



# Agenda

Title of Meeting:	<b>Rotherham Place Board: ICB Business</b>
Time of Meeting:	10.15am – 11.00am
Date of Meeting:	Wednesday 20 March 2024
Venue:	Elm Room, Oak House, Moorhead Way, Bramley S66 1YY
Chair:	<b>Chris Edwards</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> / Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

Apologies:	R. Jenkins, CEO, TRFT T Lewis, CEO, RDaSH J Page, Medical Director, NHS SY ICB
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	Claire Smith	Enc 1
2	Quality, Patient Safety and Experience Report	10 mins	Andrew Russell	Enc 2
3	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	Chris Edwards	Enc 3
<b>Standard Items</b>				
4	Minutes and Action Log from 21 February 2024 Meeting	5 mins	Chair	Enc 4i & 4ii
5	Communication to Partners		Chair	Verbal
6	Risks and Items for Escalation to ICB Board		Chair	Verbal
7	Standing Items <ul style="list-style-type: none"> <li>• Rotherham Place Performance Report (monthly)</li> <li>• Risk Register (Monthly for information)</li> <li>• Place Prescribing Report (May)</li> <li>• Quality, Patient Safety and Experience Dashboard (May)</li> <li>• Quarterly Medical Director Update (May) - JP</li> </ul>			
8	Date of Next Meeting: Wednesday <b>17 April 2024</b> at 10:15am.			

## GLOSSARY

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



**South Yorkshire**  
Integrated Care Board

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

**March 2024**

### Rotherham Place Delivery Dashboard - March 2024

Performance Comparison - Rotherham Place/FT v National

December 2023

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	4.21%	26.83%	0 out of 106	2nd out of 106
RTT	92%	60.33%	56.56%	0 out of 106	25th out of 106
IAPT 6 Week Wait*	75%	98.00%	90.60%	95 out of 106	27th out of 106

\*IAPT Figures are as at November 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	■	■	■	●

Deteriorating Not met last month but met previously or YTD met					
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer 28 Day Faster Diagnosis	75%	▲	▲	▲	●

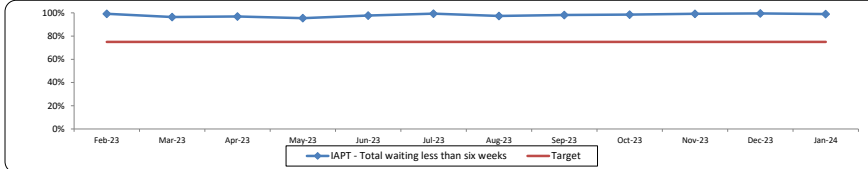
  

Concern Not met last two months					
	Target	Previous Month	Last Month	Current Month	Next Month Predicted
Cancer Waits: 62 days	85%	▲	▲	▲	●
Diagnostics	1%	▲	▲	▲	●
Referral to treatment	92%	▲	▲	▲	●
Cancelled Operations	0	■	■	■	●
Cancer Waits: 31 days	96%	▲	▲	▲	●

### Rotherham Place Delivery Dashboard - March 2024

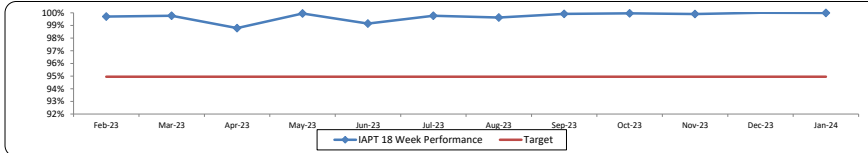
**IAPT 6 Week Wait**  
 The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks.  
 The 6 week waits position for Rotherham Place as at end January was 99%. This is above the standard of 75%. December performance was 99.5%.  
 Self-referral into the service is now established and contributing to this position.

		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
6 Week Waiting List Performance	Actual	99.3%	96.4%	96.9%	95.4%	97.7%	99.3%	97.3%	98.2%	98.5%	99.3%	99.5%	99.0%
	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 January was 100%. Performance is consistently meeting the 95% standard for 18 weeks.

		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
18 Week Waiting List Performance	Actual	99.8%	99.8%	98.8%	100.0%	99.2%	99.8%	99.7%	100.0%	100.0%	100.0%	100.1%	100.0%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



**IAPT Supporting Narrative**  
 Local comparison (published data December 23) shows the following benchmark position against Rotherham Place 99%

- Barnsley – 96%
- Doncaster – 89%
- Sheffield – 99%
- National – 91.6%

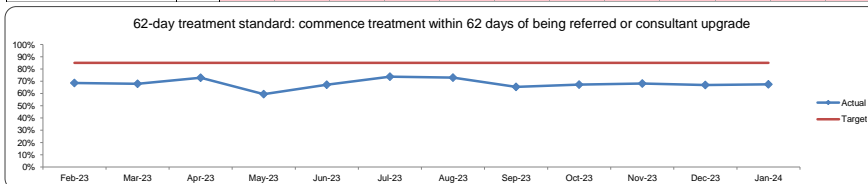
**Cancer Waits**

This section has been updated to align to the recent guidance on modernising and streamlining cancer waiting times  
 In January the 28 day Faster Diagnosis standard did not achieve the target of 75% at 70.4% down from December's performance of 78.2%  
 The 31 day standard was not achieved in January, with performance at 79.8% against the standard of 96%. December performance was 85.1%  
 In January the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 67.5% for Rotherham Place. December performance was 67%.

	Nov-23	Dec-23	Jan-24
28 Day	●	●	●
31 day	●	●	●
62 day	●	●	●

**Focus on - Cancer**

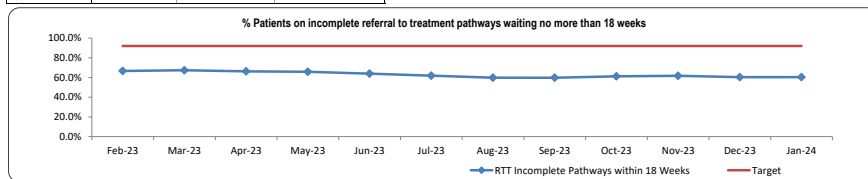
	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%	74.8%	76.8%	73.5%	74.1%	72.2%	79.7%	77.1%	73.6%	73.2%	74.1%	78.2%	70.4%
31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients	96%	86.6%	82.4%	89.1%	78.2%	81.7%	87.6%	88.3%	86.1%	84.9%	82.2%	85.1%	79.8%
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	85%	68.6%	67.9%	72.8%	59.4%	67.1%	73.7%	73.0%	65.4%	67.2%	68.1%	67.0%	67.5%



### Rotherham Place Delivery Dashboard - March 2024

Referral to Treatment					
RTT Incomplete Pathways did not meet the 92% standard in January at 60.4% based on provisional data. The position for December was 60.3%.					
In January there were 1038 waiters over 52 weeks, 187 over 65 weeks, 18 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	27086	620 (60%)	85 (45%)	5 (28%)	0 (-)
Barnsley Hospital NHS Foundation Trust	54	0 (0%)	0 (0%)	0 (0%)	0 (-)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1012	26 (3%)	6 (3%)	1 (6%)	0 (-)
Sheffield Teaching Hospitals NHS Foundation Trust	6138	321 (31%)	80 (43%)	7 (39%)	0 (-)
Sheffield Children'S NHS Foundation Trust	1129	52 (5%)	11 (6%)	3 (17%)	0 (-)
Other provider	896	19 (2%)	5 (3%)	2 (11%)	0 (-)
<b>All Providers</b>	<b>36315</b>	<b>1038 (100%)</b>	<b>187 (100%)</b>	<b>18 (100%)</b>	<b>0 (-)</b>

	Nov-23	Dec-23	Jan-24
18 week wait	●	●	●
52 week wait	●	●	●
65 Week Wait	●	●	●
78 week wait	●	●	●
104 week wait	●	●	●



	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
RTT Incomplete Pathways within 18 Weeks	92%	66.7%	67.4%	66.2%	65.9%	64.0%	61.9%	59.8%	59.8%	61.1%	61.7%	60.3%	60.4%
RTT Incomplete Pathways over 52 Weeks	0	572	593	712	798	811	918	1079	1146	1095	1023	1010	1038
RTT Incomplete Pathways over 65 Weeks	0	173	127	132	150	146	151	220	210	179	149	177	187
RTT Incomplete Pathways over 78 Weeks	0	65	34	36	36	28	21	9	14	6	8	12	18
RTT Incomplete Pathways over 104 Weeks	0	4	1	1	2	3	3	0	0	0	0	0	0

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

	% Over 13 Weeks	Oct-23	Nov-23	Dec-23	Jan-24	Target
All specialities - total incomplete	51.6%	61.1%	61.7%	60.3%	60.4%	92%
Cardiology	52.8%	62.8%	58.2%	60.8%	59.8%	92%
Cardiothoracic Surgery	25.8%	77.3%	83.6%	81.8%	83.9%	92%
Dermatology	46.5%	63.3%	62.5%	61.0%	67.6%	92%
Ear, Nose & Throat (ENT)	62.0%	53.1%	51.7%	50.4%	49.4%	92%
Gastroenterology	44.4%	83.8%	80.7%	75.4%	74.3%	92%
General Medicine	35.0%	96.3%	92.9%	96.0%	75.0%	92%
General Surgery	56.3%	56.3%	59.0%	57.3%	57.2%	92%
Geriatric Medicine	21.8%	82.1%	86.5%	89.3%	90.8%	92%
Gynaecology	55.9%	56.2%	56.4%	55.6%	55.6%	92%
Neurology	63.9%	48.5%	49.9%	45.7%	45.4%	92%
Neurosurgery	59.9%	46.4%	45.4%	47.1%	46.9%	92%
Ophthalmology	41.7%	59.2%	71.0%	71.2%	71.5%	92%
Other - Medical Services	42.2%	71.2%	71.2%	69.2%	70.0%	92%
Other - Mental Health Services	0.0%	-	100.0%	100.0%	100.0%	92%
Other - Paediatric Services	41.2%	68.0%	70.9%	71.2%	72.0%	92%
Other - Surgical Services	38.5%	69.1%	71.6%	69.1%	70.6%	92%
Other - Other Services	22.6%	81.5%	86.0%	86.3%	83.9%	92%
Plastic Surgery	56.0%	49.5%	46.4%	43.3%	52.9%	92%
Rheumatology	19.2%	91.0%	88.1%	84.1%	88.7%	92%
Thoracic Medicine	29.6%	80.1%	86.2%	89.8%	86.0%	92%
Trauma & Orthopaedics	62.8%	56.5%	54.9%	51.9%	49.5%	92%
Urology	41.9%	65.5%	66.5%	67.9%	68.0%	92%

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

Total Incomplete 18 Week Pathways - 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
Number of Pathways	30410	30356	35153	35823	36945	38333	39284	39890	39422	37289	37169	36315
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	13591	13537	18334	19004	20126	21514	22465	23071	22603	20470	20350	19496

#### RTT Supporting Narrative

Latest provisional data for January shows 21 specialities under the 92% standard, with just 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 January (60.4%):  
 Barnsley – 68.1% / Doncaster – 58.7% / Sheffield – 62.2% / South Yorkshire – 62.1%

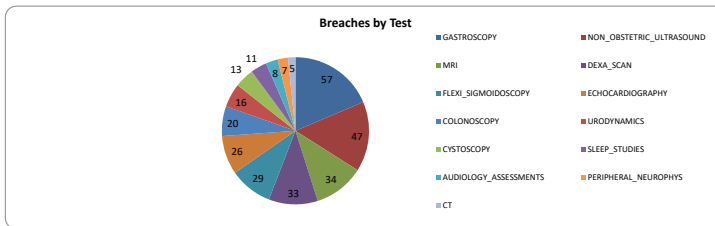
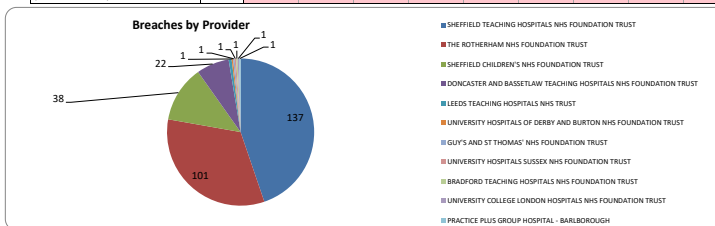
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information.

Please note: TRFT from April 2021 are including patients waiting to be appointed on their Referral to Treatment list, which has increased the overall waiting list size.

### Rotherham Place Delivery Dashboard - March 2024

Diagnostic Waiting Times	
Provisional performance in January of 5.3% exceeds the <1% standard.	
306 Breaches occurred in January:	
101 (33%) at The Rotherham NHS Foundation Trust (20 Flexi Sigmoidoscopy, 24 Echocardiography, 2 Sleep Studies, 10 Uroynamics, 32 Gastroscopy, 6 Colonoscopy, 7 Cystoscopy)	
0 (0%) at Barnsley Hospital NHS Foundation Trust ( )	
22 (7%) at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (1 Cystoscopy, 1 MRI, 7 Audiology Assessments, 2 Dexa Scan, 9 Non Obstetric Ultrasound, 2 Peripheral Neurophys)	
137 (45%) at Sheffield Teaching Hospitals NHS Foundation Trust (1 Audiology Assessments, 16 Gastroscopy, 14 Colonoscopy, 31 Dexa Scan, 4 Peripheral Neurophys, 9 Flexi Sigmoidoscopy, 5 Cystoscopy, 2 Uroynamics, 11 MRI, 5 CT, 4 Sleep Studies, 35 Non Obstetric Ultrasound)	
38 (12%) at Sheffield Children's NHS Foundation Trust (1 Peripheral Neurophys, 21 MRI, 4 Sleep Studies, 8 Gastroscopy, 4 Uroynamics)	
8 (3%) at Other Providers (1 Gastroscopy, 1 Sleep Studies, 1 MRI, 2 Echocardiography, 3 Non Obstetric Ultrasound)	

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	9.0%	5.1%	6.4%	8.4%	7.6%	8.3%	9.4%	7.5%	5.1%	3.4%	4.2%	5.3%



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

January-24 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	788	34	4.3%
Computed Tomography	958	5	0.5%
Non-obstetric ultrasound	1499	47	3.1%
Barium Enema	0	0	0.0%
DEXA Scan	155	33	21.3%
Audiology - Audiology Assessments	368	8	2.2%
Cardiology - echocardiography	667	26	3.9%
Cardiology - electrophysiology	0	0	0.0%
Neurophysiology - peripheral neurophysiology	34	7	20.6%
Respiratory physiology - sleep studies	159	11	6.9%
Uroynamics - pressures & flows	30	16	53.3%
Colonoscopy	317	20	6.3%
Flexi sigmoidoscopy	124	29	23.4%
Cystoscopy	167	13	7.8%
Gastroscopy	536	57	10.6%
<b>Total Diagnostics</b>	<b>5802</b>	<b>306</b>	<b>5.3%</b>

### Rotherham Place Delivery Dashboard - March 2024

Eliminating Mixed Sex Accommodation												
There were 0 breaches of this standard in December 2023												

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

Incidence of C.diff												
Performance for Rotherham Place overall in January was 4 cases. 3 cases in January occurred at Rotherham FT. In the YTD there have been a total of 89 cases.												
Rotherham FT performance for January is 1 case and 34 in the YTD.												

