Wike / Doncaster: Alia Leighton / Rotherham: Claire Smith (Steph Watt) / Sheffield: Ian Atkinson	Barnsley: SWYPTT 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 OSTAD 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 RMB/C, ICB, TRIT to oversee the action plan across the workstreams and provide assurance within organisations. A SEND strategy will develop 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, Patient Involvement, Experience	05/12/2022	Dec-22	OE - Requested Deep Dive on this risk at the meeting on the 14 July 2023. An update whether the deep dive had taken place had been sought from CE on the 11 December 2023. Update provided advising that the request had been for Sheffield Place to undertake a deep-dive on this specific issue - (MNU/UES CHECK) Barnsley - (Jamie Wike) - This risk feels very much Sheffield specific and the mitigation below is 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 - needs to look at description wider work taking place
E.09	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 coordinated sharing of out of stock information across MD 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 Cichlam (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 09/01/2024	Alex Molynaux (Chief Pharmacist Officer)	Additional national medicines shortages have been reported. The 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 which has been communicated out to prescribers. A number of other medications are intermittently in short supply.	Monthly	All Place Committees Quality, Performance, Patient Involvement, Experience	13/04/2023	Apr-23	Awaiting update from medicines optimisation
E.17	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	4	16	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 Dn and Place Executive Team meeting	29/08/2023 01/12/2023 01/02/2024	Andrew Russell	Discussions regarding setting up a All age continuing care transformation group. Risk Remains and position is varied across the four places. Immediate actions being taken in relation to structures, recruitment and agency use to mitigate risks. Bright work planned to commence and this will consider future Workforce, structures and models. No Change in risk identified.	Quarterly	All Place Committees Quality, Performance, Patient Involvement, Experience	29/08/2023	Aug-23	Score currently being reviewed as issue is greater in some areas over others
E.14	ICB	1,5,6	No linked BAF or Risks	Administrative support - There is currently no ICB wide administrative support to the medics 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 medicines are not monitored with regularly 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-Grey (Director of Strategy and Partnerships)	Place based admin model, non aligned priorities	19/06/2023 01/02/2024	Mark Janvar	Request has been made for AI production of minutes from auto transcriptions. Pending. Request for automation of activities related to mailbox monitoring has been made. Pending. Request for shared admin resource across MO has been made. Rejected.	Quarterly	Medicines Optimisation People, Workforce and Culture Committee	19/06/2023	Jun-23	requires review alongside other staffing issues. Feb 2024 - Update required from Mark Janvar

Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Initial Risk			RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Residual Risk			Date risk assessed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR
						Likelihood	Impact	Score					Likelihood	Impact	Residual Score							
RPP001	Mental Health Services	Rotherham	1,2,5,6,8	1.2.2.1,2.2	There is a risk that the reconfiguration of RDaSH Rehabilitation Pathways may increase demand for acute services through increased delays in the whole pathway (leading to a possible increase in OOA placements)	3	4	12	Accountable	RDASH to present to the Place Leadership Team (Nov 2023) evidence and service benefit/impact review of the decision to reconfigure rehabilitation pathways to decrease bed base whilst increasing community offer. Place partners to feedback and support in review of pathway design in order to mitigate risks across the to patients and partners.	Claire Smith SYICB (Place Partnership)	Rotherham PET	2	2	4	6.10.23	Claire Smith Deputy Place Director (Rotherham)	Rdash informed SYICB colleagues of the decision to reconfigure pathways mid-sept, this was discussed at our PLT on 4th October with a request for RDASH to present to the group evidence and impact assurance for the model. This will be appraised by Place colleagues and support provided to ensure all risks are mitigated update 1/11/23. Risk reassessed as presentation and report submitted to PLT which has given further assurance on impact. there will be 20% increase in community capacity with approach now over 7 days instead of 5. update 1/12/23 report to board discussed. monitoring impact in coming weeks. 22/12 update continue	Dec-23	Monthly	Place Leadership Team	
RPP002	Diabetes Pathway	Rotherham	1,2,5,6,8		There is a risk that patients with diabetes in Rotherham are not managed effectively or equitably leading to additional pressure on primary and secondary care services.	4	4	16	Accountable	There has been ongoing work to try and support better pathways in primary and secondary care - this has been difficult to effect change and more recently a paper was taken to our PET to agree additional short term (2yr) funding of resource across place to lead transformation. There is a T&F group establish and once in post this resource will drive our key priorities which have already been identified and are part of our PLACE priorities and agreed with TRFT	Claire Smith SYICB (Place Partnership)	Rotherham PET	2	3	6	01/11/2023	Claire Smith Deputy Place Director (Rotherham) / Stuart Lakin (Rotherham)	Post agreed, will sit with TRFT but will be a transformational role for Place. T&F group established and work underway to recruit. Update 1/12/23. recruitment underway, this is now agreed Place priority linked to our 4 key areas of transformation on QSIR methodology for 24-25. Project checklist completed and prescribing savings identified (initial thoughts only). 22.12 update recruitment underway for the project lead	Monthly	Monthly	Place Leadership Team	
RPP003	Mental Health Services inc. LD/Autism/ CAMHS	Rotherham	1,2,5,6,8		Trauma Resilience Service - There is a risk of funding being unavailable from March 2025 onwards. Previous funding was received from Health and Justice since 2017/18 to support the Rotherham response to the findings of the Alexis Jay report in 2014. If external funding ceases there is a risk to the longevity of the service leaving a reduced service offer to those who have suffered exploitation. This could also result in adverse media attention. The Stovevood investigation into non recent child sexual exploitation is expected to continue for a number of years	4	4	16	Accountable	Review of mental health services commissioned by Rotherham ICB to understand demand and value for money in current model. Working with TRS to horizon scan and support to apply for external funding where available.	Chris Edwards (Executive Place Director Rotherham)	Rotherham Place Executive Team	2	3	6	30/06/2023 11/08/2023	Sue Cassin / Claire Smith	No funding expected from Health and Justice, Rotherham Place ICB has funding identified to March 2025 however, with a significant deficit planned for next financial year funding of the model is unsustainable past this point. A full review of the outcomes of the service, funding for this cohort across our Place partners and required demand/model moving forward is required and will commence shortly. initial conversations have taken place to raise this risk with the provider and a meeting will discuss further in October. Risk to be tolerated. Review continues. Risk to be tolerated. Review continues. 1/12/23 review completed and report presented to PET, national funding of 300K is being proposed to support a SY model with the provider, local funding will be provided over 2yrs to support a transition into the new SY model, risk remains if the national funding does not materialise and is being monitored	Six Monthly	Rotherham Place Executive Meeting / Stovevood Strategic Coordination Group	Quality, Performance, Involvement, Experience	30/06/2023
RPP004	Financial position and required savings/efficiencies across Place	Rotherham	1,2,3,4,5,6,7,8		Financial Position across Place Partners - there is a risk that the significant financial challenge across Place Partners leads to organisational decisions on service delivery (including reduction or ceasing provision) that impact negatively on Place Partners and the overall outcomes/health and wellbeing of the Rotherham populations	4	5	20	Accountable	Rotherham Place Leadership Board, refreshed Place Plan 23-25 with clear Place Priorities. Formal processes in place for escalation across partners in weekly PLT meetings. Finance executive leads meet regularly with oversight at Board level.	Claire Smith SYICB (Place Partnership) / Wendy Allott SYICB Chief Finance Officer	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	6.10.23	Wendy Allott / Claire Smith	Discussion have taken place with partners through the PLT regarding working collaboratively on any MIFS plans. Shared understanding of financial positions has been discussed and continues to be an agenda item at Board. Commitment across Place to leave no one behind - in terms of understanding impact across Place partners of any decisions on savings/efficiencies. Joint roles in place in commissioning that support integration across Place on decision making. 22/12 update our 4 transformational and efficiency projects have been agreed at Place Board & I&T groups will be established for these in new year and there will be updates for assurance to board as well as within ICB. work continues to ensure any decisions are shared across Place including Council sharing of there financial planning for 24-25 consultation out	Monthly	Monthly	Place Leadership Team	
RPP005	Mental health review (RMBC lead)	Rotherham	1,2,3,4,5,6,7,8		There are both financial & capacity (including clinical capacity) risks across Place partners related to the proposed changes to the Mental health pathways for adult social care, there is also a risk of impact to patients outcomes if the transition isn't managed appropriately across partners	4	4	16	Accountable	Rotherham Place Leadership team took a presentation on the proposed changes and impact, reports going through RMBC governance to Cabinet in Dec 23 and through partners governance. There is a commitment across partners to minimise impact and to ensure that the transition is phased to support the ability of Place to deal with the proposed changes collaboratively	Claire Smith SYICB (Place Partnership) / Kirsty Littlewood AD RMBC / Julie Thornton RDASH	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	1.11.23	Claire Smith Deputy Place Director (Rotherham) / Kirsty Littlewood AD RMBC	Discussions have taken place with partners through the PLT regarding working collaboratively with weekly meetings now set up across partners. Working group has been established and workshops taking Place with all partners, includes engagement with patients/carers. Shared understanding of impact has been discussed with interim offers agreed past March 24 to support transition. Cabinet approval is required in December and significant flexibility will be built into implementation to ensure safe provision. Update KL - 5/2 cabinet approved working through impact with updates to Place board / JTh - RDASH will present a detailed risk review during February 2024.	Monthly	Monthly	Place Leadership Team	01/11/2023
RPP006 (NEW)	Infection Prevention and Control (IPC) Provision	Rotherham			There is a risk that Rotherham Place does not have sufficient resources in place to support Infection Prevention and Control initiatives across community settings. This may result in increased risk of infections within care settings and also a reduced ability to respond to incidents and emerging risk within the Rotherham Health and Care System.	4	4	16		Discussions are underway across the Partnership to understand the potential options around resource. A paper describing the challenge, risks and options has been prepared by the Director of Public Health with support from the ICB.	Chris Edwards (Executive Place Director Rotherham) / Claire Smith SYICB (Place Partnership) & Andrew Russell Chief Nurse	Rotherham Place Leadership Board & Rotherham Place Executive Team	4	4	16	01/02/2024	Andrew Russell/Claire Smith	Options for non recurrent funding via IBCF is being discussed with a longer term solution require	Monthly	Monthly	Place Leadership Team	01/02/2024