	Nov-23	Dec-23	Jan-24
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 - March 2024

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

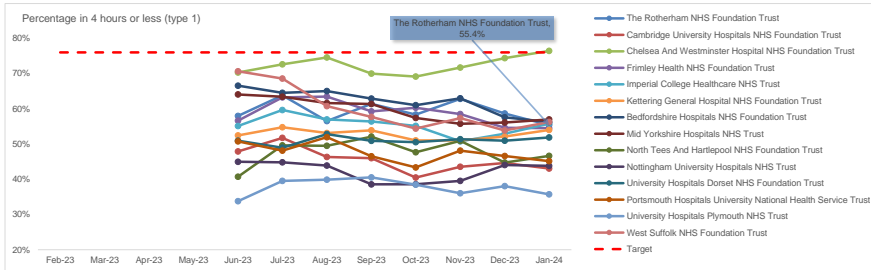
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of January 2024 was 55.4%

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

TRFT is 6th highest out of the 14 pilot sites in January

	Target	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
The Rotherham NHS Foundation Trust	76%					58.0%	63.8%	56.5%	61.4%	58.3%	62.8%	58.7%	55.4%
<b>TRFT Plan</b>						<b>50.0%</b>	<b>50.0%</b>	<b>55.0%</b>	<b>55.0%</b>	<b>60.0%</b>	<b>60.0%</b>	<b>65.0%</b>	<b>65.0%</b>
Cambridge University Hospitals NHS Foundation Trust	76%					47.9%	51.7%	46.3%	46.0%	40.5%	43.6%	44.6%	43.0%
Chelsea And Westminster Hospital NHS Foundation Trust	76%					70.3%	72.6%	74.6%	70.0%	69.1%	71.7%	74.4%	76.4%
Frimley Health NHS Foundation Trust	76%					56.6%	63.2%	63.5%	59.3%	60.3%	58.5%	54.6%	54.5%
Imperial College Healthcare NHS Trust	76%					55.1%	59.7%	57.0%	56.4%	55.1%	50.8%	52.9%	55.8%
Kettering General Hospital NHS Foundation Trust	76%					52.4%	54.8%	53.1%	53.9%	51.0%	51.0%	52.1%	54.0%
Bedfordshire Hospitals NHS Foundation Trust	76%					66.6%	64.5%	65.0%	62.9%	61.0%	63.0%	57.6%	56.2%
Mid Yorkshire Hospitals NHS Trust	76%					64.1%	63.4%	61.6%	61.4%	57.4%	55.7%	56.1%	57.0%
North Tees And Hartlepool NHS Foundation Trust	76%					40.7%	49.6%	49.5%	52.1%	47.6%	50.9%	44.7%	46.6%
Nottingham University Hospitals NHS Trust	76%					45.0%	44.8%	43.9%	38.6%	38.6%	39.5%	44.0%	43.8%
University Hospitals Dorset NHS Foundation Trust	76%					50.9%	48.9%	52.8%	50.9%	50.5%	51.4%	50.9%	51.9%
Portsmouth Hospitals University National Health Service Trust	76%					50.7%	48.1%	51.9%	46.5%	43.4%	48.1%	46.6%	45.2%
University Hospitals Plymouth NHS Trust	76%					33.8%	39.5%	39.9%	40.5%	38.5%	36.0%	38.0%	35.7%
West Suffolk NHS Foundation Trust	76%					70.6%	68.6%	60.7%	57.7%	54.4%	57.4%	53.8%	56.3%



### Rotherham Place Delivery Dashboard - March 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 17 seconds for category 1 calls in February for Rotherham Place. The position in January was 8 minutes 23 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in February was 41.6% an increase from January performance at 41.1%.		
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)

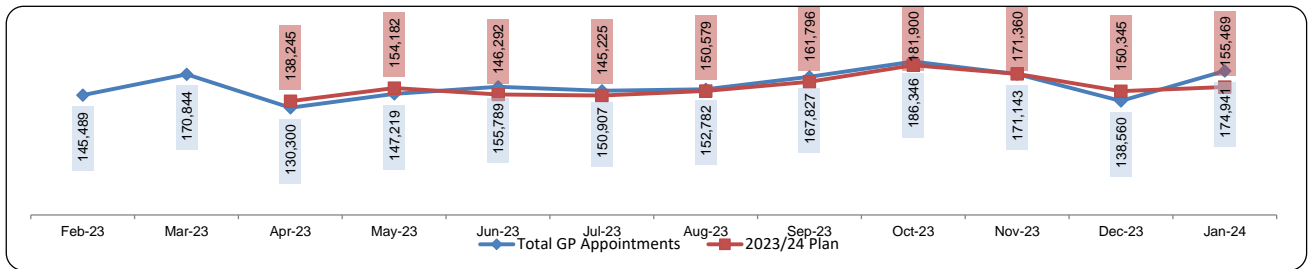
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Cat 1 Mean	00:09:02	00:08:12	00:08:39	00:09:13	00:09:01	00:08:17	00:08:05	00:08:56	00:09:18	00:08:54	00:08:23	00:08:17
Cat 2 Mean	00:29:33	00:20:38	00:23:46	00:27:59	00:26:01	00:24:22	00:24:53	00:26:30	00:35:04	00:39:52	00:34:09	00:30:19
Cat 3 90th Percentile	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	03:47:53
Cat 4 90th Percentile	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	01:40:52

#### Handovers at TRFT

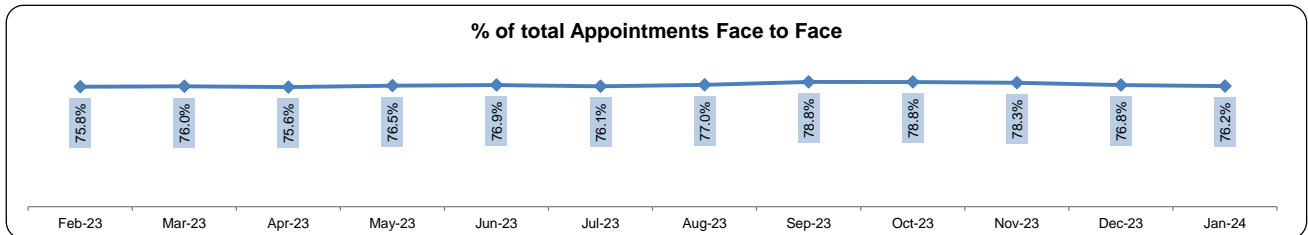
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
% Handovers WITHIN 15 minutes	62.8%	61.3%	68.6%	65.2%	66.2%	64.8%	68.2%	53.8%	56.9%	49.6%	41.1%	41.6%
% Handovers OVER 30 minutes	15.0%	13.6%	7.3%	12.0%	8.7%	13.7%	7.7%	13.6%	9.4%	18.7%	31.6%	25.8%
% Handover OVER 60 minutes	4.9%	5.2%	1.9%	4.6%	2.8%	5.8%	1.4%	5.0%	1.0%	6.4%	15.9%	11.3%
Number of ambulance handovers OVER 60 minutes (RFR)	95	99	37	88	54	114	28	105	22	144	348	236

### GP Appointments

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Total GP Appointments	145,489	170,844	130,300	147,219	155,789	150,907	152,782	167,827	186,346	171,143	138,560	174,941
2023/24 Plan			138,245	154,182	146,292	145,225	150,579	161,796	181,900	171,360	150,345	155,469
Variance to 2023/24 Plan			- 7,945	- 6,963	9,497	5,682	2,203	6,031	4,446	- 217	- 11,785	19,472



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
% of total Appointments Face to Face	75.8%	76.0%	75.6%	76.5%	76.9%	76.1%	77.0%	78.8%	78.8%	78.3%	76.8%	76.2%



## 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	Oct-23	Nov-23	Dec-23	Jan-24	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	83.00%	83.80%	83.60%	84.50%	66.70%
Protecting People From Avoidable Harm	Nov-23	Dec-23	Jan-24	2023/24 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	1	2	0	6	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	0	1	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	11	13	4	89	Actual
	3	4	5	36	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	7	4	1	34	Actual
	1	2	3	15	Plan
Mental Health: Monthly Indicators	Nov-23	Dec-23	Jan-24	2023/24 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	15.4%	16.7%	18.6%	18.6%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	54.31%	48.94%	56.25%	52.05%	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)	Oct-23	Nov-23	Dec-23	Jan-24	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 72 hours	100%	92%	100%	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**

--	--	--	--	--	--	--

ACS Admissions		Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Number of Ambulatory Care Sensitive Admissions	Actual	283	348	341	320	300
	Target	245	249	249	249	240
Discharges to Usual Place of Residence		Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
% Discharged to Usual Place of Residence	Actual	95.5%	94.9%	95.0%	95.7%	95.8%
	Target	94.0%	93.5%	93.5%	93.5%	94.0%

**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+)	<b>South Yorkshire and Bassetlaw</b>	<b>12.0%</b>	<b>12.2%</b>	<b>12.2%</b>	<b>11.3%</b>
	Barnsley Hospital NHS Foundation Trust	19.2%	19.5%	17.7%	6.8%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	9.9%	9.5%	10.2%	11.7%
	Sheffield Teaching Hospitals NHS Foundation Trust	11.5%	11.8%	11.5%	12.5%
	The Rotherham NHS Foundation Trust	9.5%	9.9%	11.6%	11.1%
Proportion of delayed discharges due to workstream 1 - hospital processes (7+ LOS)	<b>South Yorkshire and Bassetlaw</b>	<b>40.7%</b>	<b>40.4%</b>	<b>33.8%</b>	<b>29.4%</b>
	Barnsley Hospital NHS Foundation Trust	79.3%	70.8%	55.7%	12.9%
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	7.4%	7.6%	2.8%	9.9%
	Sheffield Teaching Hospitals NHS Foundation Trust	39.2%	41.5%	41.4%	42.9%
	The Rotherham NHS Foundation Trust	18.4%	22.5%	16.7%	19.6%
Number of patients who did not meet the criteria to reside in hospital but continued to reside (7 day average) (all LOS)	<b>South Yorkshire and Bassetlaw</b>	<b>422</b>	<b>444</b>	<b>476</b>	<b>518</b>
	Barnsley Hospital NHS Foundation Trust	59	59	53	56
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Tru	113	120	131	121
	Sheffield Teaching Hospitals NHS Foundation Trust	204	214	229	284
	The Rotherham NHS Foundation Trust	46	51	63	56

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

March 2024

**This report will feed directly into Rotherham Place Board. Elements of the report will be used to supply information for the Rotherham Place Executive Team (PET), NHSE Quality Hotspot report for Surveillance Quality Group (SQG) and the SY ICB Quality, Performance, Patient Involvement and Experience Committee.**

The following RAG ratings and descriptor have been applied.

	Indicates a significant risk <b>and/or</b> concern to place <b>and/or</b> the wider SY ICB – Enhanced Surveillance <b>and/or</b> monitoring required at place and oversight by PLACE Board with escalation to the ICB Board.
	Indicates a risk or concern at place – Surveillance <b>and/or</b> monitoring to be maintained at place - lower-level risk but with impact to the wider SY ICB should be escalated to PLACE Board and escalated to the ICB Board.
	No risk or concerns are currently evident or have been identified at place and no current escalations are required.



## Summary Table

Provider	Level of Surveillance				
	Nov 2023	Jan 2024	Sept 2023	SOF	CQC Overall Rating
<b>NHS Foundation Trusts</b>					
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	2	Requires Improvement
The Rotherham NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement
<b>Independent Providers/Specialised Mental Health Providers</b>					
Byron Lodge Rotherham	Routine	Routine	Routine		Requires Improvement
Care 4 U Care Limited, Rotherham	Routine	Routine	Routine		Requires Improvement
Roche Abbey Care Home, Rotherham	Routine	Routine	Routine		Requires Improvement
Waterside Grange, Rotherham	Routine	Routine	Routine		Requires Improvement
<b>Primary Care</b>					
Crown Street Surgery, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement
Shakespeare Road PMS, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement
Swallownest Heath Centre, Rotherham	Enhanced	Enhanced	Enhanced		Requires Improvement

## SECTION 1 Rotherham Place Overview/Systems Quality Group

Issue	Key Status/ Risks / Concerns	Mitigating actions
<b>The Rotherham NHS Foundation Trust</b>		
Industrial action	The December and January junior doctor Industrial action will continue to impact on services and remain a risk to the system. Impact will be across acute, mental health and primary care providers with challenge to elective services. Risk assessment underway highlighting areas of concern which are being worked and addressed across PLACE. ICB will continue to provide support/on call systems during.	Debriefs pre and post-strike period to ensure learning across Place and SY. Early planning briefs with all partners Daily meetings to check in on system pressures. On call rota.
ERCP	A retrospective external review of ERCP services is being undertaken in response to issues raised – NHSE leading to provide update. Two cases heard at Doncaster Coroners Court February 2023. Summary of the verdict: <ul style="list-style-type: none"> <li>- ERCP not completely causative but some missed opportunities around care.</li> <li>- No Regulation 28 restrictions.</li> <li>- No media coverage.</li> </ul> Awaiting national guidance regarding service requirements to ensure appropriate pathways. STH transfer embedded into practice. No date to restart.	Oversight, assurance NHSE CQM (Contract Quality Meeting)
Paediatric Audiology screening programme – national programme	The Newborn Hearing Screening Programme reviewed the data of every newborn baby born in England (2018-2023) and identified four Trusts who had diagnosed significantly fewer babies with a permanent childhood hearing impairment (PCHI) than expected, following initial hearing screening assessment.  Recognising the system wide nature of the issues identified, a National Paediatric Hearing Improvement Programme has been established by NHS England to support providers and ICBs to improve the quality of these services. The programme is undertaking work to understand the scale of the problem and the number of children who have been affected, and to develop the strategic tools and interventions to support sustainable improvements.  A set of system recommendations for immediate action have been developed. These have been informed by stakeholders including	SY system working and within each PLACE. SY Quality Improvement Group/ Quality Leads/QPPIE CQM NHSE UKAS Specialist Scientific input involved.  First Aduit meetings to commence February 2024.

Issue	Key Status/ Risks / Concerns	Mitigating actions
	<p>regional and ICB clinical and quality leads as well as the outcomes of the reviews of root cause analyses of the incidents and other pilot service assessments by UKAS.</p> <p>The review outcome did not identify significant concerns with a programme of ongoing work identified and monitoring.</p>	
<p><b>SY ICB – TRFT &amp; GP update</b> Safeguarding/ Media Interest Case An independent investigation has been commissioned via NHSE for a child death</p>	<p>Final report published on the 5th of October. <a href="#">COMMS Final Report YMN October 2023 publication version.pdf (syics.co.uk)</a> TRFT- Actions have been addressed. Next position statement due March CQM. GP – Actions are being addressed. PLACE Medical Director involvement for pathways.</p>	<p>Routine. Oversight, assurance, and support from the ICB Safeguarding/Quality team. Strategic safeguarding group CQM (Contract Quality Meeting) Medical Director oversight/support with Primary Care</p>
<b>RDaSH</b>		
CQC Quality Improvement Plan	The RDaSH Well Led Inspection Action Plan has been completed and signed off by the Board of Directors.	RDaSH have moved to an Inspection Readiness Quality Improvement Plan.
<b>Primary Care</b>		
<b>Rotherham’s 28 General Practices CQC ratings:</b>		
Outstanding	1	The Gate
Good	24	
Requires Improvement	3	Crown Street, Shakespeare Road, Swallownest
Inadequate	0	
<p>The Senior Manager for Primary Care continues to have monthly meetings with the Lead CQC Inspector for Rotherham to discuss concerns, but the CQC is experiencing reorganisation and therefore visits will only be undertaken on a risk basis. All three RI practices have been visited by the Primary Care Team and remain under closer review of their performance overall; Swallownest and Crown Street will be revisited. The Primary Care Team continue to provide support to all practices at this time.</p>		
Crown Street Surgery, Rotherham	Last inspected August 2023. RI in all areas Breach <a href="#">Reg 12</a> .	At the most recent reinspection, Crown Street dropped from RI in 3 areas to RI in all areas. They will be visited on 27 March 2024 by the Primary Care Team, including the Medical Director as an escalation of concerns
Shakespeare Road PMS, Rotherham	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach <a href="#">Reg 12</a>	CQC inspections have now restarted with those practices listed as RI remaining on the priority list for re-inspection. Primary Care support continues.
Swallownest Heath Centre, Rotherham	Last inspected June 2023. RI overall – all <a href="#">KLOEs</a> . Breach of <a href="#">Reg 12</a> .	Primary Care support continues along with national accelerated programme. Taking account of the

	A CQC follow-up visit took place 14 June 2023, report issued 27 September 2023 – practice remains RI overall, though has moved to 'good' for caring, and responsive.	continued RI status, the practice received a further Contract & Quality Visit on 24 January 2024 and remain under enhanced surveillance.
Woodstock Bower Surgery, Rotherham	Unrelated to current CQC status, this practice received an enhanced Contract & Quality Visit 04 October 2023 including the attendance of the Medical Director following a complaint to the CQC in September 2023. A further visit was undertaken 18 January 2024.	At the first visit there were found to be several areas where further work in conjunction with the practice was needed: <ul style="list-style-type: none"> <li>• A review of the high rate of emergency admissions alongside the seemingly low referral rate.</li> <li>• A review of the management of conflicts of interest when using external staff to undertake core contract responsibilities.</li> <li>• Medical staffing levels.</li> </ul> The practice have undertaken significant work to provide assurance, and it is hoped that after a third follow-up visit in early summer the practice will no longer need to be under enhanced surveillance. Concerns from staff appear to be centred on a change in management style as opposed to clinical risk.

### Care Homes

Care Homes	<b>Older peoples care homes as at 15/12/23</b> <ul style="list-style-type: none"> <li>• One statutory embargo</li> <li>• One statutory embargo and suspected norovirus outbreak</li> <li>• One voluntary embargo</li> <li>• One norovirus outbreak</li> <li>• One covid outbreak.</li> <li>• Several homes have a number of beds out of commission due to refurbishment.</li> </ul>	Weekly reporting via hotspots report.
Care Home Contract Concerns/Defaults	In October 2023, there were a total of 42 contract concerns raised against Adult Residential/Home Care/Nursing providers, involving 27 providers. 27 concerns have been substantiated, five unsubstantiated with the remaining 10 still being investigated. The three main themes for these concerns are: Medication, Missed/Late Calls and Quality of care. There are currently two services in a contract default position.	Monthly reporting via RMBC
Byron Lodge Rotherham	CQC overall rating requires improvement. Date of inspection visit: 12 April 2023. Date of publication: 12 May 2023. 8 people placed via fully funded CHC.	Safe and well checks completed and sent to RMBC.


		Weekly meetings with Byron Lodge are still being carried out. RMBC oversight. PLACE involvement. Contracting default and embargo have now been lifted and CHC team have found improvements in care plans when they visited in January 2024.
Waterside Grange	CQC visit concerns	Safe and well checks completed and sent to RMBC. RMBC oversight. PLACE involvement. New manager in post , CHC team have found improvement in care plans and are due to visit again in February 2024.
Roche Abbey	CQC visit concerns	Safe and well checks completed and sent to RMBC. RMBC oversight. PLACE involvement. New manager in post who is currently being inducted by the Regional manager.
Riverside Healthcare Limited Cheswold Park Hospital, Doncaster	Mental health - community & hospital – independent, rated inadequate <a href="http://www.cqc.org.uk/location/1-107889029">http://www.cqc.org.uk/location/1-107889029</a>	Individuals are being identified who are placed within the facility and awaiting further guidance for next steps.
Layden Court	CQC Inspection – Rated Inadequate	This CQC inspection links to an ongoing Organisational Safeguarding for this care provider. Over November / December 2023 and January 2024 safe and well checks have been completed by CHC. The Organisational Safeguarding remains ongoing with RMBC leading on this. ICB attends weekly MDT meetings in relation to this.
<b>Regulation 28</b>		
Rotherham Place	RDaSH - No Regulation 28 restrictions. TRFT – No new Regulation 28 restrictions.	Regulation 28 has been added to the TRFT and RDaSH Contract Quality agenda as standard.
<b>IPC</b>		
HCAI's	Work remains ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies.	Continues. C Diff rates remain high and this is a theme nationally. MRSA BSI rates increased, also appears to be theme nationally.
Gram negative blood stream infections	Work looking at themes and reduction strategies. There are some improvement projects in process/ development based on the	Continues.

	surveillance data around urine sampling and catheter care.	Links into the hydration project. Reducing UTI's will reduce GNBSI's. Also looking into themes identified to plan further reduction and improvement projects/ work.
C Difficile cases - increasing nationally and this is evident in Rotherham as a comparison to last year.	Work on going to look at themes and reduction strategies required. Some themes identified and planning improvement and potential reduction projects in collaboration with TRFT and Medicines management.	Continues. The reduction/ improvement will not have an immediate effect on the figures due to identification being quarterly. 23/24 thresholds breached due to unrealistic setting and not based on rates. Awaiting 24/25 thresholds which are believed to be set based on rates for the first time. Alert received around a strain (new variant ribotype 955) causing increase in severity of symptoms and mortality. Remains no cases in Rotherham but continuing to monitor, plans in place by providers if any cases identified and will be reported on.
MRSA BSI	Cases increasing nationally. Work ongoing to look at themes and then plan reduction strategies.	2 cases were ongoing from being previously positive within previous months. Issues around compliance. Actions being addressed.
Measles	Cases increasing around the UK and seen in Y+H. NHSE and UKHSA requests and support in having processes in place are ongoing at Place level through the Health Protection Committee membership with additional requirement of primary care.	Event held in Rotherham through HPC membership. Acknowledgment that Primary care inclusion required. SYICB template has now been shared by Sheffield for completion at Place level for Primary Care involvement. New guidance from UKHSA and NHSE published late January 24. Work ongoing at Place and to be addressed as SYICB.
Necrotising Fasciitis (NF)/ Strep A / invasive Group A strep (iGAS)	NF cases seen in Sheffield and Barnsley and had UKHSA involvement. Information was shared by STH plastic surgeons for Primary care within SYICB. iGAS cases in Rotherham x4 appear to be linked following ribotyping, UKHSA involved and looking into links and themes. Some actions already addressed with potentially further to follow.	No reports of NF in Rotherham. TRFT monitor Strep A cases not related to throat, this is ongoing and will highlight any concerns. IMT's have taken place relating to the cases of invasive group A strep (iGAS) identified in Rotherham. This remains ongoing with whole genome sequencing (WGS) undertaken and identifying a link between 3 of the cases. Further IMT planned to discuss further actions.
C Difficile ribotype 955 (new variant)	UKHSA Briefing Note on a new strain of C.difficile that appears to be associated with severe C.diff disease and ease of spread with outbreaks hard to contain. IPC lead working with both providers, risk assessments and	CQM Quality Leads & QPPIE IPC Committee NHSE reporting

	management plans been agreed for onward reporting.	
<b>Workforce</b>		
Rotherham Place Safeguarding & Quality Team workforce concerns.	Number of staff on sick leave and planned annual leave impacting mainly Children's safeguarding.	Workforce issues continue. interim arrangements have been put in place to support the Nursing, Quality and Safety Leadership Structure, both within the ICB and working with Partners at PLACE.
<b>CHC</b>		
Winter beds	Previously had 30 beds to manage the winter pressures from hospital discharges – these are now to be spot-purchased beds which will have a major increase on workload for the CHC team.	
Significant challenges from the LA regarding several issues including Safeguarding responsibilities	CHC are continuing to face significant challenges from the LA regarding a number of issues including Safeguarding responsibilities, which clearly do not fit under our remit and the percentage split and commissioning of Joint packages of care.	Multi-agency CHC Operational meetings have been commenced. A plan has been identified to address multi agency issues any items for escalation will be identified individually in future reports
Disputes on eligibility outcomes	Disputes on eligibility outcomes continue to impact on the CHC National Standards of 80% of cases completed within 28 days and no cases over 12 weeks (see section 6 below) There are currently several cases in dispute panel.	The CHC team are working in partnership with RMBC to develop and provide joint benchmarking and training to staff working at all levels across CHC which in turn will raise awareness and knowledge of the National framework and reduce variations in outcomes, unfortunately due to staffing issues this work is currently on hold
Capacity of EMI nursing placements	Rotherham area remains low with an increasing number of care homes requesting 1:1 to manage falls and behaviours that challenge.	CHC continue to work with partner organisations to address the issues, work has begun to develop a multi-agency process which will be included in the operational meetings update
LD placements/provisions	The limited number of LD placements/provisions in the local area continues to be an issue, particularly for young people who are transitioning from Children's services to Adults.	CHC continue to work with RMBC, RDASH and ICB colleagues to address this issue and source appropriate care provisions. Access to RMBC enhanced brokerage services has been requested and if agreed will help support the commissioning and monitoring of quality individual provisions.

Safeguarding																		
<b>Volume DHRs, SARs, learning reviews, CSPRs etc</b>	Ongoing DHR x1, x1 SAR including x2 patients and x1 SAR (Sheffield) ongoing. Notification of a new DHR received in January 2024.	Statutory requirement RSAB RSCP SRP PLACE Board ICB/NHSE																
<b>Court of Protection (COP)</b>	<p>Process developed with Business Support/CHC regarding people who are suspected or have been screened as being deprived of their liberty in the community who require a formal order from the Court to deprive them legally to provide necessary safeguards and protection.</p> <table border="1"> <thead> <tr> <th colspan="2">COP Data - January 2024</th> </tr> <tr> <th>Safeguarding Alert Type</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>COP - Pending</td> <td>4</td> </tr> <tr> <td>COP - Stage 1</td> <td>32</td> </tr> <tr> <td>COP - Stage 2</td> <td>4</td> </tr> <tr> <td>COP - Stage 4</td> <td>3</td> </tr> <tr> <td>COP - Stage 5</td> <td>2</td> </tr> <tr> <td>Total</td> <td>45</td> </tr> </tbody> </table>	COP Data - January 2024		Safeguarding Alert Type	Total	COP - Pending	4	COP - Stage 1	32	COP - Stage 2	4	COP - Stage 4	3	COP - Stage 5	2	Total	45	For information, further details in section 3.
COP Data - January 2024																		
Safeguarding Alert Type	Total																	
COP - Pending	4																	
COP - Stage 1	32																	
COP - Stage 2	4																	
COP - Stage 4	3																	
COP - Stage 5	2																	
Total	45																	
<b>NHS FGM dataset feedback</b>	<p>NHSE have asked ICB's safeguarding colleagues to gather further information from providers (including primary care) who are required to complete the NHS FGM data set, following an audit last year: <i>Do FGM policies include a process to address non-compliance with the mandatory reporting duty?</i></p> <p>Email request sent to practices to collate a local response.</p>	For information																



Operation Stovewood	<p>Operation Stovewood commenced in 2014 as the single largest law enforcement investigation into non-familial child sexual abuse in the UK. The Rotherham investigation between 1997 and 2013 identified over 1100 victims and those who have been convicted jailed for over 255 years.</p> <p>A change in investigative approach from 1 January 2024 will mean that the NCA will no longer adopt any new investigations falling within the Stovewood terms of reference. They will continue to investigate open cases as a priority. From 2024 any new investigations will be investigated by South Yorkshire Police, and this is a key step, as it demonstrates ongoing progress against one of the priorities, around working with local partners and communities to rebuild public confidence in agencies.</p> <p>South Yorkshire Police has continued to investigate CSE throughout this period across South Yorkshire and within Rotherham where the offence falls outside of the time period covered by Operation Stovewood. In the latest inspection carried out by His Majesty's Inspectorate of Constabulary and Fire &amp; Rescue Service (HMICFRS), South Yorkshire Police were assessed as outstanding at protecting vulnerable people.</p>	<p>Regulatory approval</p> <p>Open cases will be a priority and investigated under Stoverwood</p> <p>Public arena/High profile operation</p> <p>Previous community tensions</p> <p>SQG Oversight and awareness as national operation.</p> <p>Multi agency involvement including Public Protection.</p>
Provider safeguarding concerns	There are ongoing organisational Safeguarding adults enquiries for two care homes in Rotherham. The ICB is linked into the regular multi-professional meetings for both of these providers.	<p>Statutory process</p> <p>RSAB &amp; sub group</p> <p>Provider to provider meetings</p> <p>PLACE Board</p> <p>ICB/NHSE</p>
Hidden Harms – any insight/emerging issues, concerns	Increasing amount of people in the community needing acute mental health beds. Both Learning disability and Autism and Mental health. This has led to increased LAEPs and out of area placements.	Increased pressure on Rotherham acute services to monitor and repatriate when possible.
<b>LD &amp; Autism</b>		
<b>LeDeR</b>	An ICB centralised team commenced on the 1 <sup>st</sup> July 2023 to address current and backlog of cases. Reporting on LeDeR for future reports will be provided by the central team.	<p>An update report on the Rotherham LeDeR Programme submitted in January.</p>  <p>Rotherham LeDeR Programme January 2</p>
<b>Capacity Issues</b>	Capacity issues remain and are reflected across the board by partners in RDaSH and RMBC. This is impacting on both inpatient and community.	
<b>Bed provision</b>	<ul style="list-style-type: none"> <li>Single accommodation recognised as a key with fill rates.</li> </ul>	