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.00 – 11.00am
Date of Meeting:	Wednesday 17 January 2024
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:	Sue Cassin, Chief Nurse (Roth), NHS SY ICB Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Cllr David Roche, Joint H&WB Board Chair, RMBC Dr Neil Thorman, Primary Care Representative, RPCCG Shahida Siddique, Independent Non-Exec Member, NHS South Yorkshire, ICB Lydia George, Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB Michael Wright, Deputy Chief Executive, TRFT 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
Claire Smith (**CS**), Deputy Place Director (Roth), NHS SY ICB
Andrew Russell (**AR**), Chief Nurse (Donc), NHS SY ICB

Participants:

Ben Anderson (**BA**), Director of Public Health, RMBC
Anand Barmade (**AB**), Medical Director, Connect Healthcare
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB
Louise Tuckett (**LT**), Director of Strategy Planning and Performance, TRFT

In Attendance:

Garry Parvin, Joint Head of LD, Autism & Transitions Commissioning, RMBC/ICB
Wendy Commons, Rotherham Place Board Support Officer, NHS South Yorkshire ICB

Item Number	Discussion Items
i58/1/24	Place Performance Report
	<p>CS reported that there had been no significant movement overall within the month and highlighted:</p> <ul style="list-style-type: none"> - Access to talking therapies remains positive with over performance against target - Cancer 28 day faster diagnosis standard was not met again in November but had slightly improved from Oct at 74.1% against the 75% target. We are struggling to meet the other cancer targets as well, in particular the 62 week referral to treatment target with performance around 68% against the 85% target. These continue to be closely monitored. - Referral to treatment is challenged In November there were 1023 waiters over 52 weeks, 149 over 65 weeks, 8 over 78 weeks but zero over 104 weeks. - Diagnostics remain positive and we are third best in country. However it was noted that there are some areas of low performance eg echo cardio which are discussed at performance meetings. - Performance against the 4 hour target improved to 62.8% from 58.3% - Ambulance handover performance dipped slightly from November with the winter pressures challenges but we are still performing better than others in South Yorkshire. - The number of GP appointments reduced slightly but are still the highest in South Yorkshire and the percentage of patients seen face to face is high at consistently over 78%. - With infection control we are seeing incidences higher than of C DIFF which is being investigated with Trust and Public Health/ICB colleagues with assurances received through appropriate forums. - Access to talking therapies treatment remains a challenge as the ICB looks at continuing commissioning arrangements with IESO to support this target - an increase in ambulatory care sensitive admission has been seen of those that could have been supported in community. This is one of the areas we have prioritised for 2024-25. - Finally, discharge home has increased to over 95% which is positive and our no criteria to reside remains reasonable <p>CE thanked CS for the summary of performance noting that the early preparation and sign off of the winter plan had contributed to the positive, strong performance from all providers and the system resilience being seen. It was agreed to reflect upon Rotherham’s winter plan more fully in February.</p> <p style="text-align: right;">Action: CS</p> <p>Looking forward, work around ambulance conveyancing and improving cancer waits will be undertaken. JP/LT to discuss the appropriate timing for the latter to take place, acknowledging the current challenges of ongoing industrial action.</p> <p style="text-align: right;">Action: JP/LT</p> <p>Members noted the Place performance update.</p>