	<ul style="list-style-type: none"> <li>• RMBC brokerage continue to ask placements in Rotherham to prioritise Rotherham patients first.</li> <li>• Lack of community provision and placements for all ages, continues to impact service and delay discharges.</li> <li>• New provision (Elysium) have now attained CQC registration and we are looking to place our first resident in the next few weeks</li> <li>• Mental health with risky behaviours or autism only diagnosis continue to cause blockages in the system due to the lack of availability to move on. Providers have been approached but building new or identifying and then adapting properties will take time.</li> </ul>	
<b>117/LD and Independent Placements</b>	<ul style="list-style-type: none"> <li>• Capacity issues remain and are reflected across the board by partners in RDaSH and RMBC.</li> <li>• Out of area acute and PICU bed requests did reduce in December but have increased again in January, currently 5 out of area admissions.</li> <li>• There are 19 people in out of area locked rehab placements with an expected 8 discharges over the next year.</li> <li>• There is no longer a step-down community provision within Rotherham, and this has caused issues with RDaSH (delayed discharges and an increase in out of area placements).</li> <li>• Lack of learning disability and autism provision and placements for all ages, continues to impact service along with inappropriate placements/environments. System/ nationwide issues.</li> <li>• Goldcrest ward (NHS open rehab) has permanently closed. RDaSH Assertive Outreach Team have increased hours and gone to 7 day a week support.</li> <li>• Team continues to be a reactive service due to workload. No resilience meaning that any sickness or holidays cannot be covered. This has resulted in one day with no cover. This impacts on timely reviews for s117 community packages and has also meant there have been breaches to the statutory obligations in relation to Transforming Care patients.</li> <li>• Business Admin support, currently seconded from Corporate for 3 days a week, is due to retire in June and this will further impact on the team's ability to function effectively.</li> </ul>	<p>Escalated to Place and the ICS for strategic oversight and leadership from the ICB and NHSE within the Transforming Care Agenda.</p>

<b>C(e)TR</b>	<p>DSR and C(E)TR <a href="#">new guidance</a> published in May 2023 and is now in use. Some of the changes are:</p> <ul style="list-style-type: none"> <li>• Implementing the self-referral process – in process.</li> <li>• Ensuring the actions are followed up and monitored – in place but depends upon capacity.</li> <li>• All panel members have the required training – completed.</li> <li>• An ICS scrutiny panel that will need to convene at least on a quarterly basis – in process.</li> <li>• Greater emphasis on sharing information across partners within Place to ensure appropriate data flow – in process</li> <li>• Recommended fees for panel members – not yet look at.</li> </ul>	<p>Like many other ICBs, we are still in the process of collating and updating documents and ensuring a consistent approach across the ICB.</p>
---------------	---	---

**New CQC Reports published in December 2023**

Provider	Name	Rating	Publication	URL	

## SECTION 2 Key Updates

Title	Key Status/ Risks / Concerns / Good Practice
<b>Rotherham Hospice</b>	Quarterly Contract Performance Meetings between Hospice / ICB take place. KPI suite in place and ICB received Hospice Compliance& Assurance Report for consideration/assurance.
<b>Public Protection</b>	NHS SY ICB Rotherham remain committed members to Channel and MAPPA. All Operation Stovewood cases are managed by MAPPA on release. Local arrangements are in pace for our providers to attend MARAC and CMARAC.
<b>Patient Experience</b>	<p><b>Patient experience is collected in several ways:</b> Healthwatch Rotherham have published a number of documents, and have a regular programme of outreach activity <a href="https://healthwatchrotherham.org.uk/news-and-reports">https://healthwatchrotherham.org.uk/news-and-reports</a>.</p> <p><b>Providers</b></p> <ul style="list-style-type: none"> <li>• <b>TRFT</b> produces a comprehensive patient Experience and Engagement report, covering FFT, comments, complaints, and compliments, which is considered at the Patient Experience committee - for October (latest available), there are no exceptions to report.</li> <li>• <b>RDASH</b> – patient experience is addressed in the Quality data sets, with a regular overview of experience, which is being refined and developed.</li> </ul> <p><b>FFT - currently available up to November 2023 here <a href="https://www.england.nhs.uk/fft/friends-and-family-test-data/">https://www.england.nhs.uk/fft/friends-and-family-test-data/</a></b></p> <p>Generally, figures for Rotherham services are in line with national averages. To note for November; numbers collected in Maternity services remain low, and data are therefore not published. GP and dental data have not been analysed at a practice level (capacity); however the majority of dental practices in Rotherham do not submit data. All but 3 GP practices have submitted data in November 2023</p> <p><b>National patient surveys - None to report on for Dec - Jan 2023</b></p> <ul style="list-style-type: none"> <li>• CYP Patient Experience Survey – Due 2024; Publication 2025 tbc</li> <li>• Adult Inpatient survey Fieldwork Jan – April 2024, Publication Aug 2024 (TBC)</li> <li>• Urgent and emergency care survey – fieldwork April 0 July 2024, publication Oct 2024 TBC</li> <li>• Maternity Survey Fieldwork April- June 2023, publication Jan 2024 (annual)- <b>This has now been delayed, no publication date given</b></li> <li>• Community Mental Health Survey Fieldwork August – November 2023, publication March 2024 (TBC)</li> <li>• GP patient survey – annual; Fieldwork Jan- April; publication July (approx.)</li> </ul>
<b>PSRIF including Patient Safety Specialist</b>	<p><b>NHSE Patient Safety Incident Response Framework (PSIRF) update -</b> As pace gathers towards the implementation of PSRIF from Autumn 2023 guidance has been shared regarding the change of reporting platforms. From September 2023 all organisations who previously reported to NRLS (National Reporting and Learning System) will start the switch to recording on the new Learn from Patient Safety Events (LFPSE) service. This will replace the NRLS. From Autumn 2023 organisations will also make the transition from the NHSE Serious Incident Framework (SIF) to the NHSE Patient safety incident response framework (PSIRF). This means there will be changes to the expectations and processes associated with recording information about the response to patient safety incidents. Ultimately, LFPSE implementation will mean that organisations no longer use the previous reporting platform named StEIS (Strategic Executive Information System) for any purposes. However, to</p>

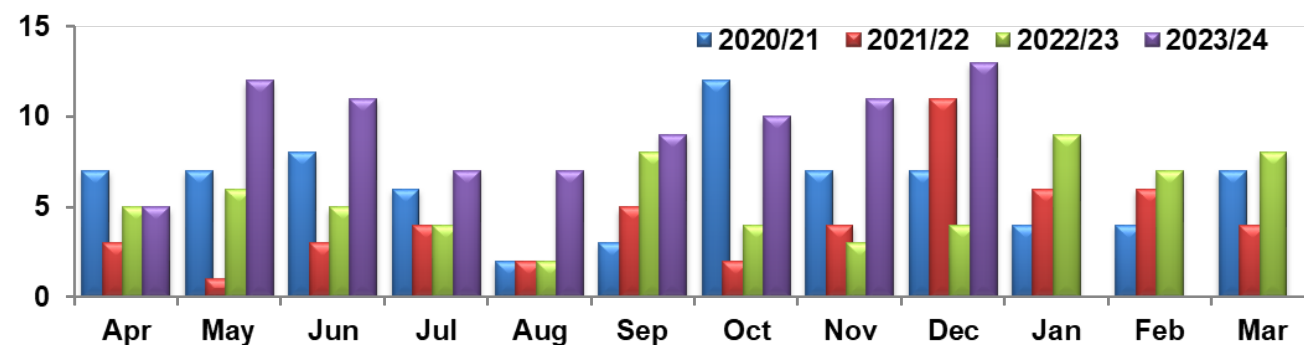
Title	Key Status/ Risks / Concerns / Good Practice
	<p>reduce complexity during the transition period and to maintain data flows while further enhancement to the LFPSE system is made, organisations are asked to continue to use StEIS for now, <b>even</b> where they have moved to operate under PSIRF. During this transition period, providers are asked to use StEIS to record incidents that are subject to Patient Safety Incident Investigation (PSII). A new incident type has been added to StEIS that allows organisations to record incidents which are responded to using PSII. This approach has already been taken successfully used by PSIRF Early Adopter organisations. StEIS will continue to be available and operational for now. It is envisaged that as new activities and processes under PSIRF become more embedded and as the latest LFPSE versions and capabilities develop, StEIS closures can be considered to new incidents from October 2024. StEIS will continue to be available for managing incidents for a period after this point and access to legacy data.</p> <p>Further information: <a href="#">NHS England » Learn from patient safety events (LFPSE) service</a></p>
<p><b>PSIRF/Serious Incidents and Never Events</b></p>	<p>Transition and implementation continue for both TRFT and RDaSH working with parallel systems for recording of all incidents on LFPSE and PSII's on StEIS with overview panels progressing and developing. At present the top three themes for TRFT are Falls, Pressure Ulcers and Delayed treatment/diagnosis whilst RDaSH's is Unexpected death. These areas have been highlighted within their trust PSISF plans.</p> <p>The Healthcare Safety Investigation Branch (HSIB) has transitioned to the Health Services Safety Investigations Body (HSSIB). The maternity investigations programme is the Maternity and New-born Safety Investigations Special Health Authority (MNSI). You can read more about these changes and the new organisations on the <a href="#">HSIB website</a>.</p>
<p><b>SEND Local Area Inspection Update</b></p>	<p>Our self-assessment was finalised by the SEND Executive Board in preparation for our Annual Conversation with Ofsted and CQC. The meeting went well and we received positive feedback from inspectors in relation to our self-assessment and actions identified to address gaps. Work continues to develop our Strategic SENDAP (Special Education Needs and Disabilities and Alternative Provision) Plan.</p> <p>The SEND Partnership Board was re-established in January, the Terms of Reference for this critical engagement group will be finalised in the next meeting, a key responsibility will be oversight of the Strategic SENDAP plan. We now await an OfSTED CQC inspection under the new framework and will continue to use the documentation to provide updates on progress to the SEND Executive Board and Place Board.</p>
<p><b>Waiting times for neurodevelopmental assessment.</b></p>	<p><b>Early Years</b></p> <p>There has been a year-on-year increase in referrals to the Child Development Centre (CDC). The demand for the service has almost doubled since 2016/17. This means that there are now long waits for initial contacts (telephone appointment) and significant delays for diagnostic assessment for ASD.</p> <p>Rotherham council and South Yorkshire ICB, Rotherham Place have agreed a number of actions to reduce the waiting times for assessment in the child development centre and ensure all children receive an age appropriate assessment. This includes work with the 0-19 service to quality assure referrals into the Child Development Centre to ensure that all referrals are good quality referrals. Development of a 'fast track' pathway for children who clearly meet the criteria for diagnosis in line with NICE guidance, at the discretion of the diagnostic team. Additional short-term investment into the team to increase capacity for assessments.</p> <p><b>5-19</b></p> <p>The Social and Emotional Wellbeing Panel aims to screen all new referrals within 4 weeks of receipt (currently all referrals are screened within this time).</p>

Title	Key Status/ Risks / Concerns / Good Practice
	<p>The change to the referral pack has improved the quality of referrals for assessment. There have also been approx. a third less referrals for assessment. Current referral rates are around 15 per week. From September the pathway moved to a 6 week assessment cohort, which means assessments are now completed where possible within this timescale. The focus on reducing waits continues to be a priority along with evidence based, quality assessments. The service has responded to patient, family and professional feedback in order to shape services around individual's needs:</p> <ul style="list-style-type: none"> <li>• Simplifying and reducing the length of the final report.</li> <li>• Plans to collocate CAMHS and Neurodevelopment services within the six main community hubs across Rotherham supporting increased access to specific services.</li> </ul> <p>As of 12.01.24 1526 children are waiting for assessment. 91% (1394) have waited longer than 18 weeks. 30% (469) have waited longer than 2 years.</p> <p>The post diagnostic service has a caseload of 569. Staffing will be at full capacity in the next months. Therapeutic Clinics commenced in November and are planned across different community venues.</p>
<b>Short Breaks Innovation Fund</b>	<p>Local Authority and NHS colleagues recognise the limitations of existing short breaks capacity (in-house and in the external health/ care and SEN markets) families with children with very complex needs are not always able to access respite provision and when behaviours reduce the ability of local education provision to meet need this can significantly increase the risk of family breakdown. A DfE funded innovation project began on 1<sup>st</sup> April and 9 children have received an innovative short break under this project so far. We have been successful in securing funding to continue the project for the next financial year, provision will be extended to offer innovative overnight short breaks for young people unable to access this, with a view to supporting transition to available provision.</p>
<b>Youth Worker Pilot</b>	<p>The Youth Worker provision is supporting the voice of young people aged 11-25 who access our acute and community services, in particular, those with long term conditions (identified through A&amp;E attendance and hospital admission data, plus those in the process of transitioning into adult-led care to improve their experience, support the effective management of their condition and reduce the likelihood of admission.</p> <p>Recruitment to specific newly developed job specifications has now taken place and the Youth Work Policy implemented. Youth Workers at TRFT support YP in achieving positive healthcare outcomes, both physically and mentally, across all acute and community services with CYPS and beyond.</p>
<b>South Yorkshire Partnership for Inclusion of Neurodiversity in Schools (PINS)</b>	<p>Rotherham has contributed to a South Yorkshire ICB funding application to the DfE for PINS. The aim of our project is to increase parental confidence in schools ability to meet the neuro developmental needs of children (including ADHD), this will include ensuring true implementation of our graduated response and further developing relationships between parents/ carers and schools. In Rotherham we are proposing to work with 10 primary schools building on our charter standard to deliver the pilot to ensure the model becomes sustainable after this short term funding.</p>
<b>Social Emotional and Mental Health (SEMH) Continuum of Need and Competency Framework</b>	<p>In December the SEMH Strategy group approved the SEMH Continuum of Need, a document describing typical behaviors associated with social emotional and mental health needs alongside suggested support and services. A competency framework for the children and young people's workforce outlines how workers can upskill to deliver the continuum, identifying competencies with links to training and available support. A soft launch will take place with schools in early February to test implementation with a formal launch to follow in June.</p>



## Figure comparison for NHS Rotherham ICB of CDI

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



## E Coli

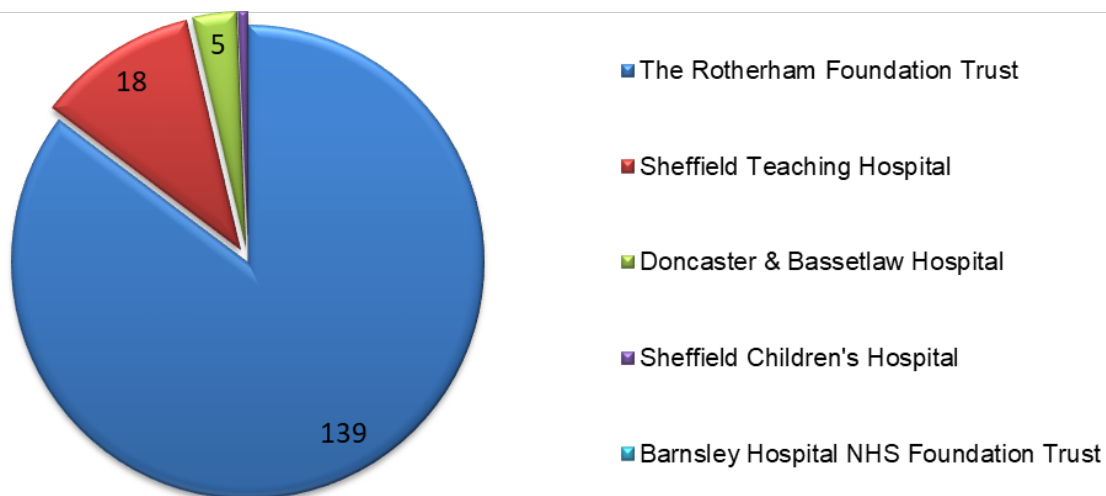
Based on the set trajectory monthly plans are formulated (see below)

TRFT 2023/24 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	3	2	5	3	2	3	8	4			
Monthly Plan*	4	3	4	5	3	3	6	5	4	2	3	3
Year to Date	5	8	10	15	18	20	23	31	35			
Year to Date Plan*	4	7	11	16	19	22	28	33	37	39	42	45

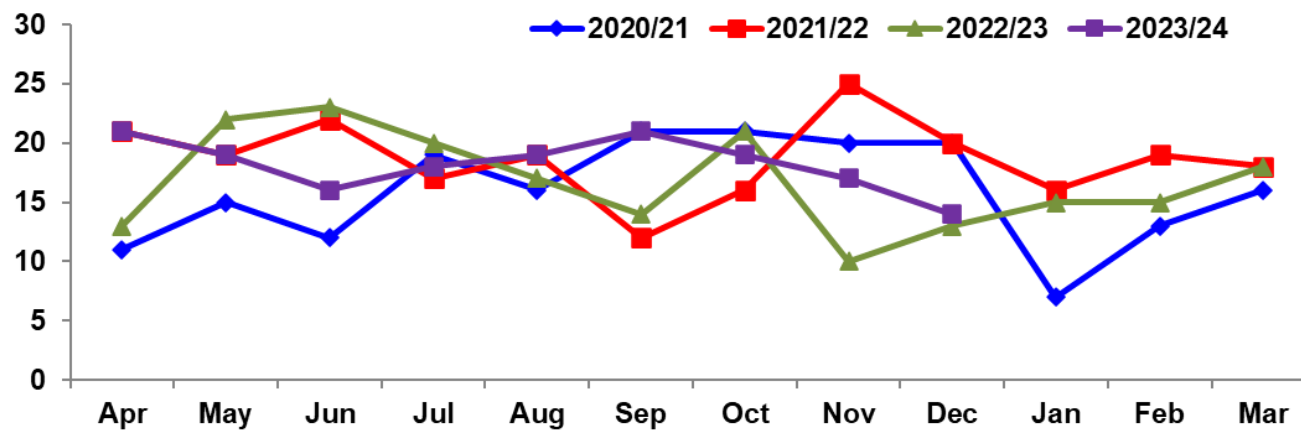
RCCG 2023/24 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	21	19	16	18	19	21	19	17	14			
Monthly Plan*	16	16	16	17	17	17	15	16	15	14	13	14
Year to Date	21	40	56	74	93	114	133	150	164			
Year to Date Plan*	16	32	48	65	82	99	114	130	145	159	172	186



**E Coli** -The chart below details where these samples were taken.



**E Coli** - The chart below shows a monthly comparison of the number of E Coli cases in years.



## Pseudomonas Aeruginosa

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

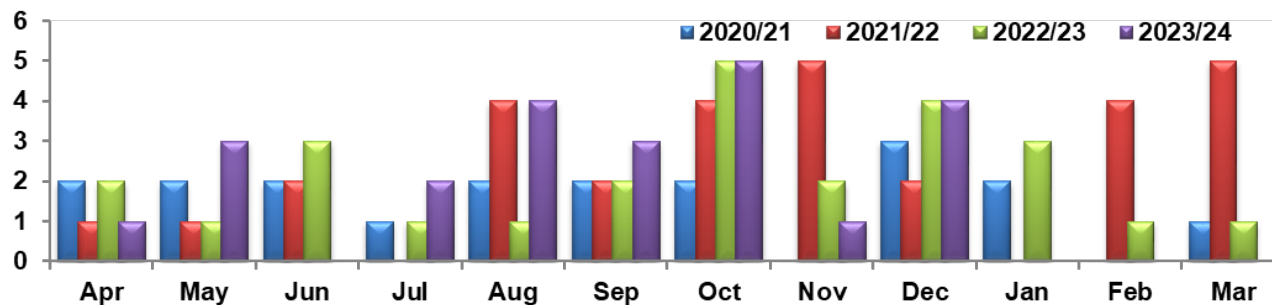
TRFT for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	0	2	0	0	0	1	2	0	2			
Monthly Plan*	0	0	1	0	1	1	1	0	1	1	0	0
Year to Date	0	2	2	2	2	3	5	5	7			
Year to Date Plan*	0	0	1	1	2	3	4	4	5	6	6	6

RCCG for Pseudomonas Aeruginosa												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	1	3	0	1	4	3	4	1	4			
Monthly Plan*	1	2	2	1	3	2	3	2	3	1	1	1
Year to Date	1	4	4	5	9	12	16	17	21			
Year to Date Plan*	1	3	5	6	9	11	14	16	19	20	21	22

## Figure comparison for NHS Rotherham ICB of Pseudomonas Aeruginosa

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



## Klebsiella Spp

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

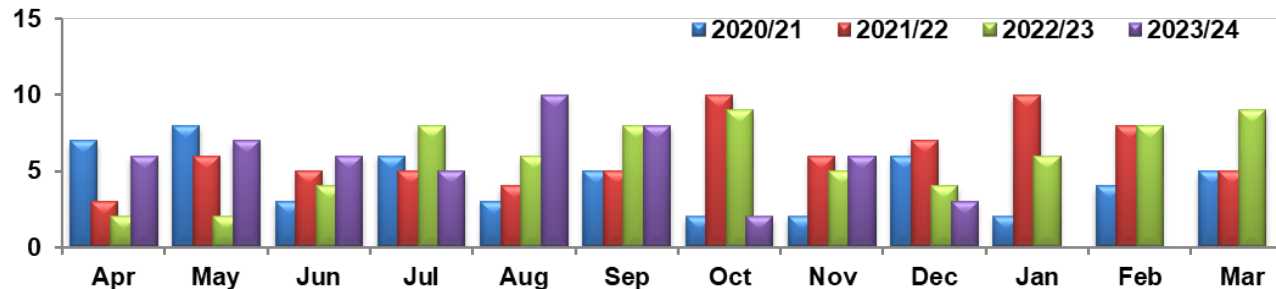
TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	0	1	1	3	4	0	3	0			
Monthly Plan*	0	1	1	1	0	1	1	1	1	1	1	1
Year to Date	4	4	5	6	9	13	13	16	16			
Year to Date Plan*	0	1	2	3	3	4	5	6	7	8	9	10

RCCG for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	6	7	6	5	10	8	2	6	3			
Monthly Plan*	5	4	4	5	4	5	5	4	5	4	4	5
Year to Date	6	13	19	24	34	42	44	50	53			
Year to Date Plan*	5	9	13	18	22	27	32	36	41	45	49	54

## Figure comparison for NHS Rotherham ICB of Klebsiella Spp

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



## 2. MORTALITY RATES

Both the SHMI and the HSMR continue to be 'as expected' with performance improving further over the last few months. The latest HSMR value is due to the number of deaths within the Trust falling to just over 800 in the latest 12-month period (compared to closer to 900 six months ago), with the number of

expected deaths remaining just under 900. The SHMI has also improved to 102, with the number of expected deaths against this measure increasing over the last several months based on the acuity and demand seen.

The new SJR process continues to be embedded, with learning taken to the Learning from Deaths group

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

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

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

SI Position 08.12.2023 to 31.01.2024	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Open at start of period	23	11	1	8	7	0
Closed during period	5	1	0	3	0	0
De-logged during period	0	0	0	0	0	0
<b>New during period</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
Of the above number that are New NE	0	0	0	0	0	0
Total Open at end of period	23	14	1	6	7	0
Of the above the number that are NE	0	0	0	0	0	0
Final Report Status	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Final Reports awaiting additional information	0	1	0	7	0	0
**Investigations 'On Hold'	0	1	1	1	0	0
CCG approved Investigations above 60 days	14	7	0	N/A	N/A	0
Investigations above 60 days without approval	0	0	0	N/A	N/A	0
Final Reports due at next SI Meeting	0	2	0	N/A	N/A	0

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

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

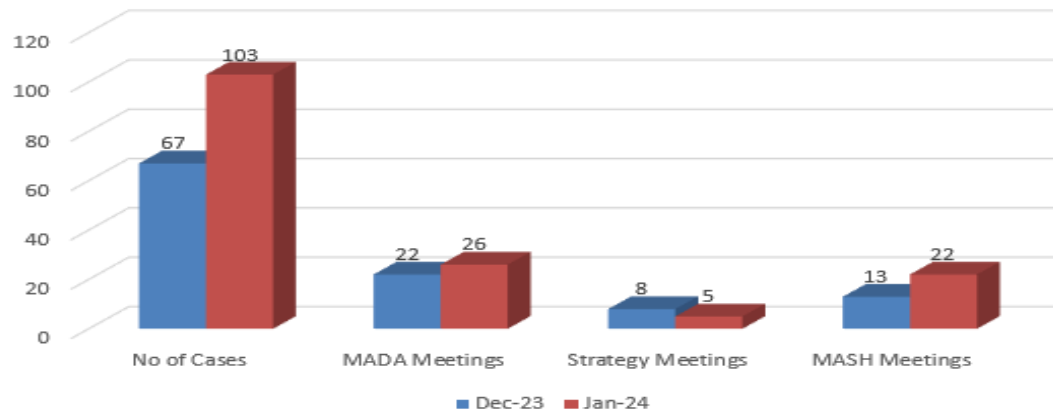
### 4. SAFEGUARDING VULNERABLE CLIENTS

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

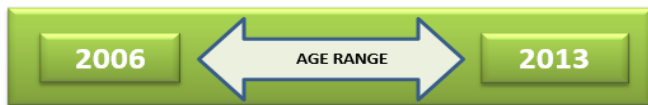
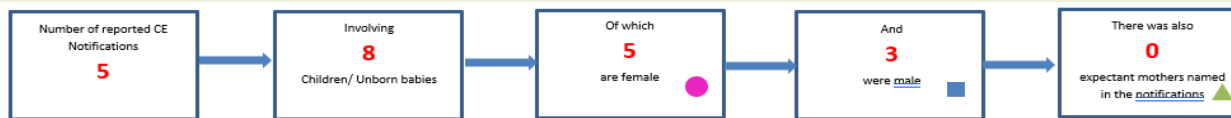
**SAFEGUARDING AREA OF INTEREST**

**MASH Activity**

**Rotherham Multi-Agency Safeguarding Hub (MASH) Activity**



**Child Exploitation (CE) Reported to Health MASH - notifications received from 1<sup>st</sup> December 2023 to 31<sup>st</sup> December 2023.**

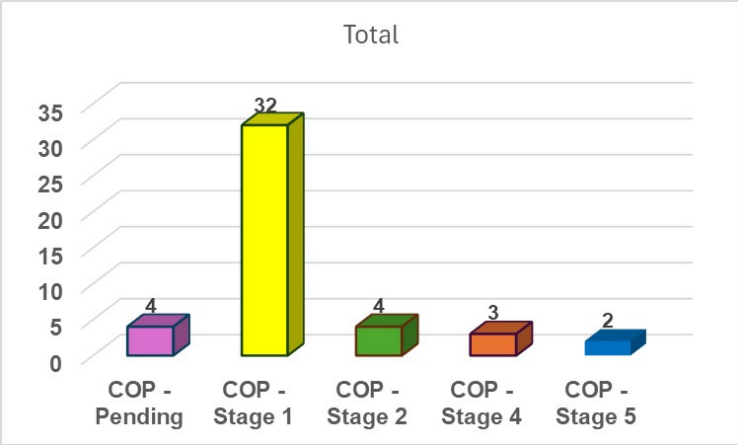


Source of Referral	Number of Referrals
Police	1
MASH	2
Education	2

**Type of CE Referral**  
 Child Sexual Exploitation (CSE) Notifications: 2  
 Child Criminal Exploitation (CCE) Notifications: 3



Report Author- Debbie Health Support Officer, MASH – 18<sup>th</sup> January 2024

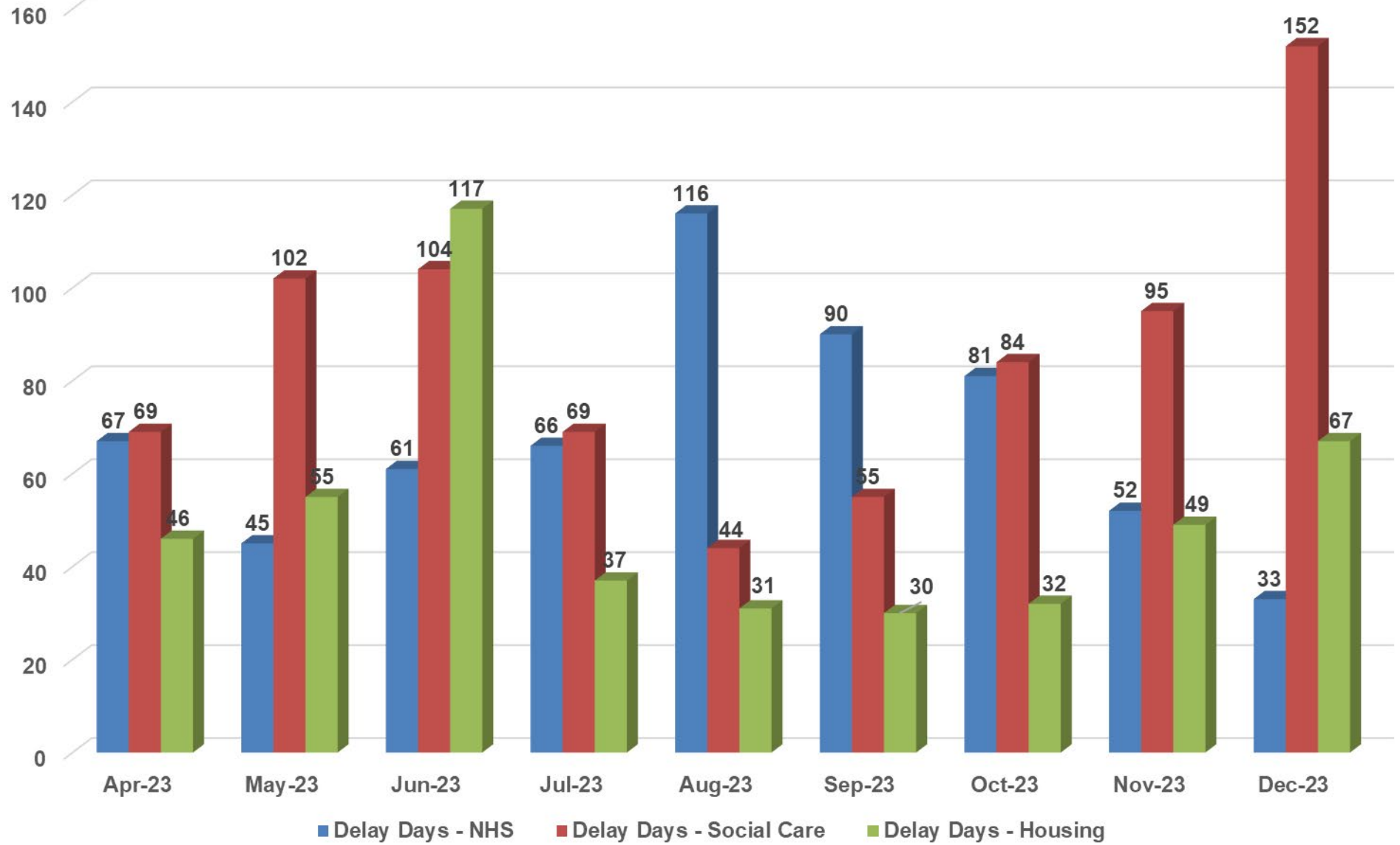
SAFEGUARDING AREA OF INTEREST	
<p><b>Court of Protection (COP)</b>            Process developed with Business Support/CHC regarding people who are suspected or have been screened as being deprived of their liberty in the community who require a formal order from the Court to deprive them legally to provide necessary safeguards and protection.</p>	<p><b>January Figures:</b></p>  <p><i>Stage – Pending.</i>  <i>Stage - 1 - Screening tool completed</i>  <i>Stage - 2 - COP application completed</i>  <i>Stage - 3 - Final order from court in place</i>  <i>Stage - 4 - Annual review (fully funded patients only)</i>  <i>Stage - 5 - No further action</i></p>