i59/1/24	Quality, Patient Safety and Experience Report
<p>JP presented the report highlighting:</p> <ul style="list-style-type: none"> – Industrial action by junior doctors continues to be of concern and remains a risk the system – National guidance is still awaited on Endoscopic Retrograde Cholangiopancreatography (ERCP) services is still awaited – Work continues on implementing the recommendations from the national paediatric audiology screening programme review, although it was noted that no significant concerns were identified. <p>In primary care four practices are under enhanced vigilance with re-inspection visits planned and visits arranged. Similarly there were five care homes being monitored under RMBC oversight.</p> <p>ICB colleagues are providing support around the statutory functions for children’s safeguarding whilst additional work is being carried out to address the impact on workforce issues caused by sickness absence and planned annual leave. It was noted that a positive start had been made on a model that will work across South Yorkshire as a system working in partnership.</p> <p>Finally, JP reported that a good start has been made on work undertaken locally to prepare for the implementation of the new Patient Safety Incident Response Framework and the recording of serious incidents and the processes we will use for reviewing serious incidents going forward. Constructive discussions have taken place with both Trust partners which will continue.</p> <p>Following discussion around c-difficile and increasing cases both nationally and locally of a new strain. Although there are currently no cases in Rotherham of this monitoring will continue and plans are in place to manage if necessary.</p> <p>AR advised that work has been carried out to look at IPC provision across Place and the potential gaps, however, funding the preferred model is not easy and discussions are ongoing for Place partners to provide support and give advice to domiciliary and care settings.</p> <p>AR confirmed that the ICB is moving to an integrated system approach across South Yorkshire for continuing healthcare (CHC) services which will give more resilience to provide for the increasing complexity and support required by patients. This new approach has commenced may take time to embed.</p> <p>AR advised that following a CQC inspection at Cheswold Park Hospital and inadequate rating had been issued. This is an independent hospital in Doncaster providing secure mental health provision which is directly commissioned by NHS England. Rotherham patients placed at the facility are being identified whilst further guidance on next steps is awaited. Members were assured that in the meantime, support is being provided through the quality improvement group.</p> <p>Place Board noted the contents of this month’s report.</p>	
i60/1/24	ICB Board Assurance Framework, Risk Register & Issues Log
<p>Members received the risk register, issues log and board assurance framework for information.</p>	

Place Board noted the business assurance framework and, following discussion scheduled for April's confidential session, will review the risk register and reassess risk specifically relating to the impact of implementing the revised mental health pathway and delivery model.

i61/1/24 Minutes and Action Log from 20 December 2024 Meeting

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

i62/1/24 Communication to Partners

GL reported that communications over the winter period had been very well co-ordinated across SY and Rotherham partners and had worked well.

i63/1/24 Risks and Items for Escalation

None at this stage (see minute i60/1/24).

i64/1/24 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 (Mar)
- Quarterly Medical Director Update (Feb) - JP

i65/1/24 Date of Next Meeting

The next meeting will take place on **Wednesday 21 February 2024** from 10.15am – 11am in Elm Room, Oak House, Bramley, Rotherham S66 1WB.

Membership

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

Participants

Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust (TRFT)
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Dr Neil Thorman	Primary Care Representative	Rotherham Primary Care Collaborative Group
Dr Anand Barmade	Medical Director	Connect Healthcare Rotherham
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust
Lydia George	Strategy & Delivery Lead	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services	Rotherham Metropolitan Borough Council
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care	Rotherham Metropolitan Borough Council
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

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

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
17-Jan-24	i58/1/24	Place Performance Report	Members agreed to reflect on learning from Rotherham Winter Plans	CS	Green	scheduled for March as part of Urgent & Community update
17-Jan-24	i58/1/24	Place Performance Report	JP/LT to discuss the appropriate timing for work to improve cancer waits, acknowledging the challenges of ongoing industrial action.	JP/LT	Green	