**5. CLINICALLY READY FOR DISCHARGE (CRFD)**

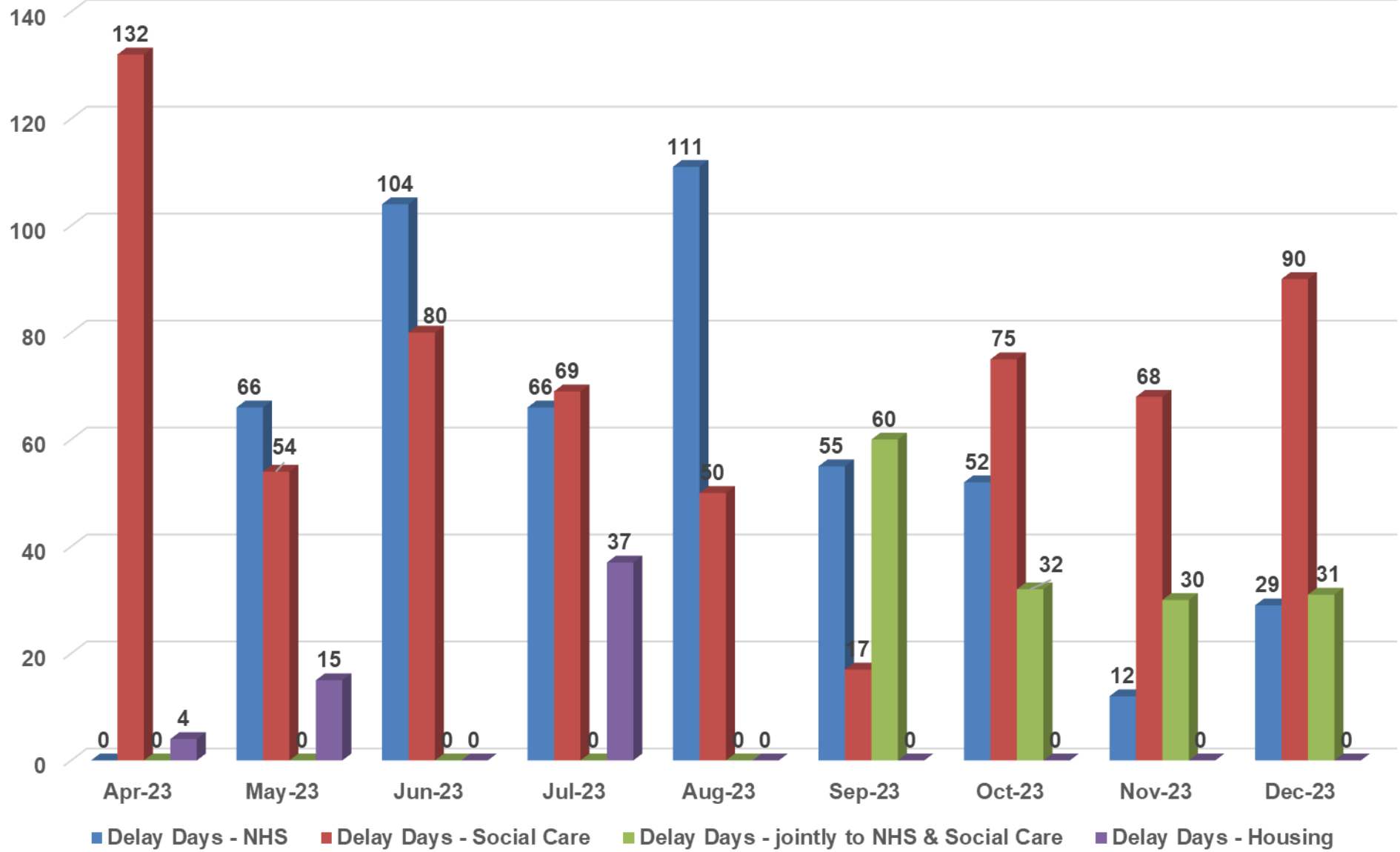
CRFD meetings held weekly and RDaSH continue to hold Multi-Agency Discharge Events to promote improved inter-agency working to facilitate improved patient flow. Current delays around complex cohort of patients deemed too high risk for community step down, but also not suitable for locked rehab, therefore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

<b>CRFD (but delayed) - Rotherham - AMHS</b>	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	SUB TOTAL
<b>Total Delay Days</b>	182	202	282	172	191	175	197	196	252	1849
<b>Total Number of Patients</b>	11	11	13	8	9	8	9	9	11	
<b>CRFD (but delayed) - Rotherham - OPMHS</b>	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	SUB TOTAL
<b>Total Delay Days</b>	136	135	184	172	161	132	159	110	150	1339
<b>Total Number of Patients</b>	8	8	8	9	11	9	9	10	9	

### Adult Mental Health



### Older Peoples Mental Health





## 6. ADULT CONTINUING HEALTH CARE

### Quality Standards

The table below identifies that significantly less assessments have been completed within 28 days and the number of referrals exceeding 28 days by 12 weeks or more has also seen a slight increase. We continue to work with partnership organisations to identify the delays and address any disputes including providing system training and national benchmarking to raise awareness and knowledge regarding CHC

Quality CHC Standards	Quarter 1 2023/24	Quarter 2 2023/24	Quarter 3 2023/24	Quarter 4 2023/24
Percentage of cases meeting the 28 days metric > 80%	58%	82%		
No incomplete referral's exceeding 28 days by > 12 weeks +	9	11		

## 7. FRACTURED NECK OF FEMUR INDICATOR

Hip Fracture Best Compliance is reported monthly at TRFT through its Integrated Performance Report. Performance for November is 58.8% against the target of 65%. Performance has been highly variable over the last 12 months, due to a number of factors including trauma capacity in theatres and the availability of the Ortho-geriatrician Consultant out of hour. Discussions are underway regarding ring-fencing of beds on the Fitzwilliam Orthopaedic Ward to ensure there is appropriate capacity for relevant patients at all times.

## 8. CQUIN UPDATE

**TRFT** - The CQUIN schemes linked to payment for 2023-24 have been agreed between TRFT and SYICB. TRFT has submitted its reporting for Quarter 2. Performance is based on year-end achievement and there is not yet sufficient data to identify any trends.

**RDASH** - CQUIN Performance as reported at January Contract Performance meeting:

- 1: Flu vaccinations for frontline healthcare workers – RDaSH achieved 50% against a target of 75%.
- 15a: Routine outcome monitoring in community mental health services – RDaSH anticipate that this will be met. RAG rating Green .
- 15b: Routine outcome monitoring in CYP and perinatal mental health services - This area is improving, and a planning group is monitoring progress. RAG rating Amber .(17.5% against a target of 20%)
- 17: Reducing the need for restrictive practice in adult/older adult settings - RDaSH anticipate that this will be met. RAG rating Green .

## 9. COMPLAINTS AND COMPLIMENTS

### Via TRFT

Patient complaints have increased over the past several months, peaking in October at 12.9 complaints per 10,000 patient contacts. Despite this, the Trust's Friends and Family Positive Score remains positive, with all domains exceeding their target of 95%.

### Via RDASH

- Rotherham Care Group: October 2023 Data: 2 new complaints were received. 11 PALS contacts were made. 1 Escalated to formal enquiry. 0 MP letters were received.

- Childrens Care Group: October 2023 Data: 1 complaint was received in October 2023. 1 PALS contact was made. 0 MP letter was received relating to Rotherham services.

### Via Rotherham Place

No update.

## 10. ELIMINATING MIXED SEX ACCOMMODATION

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

## 11. ASSURANCE REPORTS

UECC	TRFT saw more heightened operational pressures throughout the month of November, with the Trust operating at OPEL Level 3 at peak times. The Trust has started to see an increased demand on UECC as expected during the winter months. The demand on paediatrics and maternity services has been high during the last month. Surge capacity is being utilised as required, in line with the winter plan. The Trust 4-hour performance target for the month was 62.8% which achieved the Trust's trajectory with NHSE of 60%. Improvement work continues in line with the Acute Care Transformation Programme, with a focus particularly on flow out of UECC and discharge. Work continues to embed the new ways of working across UECC and medicine which commenced last month to achieve and sustain 4-hour performance. The Trust continues to perform well on ambulance handover times.
Cancer Standards	The Trust achieved its trajectory for the number of GP referred patients waiting over 62 days on the cancer PTL, with 58 patients over 62 days against a trajectory of 60.
18wws	The operational teams continue to focus on elective recovery and prioritise long waiting patients being seen; however the elective programme has been impacted adversely due to industrial action throughout the year and with the periods of industrial action for doctors in training in December and January, there will be further impact on the elective recovery. November performance is 61.6% and year to date at November is 62.5%.
52wws	The Trust achieved the revised elective trajectory for the month of November for the number of patients waiting over 65 weeks, with the number of patients waiting at the end of November 2023 being 78 against a target of 146. There are two patients waiting over 78 weeks, both are awaiting a corneal graft. The Trust is receiving support from Sheffield Teaching Hospitals for patients requiring this procedure as tissue becomes available. These patients are both awaiting tissue from NHS Blood and Transplant Authority, with tissue only being allocated nationally to the longest waiting patients.
6 wk diagnostics	Diagnostic Waiting Times (DM01) is 2.24% for November 2023 against the target of 1%.
Nurse Staff	Over the last 12 months TRFT has seen a 130 WTE increase overall for fixed term and permanent staff (as at the end of November 2023). All bands have seen an increase in WTE except for band 4, which has fallen slightly. These figures include both clinical and non-clinical staff. Rolling voluntary turnover has decreased by 2.6% when compared with November 2023. The Trust welcomed 58 new starters for the month of November 2023. Of these, 21 were nursing and midwifery staff and 17 were nursing support. Analysis shows that of the 23 voluntary leavers for November 2023, 14 had less than 5 years' service with TRFT. All leavers completed an exit questionnaire through ESR, with divisional colleagues reviewing feedback provided to ensure any learning that can be taken forward. The top reason for leaving in November 2023 was work life balance.

## 12. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (December 2023)	RTT 18ww Incomplete Pathways (November 2023)	Cancer 62 wait from urgent GP referral to first definitive treatment (November 2023)	Six Week Diagnostic (November 2023)
Sheffield Teaching Hospitals NHS Foundation Trust	69.9%	63.2%	52.7%	19.5%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	62.5%	61.1%	72.3%	23.8%
Barnsley Hospital NHS Foundation Trust	56.3%	69.2%	70.0%	3.4%
Sheffield Children's Hospital NHS Foundation Trust	86.6%	54.3%	N/A	26.8%

## 13. CARE AND TREATMENT REVIEWS

During December and January there were 2 hospital CTRs and no community CTRs. There was 1 emergency LAEP, which did not result in hospital admission. Finding hospital placements remains very difficult due to national bed pressures.

The ICB have suggested having a central CTR 'hub' to arrange as this is extremely time consuming. However, this is ongoing and will need financial support to enable this to happen. If monies could be found to support this, it would provide greatly needed capacity in the s117 aftercare team.

## 14. WINTERBOURNE SUBMISSION

Eleven patients are currently in hospital, and three in secure services. It is hoped that five of these patients will be discharged over the next three months, however, one patient has been in hospital seven years and RDaSH are experiencing great difficulty in discharging this person. Of these, three patients who are fit for discharge have no identified placement due to having capacity and engaging in self-harm. There is a lack of community placements with relevant experience willing to manage this risk.

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

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

## 15. DYNAMIC SUPPORT REGISTER (DSR)

The children and young people's DSR is weekly given the amount of young people currently being discussed and the autism and learning disability DSRs are both held fortnightly.

There continues to be a lack of community provision to support adults with an Autism only diagnosis. However, talks are happening to look at a small specific team with funding from the TCP monies for a South Yorkshire wide team. Work to address the CETR and DSR process with community teams has been put on hold to lack of capacity within the team.

Senior Navigators are attending and picking up working with the young people referred to the DSR. They attend all three DSRs but work only with those under 25. They are currently working at capacity and have a waiting list.

## 16. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR)

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



Rotherham LeDeR  
Programme January 2

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

### Engagement activity and themes October- November 2023

#### NHS ICB South Yorkshire Engagement Team

- We now have the toolkit, with guidance for staff on a variety of subjects linked to engagement on the intranet [Working with people and communities \(sharepoint.com\)](#)
- In addition, the team have established a range of information and engagement opportunities and reports on the public website [Get Involved :: South Yorkshire I.C.B \(icb.nhs.uk\)](#)
- Work continues on the 'Starting with People Strategy' refresh, with drop-in sessions planned in each 'place', and an online meeting – these will all take place in the latter part of February
- Production of an insight report around supporting Deaf people; collating what we have heard from a variety of sources
- The team is linking in to work streams around diabetes, dermatology, continuing health care, and maternity voice across South Yorkshire.
- Linking into a research project, representing the engagement team, which is looking at barriers to involvement in respect of the VCS

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

- Support to the Population health management workstreams, linking the project leads, primary care in the target areas and community activity, to ensure the project is informed by engagement, and looking at the possibilities of building engagement to co-created solutions as the project develops. The project went live mid-December; by early January, over 700 responses to the survey have been received, the survey is due to close at the end of January, with work ongoing to plan the workshop stage
- Working with the commissioning lead and Rotherham Maternity and Neonatal Voices Partnership to further develop the engagement model needed following the publication of new guidance
- Support and advice to place colleagues on community links, contacts, and engagement processes remains regular and part of routine tasks.
- Contact also maintained with a variety of community organisations, both online and virtually
- Regular meetings with the engagement leads in TRFT and Rotherham Healthwatch to share information and workplans

## GLOSSARY

CTR	Care and Treatment Review
CETR	Care, Education and Treatment Reviews
DSR	Dynamic Support Register
DToC	Delayed Transfer of Care
ICB	Integrated Care Board
ICS	Integrated Care System
LAC	Looked After Children
LeDeR	Learning Disability Mortality Review Programme
MASH	Multi-Agency Safeguarding Hub
TRFT	The Rotherham Foundation NHS Trust
RDaSH	Rotherham Doncaster and South Humber NHS Trust
LAEP	Local Area Emergency Protocol



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

Rotherham Place Board

**20 March 2024**

<b>Author(s)</b>	Ruth Nutbrown – Head of Governance and Risk ICB Alison Hague – Corporate Services Manager Abby Sharp – Corporate Support Officer
<b>Sponsor Director</b>	Mark Janvier – Director of Corporate Governance & Board Secretary Will Cleary-Gray, Executive Director of Strategy & Partnerships
<b>Purpose of Paper</b>	
For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which had been presented on the 7 March 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.	
<b>Key Issues / Points to Note</b>	
<p>The current BAF, RR and IL (attached as appendix 1) is a standing agenda item on the Rotherham SMT agenda at each meeting as set out in the ICB Risk Management Framework the SMT will consider Risk and the BAF at each meeting. A deep dive is conducted on a quarterly basis, with exception reporting occurring between each deep dive. Risks can be added, amended, or deleted at any time by contacting a member of the risk management team, it doesn't have to wait for a meeting.</p> <p>Development of the Rotherham Place Risk Register is ongoing, it is to be acknowledged that whilst the Place Risk Register may not be finalised, the Corporate Risk Team should continue to receive updates in regard to progress, as the Audit and Risk Committee require evidence and assurance that work is continuous work is being undertaken in the management of localised risks. The Audit Committee are seeking assurance that:</p> <ul style="list-style-type: none"> <li>• Risks are routinely reviewed and owned at Place, and give a clear picture of risks at Place; and that</li> <li>• The Place is satisfied that each identified risk is properly sized up (i.e. scored); and that</li> <li>• Places are satisfied that the right actions are in place to mitigate those risks back to the risk appetite score</li> </ul> <p>On the 29 January 2024, accountable officers had been contacted with the urgent requirement to review their BAF objectives, as a number of mitigations and actions refer to timescales that have now passed. This has received minimal response, and for most remains outstanding.</p> <p><b>Executive Summary</b> Heat maps are available in tab 3a of the attached document. The risks, issues and objectives on the Heat Map 3a are relative to those that are applicable to Rotherham Place, inclusive of ICB-wide and all place risks.</p>	

The BAF is attached at tab 5 on the excel spreadsheet.  
 The Rotherham Place SMT has joint oversight of the following BAF objectives and is asked to review these, please note these are arranged by Score.

*Table 1; BAF Objectives, by score*

Ref	Descriptor	Score	Actions
4.3	<p>The number of transformations workstreams within Places are being delivered. Inherent Risks are mitigated:</p> <p>a. potential funding gap.            b. System operational pressures preventing transformation to reduce health inequalities and health outcomes.</p>	5x4=20	<ul style="list-style-type: none"> <li>• Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning.</li> <li>• Finalise July 2023 ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023.</li> <li>• ICB Transformation PMO review completed and methodology and approach being implemented.</li> </ul>
2.1	<p>Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment.</p> <p>The ICB is able to:</p> <p>a. risk stratify its population;            b. engage effectively with all parts of its population to understand quality and patient experience, especially with those seldomly heard; and            c. has effective plans to manage unwarranted variation in care and outcomes.</p>	4x4=16	<ul style="list-style-type: none"> <li>• sufficient Health Inequalities investment in the 2023/24 Operating and Financial Plan and in the 24.25 Financial planning process and careful consideration of the implications of stopping proposal funding for Prevention and HI / Pop h plans/ interventions in managing the financial position for 2023.24</li> <li>• Robust ICB 5-year Joint Forward plan</li> <li>• Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and HIs measurement and regularly collecting patient experience and insights through the dashboard and InSYghts data tool</li> </ul>
1.2	<p>The local healthcare system is sustainable, accessible, and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.</p>	3x3=9	<ul style="list-style-type: none"> <li>• 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives.</li> <li>• Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme.</li> </ul>



			<ul style="list-style-type: none"> <li>• Change Programme implementation Q2 &amp; Q3; Transition to new Operating Model Q4.</li> </ul>
2.3	The ICB works collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships.	2x3=6	<ul style="list-style-type: none"> <li>• Complete review of all ICB Functions as part of Phase 1 (to June 2023).</li> <li>• Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme.</li> <li>• Change Programme implementation Q2 &amp; Q3; Transition to new Operating Model Q4.</li> <li>• 360 HI audit undertaken and action plan in place.</li> </ul>
4.4	The ICB is working as part of an integrated care partnership collaborating with the South Yorkshire Mayoral Combined Authority, and partners in the development of priorities and delivery plans.	2x3=6	<ul style="list-style-type: none"> <li>• Robust ICB 5-year Joint Forward plan - Draft June 2023.</li> <li>• Robust ICB 5 year joint forward plan with clear membership and governance.</li> <li>• Next step now to move to delivery and identifying delivery.</li> </ul>
3.1	<p>The ICB is working in the best way to make sure the best use of resources:</p> <p>a. there is an effective Operating Model to fulfil the organisations objectives</p> <p>b. Partnership arrangements are fully exploited to secure effective arrangements in Place</p> <p>c. Strong and effective collaborative arrangements are operating at a system level.</p>	1x3=3	<ul style="list-style-type: none"> <li>- BAF Deep-Dive with Operational Executive and revision, emending in 2023/24.</li> <li>- Review in conjunction with Running Cost Allowance work programme in Q1 23/24.</li> </ul>

There are currently a total of **46** open risks on the Corporate Risk Register. The risks applicable to Rotherham (all places, ICB and Rotherham listings) are shown in tab 10 of the attached excel Spreadsheet. There are risks with a residual score of 15 or above (threshold for reporting to Board), shown in table 2 below.

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

Ref	Descriptor	Score	Mitigation / Treatment
SY042	<b>Service Delivery</b> - There is a risk that the number of transformation workstreams within Places are	<b>20</b>	<ul style="list-style-type: none"> <li>• Place Committee.</li> <li>• Partnership Agreements.</li> </ul>



	not delivered which will cause a non delivery of our plans of services population health improvement and potential funding gap.		
SY113	<b>Waiting times</b> – failure to eliminate Referral to Treatment (RTT) waits over 65 weeks affects patient access, patient safety and experience, security of future funding and SYB reputation, by March 2024	16	<ul style="list-style-type: none"> <li>• Implement SYBAF Diagnostics &amp; Elective Recovery Plan.</li> <li>• GIRFT improvement programme.</li> <li>• NHSE Quality Improvement support Patient initiated digital mutual aid system (PIDMAS) in development by NHSE to allow for better access and choices for patients.</li> </ul>
SY114	<b>Winter Planning</b> - There is a risk that the SY health and care providers will not have the capacity to provide a safe service over the winter period, due to increased public demand linked to the winter surge resulting in potential patient harm and reputational damage.	16	<ul style="list-style-type: none"> <li>• System co-ordination centre calls directed by OPEL scores across ICB footprint.</li> <li>• Weekly winter check in calls.</li> <li>• Ongoing implementation of UEC recovery plan and 10 high impact measures.</li> <li>• Flu+Covid vaccination groups in place to oversee seasonal immunisation.</li> <li>• Support by communications campaign to staff and public.</li> <li>• Letter issued to Place Delivery Board from SRO and Exec lead to request recovery plan to recover current operational attainment.</li> <li>• Daily NHSE NEY Regional Industrial Action and Winter calls.</li> <li>• Breach monitoring tool introduced and daily check in calls with NEY Regional UEC team</li> </ul>
SY115	<b>Operational Recovery</b> - There is a risk that operational recovery for cancer services will be significantly hindered by further Industrial Action.	16	<ul style="list-style-type: none"> <li>• Continue to support local derogations in relation to cancer services if possible.</li> <li>• Cancer Alliance Board have requested work is undertaken to fully understand the impact of IA on cancer pathways and identify opportunities that could enhance mitigations as a result of further action</li> </ul>
SY116		16	Discussions ongoing with DBHFT /

	<p><b>Operational Recovery</b> - There is a risk that OMFS Consultant pressures for cancer services will lead to an increase and inequity in waiting time leading to potential harm for patients with head and neck cancer.</p>		<p>STHFT to establish solution and ensure equity of waiting times. Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of OMFS services.</p>
SY117	<p><b>Paediatric Radiotherapy</b> - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals NHS Foundation Trust beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals. There is a risk that the paediatric radiotherapy service will not be able to be returned.</p>	16	<p>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.</p>
SY119	<p><b>If the CDEL (Capital Departmental Expenditure Limit)</b> is not sufficient the Trust may not be able to proceed with all planned asset acquisitions (including fleet, estates, medical equipment and ICT) THEN the Trust will need to reprioritise the capital plan and make decisions about which schemes to pursue or abandon, RESULTING in inefficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage.</p>	16	<p>Actively requesting details from YAS</p>
SY120	<p><b>If the CDEL (Capital Departmental Expenditure Limit )</b> is not notified in a timely way THEN the Trust may have already committed to lease agreements and so risk breaching the CDEL,</p>	16	<p>Actively requesting details from YAS</p>

	<p>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.</p>		
SY124	<p><b>National Trajectory for Learning Disability and Autism (LDA) Inpatients</b> - There is a risk that the ICB will not meet the national trajectory for 23/24 based on no more than 30 inpatients per 1 million population, this is due to an increased number of admissions across all 4 places and a number of inpatients who are stuck in hospital with no clear discharge plans, this is also resulting in increased out of area placements being required which is having a significant impact on budgets due to the high cost packages involved with the spot purchased placements.</p>	16	<ul style="list-style-type: none"> <li>• Regular Case Reviews with place and Programme Director to identify and unblock barriers to discharge.</li> <li>• Expansion of Children and Young People Keyworker Programme – Prevent risk of admission, facilitate discharge promptly.</li> <li>• Development of Safe Place/Crisis beds as part of the crisis response pathway to prevent admission and placement breakdown.</li> <li>• Development of an Autism Only Team working alongside existing teams on complex cases</li> <li>• Links with both MHLDA Provider Collaboratives who are leading on some of the identified priorities which sit under the overarching national LDA programme.</li> <li>Expansion of Forensic Outreach Liaison Services.</li> <li>• Delivery of SY LDA Housing Needs Assessment.</li> <li>• Implementation of the Care Education Treatment Review and Dynamic Support Register Policy to ensure that regular independent reviews are taking place to enable discharge planning and implement.</li> <li>• ICB assurance and escalation processes to provide overall assurance that we are meeting the policy requirements.</li> </ul>
SY028	<p><b>Oncology Workforce Challenges</b> – in recent months we have become aware of a</p>	16	<p>National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team with IMT established. STH are</p>

	<p>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>establishing an Non-Surgical Oncology (NSO) insourcing model for breast services with Remedy to secure additional capacity.</p>
SY082	<p><b>Adult Mental Health</b> - Across the ICB there are increasing presentations for eating disorders in adults. This is due to unmet need and lack of provision in this pathway across the system. Secondly there are issues around the current available services and the capacity of these to meet the needs of patients already known to services. Lastly, there is also an increased need in the adult eating disorder pathway following Covid-19 and an exponential growth in the number of children and young people with eating disorders who are now transitioning to adult services. This is leading to increased acuity in presentations, increased demand on primary care, impact in acute hospital trusts (MEED pathway) and increased demand on crisis provision and inpatient beds.</p>	16	<p>Partnership eating disorders T&amp;F group established, Alternative to Crisis reduction/ prevention provision commissioned, Development of MH ARRS model in primary care.</p>
SY123	<p><b>Complaints</b> - Due to the volume of complaints lack of capacity, lack of data analysis or other learning from complaints may lead to a reputational, quality and safety risk, possibility of not meeting our oversight requirements and not listening to our public.</p>	15	<ul style="list-style-type: none"> <li>• More hours being focused in from other workstreams to support the complaints' function.</li> </ul> <p>Acknowledgement letters changed to acknowledge delays in the process and asking not to contact.</p>

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

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

*Table 3: Risks above risk appetite*

Ref	Descriptor	Score	Mitigation / Treatment
SY091	<p><b>Corporate ICB Capacity</b> - There is a risk of insufficient capacity in the ICB in shared functions and place teams to be able to fulfil the obligations of the ICB.</p>	12	<p>Shared functions and Place teams will work to build resilience within their functions during and post the running costs allowances programme.</p>
SY021	<p><b>LeDeR</b> - There is a risk that the ICB will not meet national policy requirements for LeDeR, this is due to delays in agreeing workforce and accountability framework, which may result in learning not being identified and embedded across the system to prevent avoidable deaths and reduce health inequalities. The ICB will also be in breach of Nationally set KPI's resulting in further action by NHSE</p>	12	<ul style="list-style-type: none"> <li>• South Yorkshire approach to manage LeDeR</li> </ul>
SY040	<p><b>CAMHS</b> - Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (with long waits across SYICB). Unmet need leading to increased acuity in presentation, Continued risk of dissatisfaction in the service by GP's, families and young children.</p>	12	<ul style="list-style-type: none"> <li>• Weekly meeting between RICB and RDaSH, CAMHS and TRFT</li> <li>• Monthly CAMHS contract performance meeting.</li> </ul>

SY107	<p><b>Community Paediatrics/Childrens Pathways</b> - There is a risk that current commissioned services, pathways and capacity of the services in place to support people are not aligned to meet the increasing needs of the CYP population (Including ASD Assessments, Sleep Pathways, Enuresis/Continenence Support SALT and other related services is insufficient to meet the increasing demand resulting in people not receiving the timely care and support they require by the most appropriate service in the most appropriate setting. This could result in poor patient experience and impact upon quality of care and support. This also increases the risk that the ICB and Local Authority are unable to meet their statutory duties in relation to EHCP/SEND and means that children and young people are not having their needs met appropriately</p>	12	<ul style="list-style-type: none"> <li>• ICB Place Committees/Leadership - oversight of risk and actions required to mitigate. – QPPIE and ICB operational executive</li> <li>• Place Governance in place for SEND, jointly with LA.</li> </ul>
SY108	<p><b>Community Paediatrics/Childrens Pathways</b> - There is a risk that current commissioned services, pathways and capacity of the services in place to support people are not aligned to meet the increasing needs of the CYP population (Including ASD Assessments, Sleep Pathways, Enuresis/Continenence Support SALT and other related services is insufficient to meet the increasing demand resulting in people not receiving the timely care and support they require by the most appropriate service in the most appropriate setting. This could result in poor patient experience and impact upon quality of care and support. This</p>	12	<ul style="list-style-type: none"> <li>• Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diffs, and this is unlikely to change.</li> <li>• The PSIRF process is also being implemented currently.</li> <li>• Each area has their own improvement/ reduction plan and are looking at themes and trends and actions required.</li> <li>• These can be the same or also differ due to variations in trusts and Places. There is a plan to bring all the plans together and develop an ICB wide improvement position that incorporates shared work.</li> </ul>

	also increases the risk that the ICB and Local Authority are unable to meet their statutory duties in relation to EHCP/SEND and means that children and young people are not having their needs met appropriately.		
SY128 (New)	<b>Paediatric Hearing Services Improvement Programme</b> - National review of paediatric audiology services has noted that two out of six services in South Yorkshire are assessed as Red Risk ratings, with 4 services assessed as Amber. At least one service will possibly require a look back case review to establish if harm has been caused. The outcome may result in children suffering significant harm as a result of poor quality services and litigation.	12	<ul style="list-style-type: none"> <li>• SY Quality Oversight &amp; Improvement Group with clinical scientific input and peer support established for each trust/service.</li> <li>• Place Quality Teams overseeing Trust/Service action plans.</li> <li>• Clinical visits established. Reporting of oversight and action plans to System Quality Group, Quality, Improvement, Performance &amp; Patient Experience committee,</li> <li>• Operational Executive and NHS England Paediatric Audiology Quality Board</li> </ul>

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

SY022 – Risk closed

SY114 – Mitigation updated

SY128 – New risk, residual score of 12 applied

SY129 – New risk, residual score of 8 applied

SY126 / SY130 / SY131 – Pending assessment

#### 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	<b>Doncaster Royal Infirmary (DRI) - Backlog Maintenance</b> - Recent incidents at DRI including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate of DRI. The issue has the	25	<ul style="list-style-type: none"> <li>• Risk summit held with local partners</li> <li>• Put improved electrical infrastructure</li> <li>• Upgraded roofing and replaced windows.</li> <li>• Improve fire precautions.</li> <li>• Multi agency workshop on 9th</li> </ul>



	potential to cause harm to patients, staff and visitors.		<p>October 2023 involving all SY trusts Ambulance Service and NHSE.</p> <ul style="list-style-type: none"> <li>• NHSE appointed project manager to oversee development of offsite SY wide Plan.</li> <li>• Doncaster Place Team are organising a Doncaster providers workshop to look at mitigation of this risk take place on 4th December 2023.</li> <li>• Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCG.</li> </ul>
IL03	<b>Strike Action across health and social care workforce</b> - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.	20	Effective incident planning of services local discussion about derogations services that should continue during strike.
IL12	<b>Cancer</b> – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.	20	<ul style="list-style-type: none"> <li>• Breast waiting times are being monitored through the Regional Incident management team meetings.</li> <li>• Mutual aid has been fully explored through regional team.</li> <li>• However, capacity issues are reflected regionally and nationally.</li> <li>• Some capacity has been established through insourcing.</li> </ul>
IL13	<b>78/104 Week Waits</b> - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.	20	<ul style="list-style-type: none"> <li>• Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.</li> </ul>
IL15	<b>ICB Workforce</b> - The impact of the organisational change is causing higher levels of absence and turnover, lower levels of morale which is impacting on the resources the ICB has available to carry out its obligations.	20	<ul style="list-style-type: none"> <li>• Complete the organisational change as quickly and effectively as possible.</li> <li>• Ensure there is a comprehensive support and OD in place to manage the transition to the new operating model and to positively engage those in the organisation.</li> <li>• Provide as much support as possible to those leaving the organisation.</li> </ul>
IL07	<b>Urgent and Emergency Care</b> (including 111/999)- there	15	<ul style="list-style-type: none"> <li>• Note Contract led by West Yorkshire ICB.</li> </ul>



	<p>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>		<ul style="list-style-type: none"> <li>• South Yorkshire ICB executive represented on the Y&amp;H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS</li> <li>• Good engagement and representation from YAS at place and SY UEC Alliance Board.</li> <li>• System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn.</li> <li>• The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups</li> </ul>
IL08	<p><b>SALT Provision</b> - There is a risk of Speech and Language Therapy provision specified within Education Health and Care Plans (EHCPs) not being delivered. This is as a result of lack of capacity within the Speech and Language Therapy Team. This is leading to the ICB and Local Authority being unable to meet their statutory duties in relation to SEND and means that children and young people are not having their needs met appropriately.</p>	15	<ul style="list-style-type: none"> <li>• 6 month contract put in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions.</li> <li>• Referral pathway for direct referral/access to services removed from SWYPFT website as they have ceased providing the services.</li> <li>• Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head Injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.</li> </ul>
IL09	<p><b>Medication Supply</b> - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.</p>	15	<ul style="list-style-type: none"> <li>• To communicate deployment of serious shortage protocols</li> <li>• An additional mitigation/ response is a co-ordinated sharing of out of stock information across MO lead by Barnsley Place and tactical level response being developed in the event of a sudden shortage.</li> <li>• To raise with the system control centres the possibility of dealing stock from hospitals</li> <li>• Release advice about alternatives</li> </ul>

			and how they can be used • To raise with NHS region.
IL17 (New)	<b>Continuing Health Care</b> - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	16	Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.

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 March 2024 at 15:00

**Is your report for Approval / Consideration / Noting**

- For Consideration and discussion.

**Recommendations / Action Required**

Members are asked to:

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

**Board Assurance Framework**

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

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

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

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

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

There are no risk implications.

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

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

**Are there any Procurement Implications?**

There are no procurement implications.

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

Not applicable

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

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

<b>Appendices</b>
The following documents are appended to this cover paper: <ul style="list-style-type: none"><li>• BAF, RR and IL</li></ul>

Update: 07/16/24				Initial Risk				Residual Risk				UPDATED AS AT 06.03.24, INCORPORATING FEEDBACK FROM RISK OWNERS AND PET (CHANGES FROM FEBRUARY 16 ELLI)											
Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk reassessed	Person Responsible for Update	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR	Commentary to Support Review
RFP001	Mental Health Services	Rotherham	1.2.5.6.8	24	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 ICC placements)	3	4	12	Accountable	RDaSH to present to the Place Leadership Team (Nov 2023) evidence and service benchmarking 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 options 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)	Recent informed SYICB colleagues of the decision to reconfigure pathways risk-kept. 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 <b>update 11/12/23</b> . 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 6. <b>update 11/23/23</b> report to board discussed monitoring impact in coming weeks <b>22/12 update</b> continue to monitor but low risk <b>13/24 - No further update on position work complete</b>	Dec-23	Monthly	Place Leadership Team		
RFP002	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 CVT funding of resource across place to lead transformation. There is a TAF group establish and once in place 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)	Pool agreed, will sit with TRFT but will be a transformational role for Place. TAF group established and work underway to recruit. <b>Update 11/23/23</b> recruitment underway. This is now agreed Place priority linked to our 4 key areas of transformation on OSIR methodology for 24-25. Project checklist completed and presenting savings identified (initial thoughts only). <b>22.12 update</b> recruitment underway for the project lead <b>13/24</b> (post appointed to workshop) by March 21st with presentation to next board on progress and proposed next steps	Monthly	Monthly	Place Leadership Team		
RFP003	Mental Health Services Inc. LVAUsers/ 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 of 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 Stovewood investigation into non-report 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	Andrew Russel / 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 Rix 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. 19/24 review completed and report presented to PET. National funding of 500k is being proposed to support a BY model with the provider. HLU Rotherham funding is proposed to be provided over 2yrs to support a transition into the new DV model which will mitigate risk of loss of element of funding in March 25. Business case by RDaSH completed and sent to HLU.	Six Monthly	Rotherham Place Executive Meeting / Stovewood Strategic Coordination Group	Quality, Performance, Involvement, Experience	30/06/2023	
RFP004	Financial position and reported 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 of closing provision) that impact negative 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 Abbott SYICB Chief Finance Officer	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	6.10.23	Wendy Abbott / Claire Smith	Discussion have taken place with partners through the PLT regarding working collaboratively on any MTFS place. 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 as a result/efficiency. Joint notes in place in commissioning that support integration across Place on decision making. <b>22/12 update</b> our 4 transformational and efficiency projects have been agreed at Place Board 5th Group will be established for these in new year and there will be updates to board as well as within ICB work continues to ensure key decisions are shared across Place including Control sharing of their financial planning for 24-25 consultation out. <b>13/24 Finance</b> is being taken through Place Board regularly from Place partners collectively. <b>PET: 06.03.24 - further review to take place regularly</b> when there is better understanding of the financial regime for 24/25.	Monthly	Monthly	Place Leadership Team		
RFP005	Mental health review (RMC 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 RMCB governance to Cabinet in Dec 23 and through partners governance. There is a commitment across partners to mitigate 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) Kevyn Littlewood AD RMCB Julie Thornton RDaSH	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	1.11.23	Claire Smith Deputy Place Director (Rotherham) Kevyn Littlewood AD RMCB	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 stakeholders. 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. <b>Update 13/24</b> - 5/2 cabinet approved working through impact with updates to Place Board 7/24 - RDaSH will present a detailed risk review during February 2024	Monthly	Monthly	Place Leadership Team	01/11/2023	
RFP006	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 (IPC) 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 community	4	4	16	Accountable	Discussions are underway across the Partnership to understand the potential options around resource. A paper detailing 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 Russel Chief Nurse	Rotherham Place Leadership Board & Rotherham Place Executive Team	4	4	16	01/02/2024	Andrew Russel/Claire Smith	Options for non recurrent funding via ICB is being discussed with a longer term solution required. <b>PET: 06.03.24</b> further work is being place with the DPH to mitigate risk.	Monthly	Monthly	Place Leadership Team	01/02/2024	
RFP 07 (NEW)	ABE Waiting Times	Rotherham			There is a significant risk that Rotherham will not achieve the March 24 National ABE Target of 76% the risk of not achieving is due to activity, industrial action and patients waiting for discharge	4	4	16	Accountable	Significant work is taking place to put actions in place to achieve the target both internally and across partners. It is worth noting that TRFT was part of the ABE Pilot and is second best performer out of those 14 pilot sites. Industrial Action also impacts on performance. Internally the Trust has a daily gold meeting silver and bronze meetings have been changed and they meet DT / RMCB / ICB Body / YAS three times per week. DT attend silver as well as bronze. DV Page (ICB MD) will be attending the DT meeting on Wednesdays. TRFT work with RDaSH to address challenges and	Chris Edwards (Executive Place Director Rotherham)	Rotherham Place Leadership Team (acting as place gold meeting)	4	4	16	13.02.24	Claire Smith Sally Kiggett (for TRFT Update)	Internally the Trust has a daily gold meeting, silver and bronze meetings have been changed and they meet DT / RMCB / ICB Body / YAS three times per week. DT attend silver as well as bronze. DV Page (ICB MD) will be attending the DT meeting on Wednesdays. Daily ICB calls with ICB performance. PLT acts as weekly Place Gold Command and ABE is a standard agenda item weekly. 13/24 - Daily calls are now in place with ICB performance board by	Monthly	Monthly	Place Leadership Team	20.02.24	

## 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
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	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.
<b>Quality/complaints/audit</b>	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
<b>Human resources/ organisational development/staffing/ competence</b>	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/	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
<b>Statutory duty/ inspections</b>	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 Severely critical report
<b>Adverse publicity/ reputation</b>	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
<b>Business objectives/ projects</b>	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
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1-0.25 per cent of budget Claim less than £10,000	Loss of 0.25-0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5-1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
<b>Service/business interruption Environmental impact</b>	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

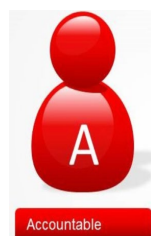
**Table 2 Likelihood Score (L)**

Descriptor	Likelihood Score				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
<b>Frequency How often might it/does it happen</b>	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



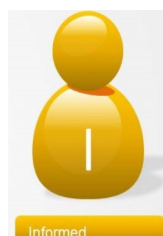
Who is responsible for implementation



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

BAF		Consequences / Severity				
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood	Rare 1			3.1		
	Unlikely 2			4.4		
	Possible 3		2.3	1.2		
	Likely 4				2.1	
	Almost Certain 5				4.3	

CORPORATE RISK REGISTER		Consequences / Severity				
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood	Rare 1			SY004; SY017; SY022	SY011	
	Unlikely 2		SY034; SY106; SY125	SY019; SY049; SY062; SY078; SY103;	SY104, SY129	
	Possible 3		SY079	SY006; SY016; SY031; SY044; SY061; SY066; SY069; SY107 SY112	SY040; SY091	
	Likely 4			SY021; SY108; SY128	SY028; SY082; SY113; SY114; SY115; SY116; SY117; SY119; SY120 SY124	
	Almost Certain 5			SY123	SY042	

ISSUES LOG		Consequences / Severity				
		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood	Rare 1					
	Unlikely 2					IL14
	Possible 3					
	Likely 4			IL17		
	Almost Certain 5			IL07; IL08; IL09	IL03; IL12; IL13; IL15; IL18	

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, Reassurer, 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	Risk Score		What additional actions need to be taken to manage this risk (including timescales) or what additional assurance do we need to seek.	What would be required to reduce the risk?			SMART (Specific, Measurable, Achievable, Resourced and Timely).		
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse										Risk Appetite 9			Risk Appetite 9				
1.2	The local healthcare system is sustainable, accessible and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.	Executive Place Directors - Barnsley: Wendy Lowler / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer	ICB Place Committees, supported by: - System Leaders Executive	Accountable	SY031, SY032, SY042, SY013, SY028, SY049, SY060, SY076, SY069, SY040, SY064, IL02	- Development and implementation of effective system-wide and Place Operational Plans - Effective delivery management processes at place including internal ICB escalation - Effective and responsive complaints and enquiries processes - Patient experience and engagement process - Integrated Care Strategy - 5 year ICB Plan - EPRR - NHS England/SY ICB Assurance MOU	- ICB Place Committees - Operational Executive - Board Sub Committee review	- Local HWBs - 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 - Sufficient funding and workforce	- Ongoing, effective leadership in the development and implementation of Place Partnerships, collaborative working, and plan implementation - Subsidiarity at Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme - Ongoing focus on prevention of illness - Sufficient funding and workforce	- Greater certainty of finances and resources to provide planned services - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	3 x 3 = 9	Medium	- 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.	Place Delegation Arrangements and Effectiveness
Objective 2: Tackle Inequalities in Outcomes, Experience and Access - Executive Lead - Chief Medical Officer										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 Lowler / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Chief Medical Officer: Dr David Critton 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	- ICB Constitution sets out statutory duties - ICB Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong relationship with Healthwatch - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and PLACE Delivery Plans - Integrated Care Partnership Strategy - Population Health Needs Assessment - Joint Forward Plan - ICP strategy and comprehensive public engagement on population needs. - SY 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 / POs (ECLIPSE) in SY for both direct patient care and service planning purposes. SY Hs 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 QIPPE B&B, Action plan progress presented to QIPPE going forward) - SY Outcome 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 - Health Care related inequalities are clearly reported, in equivalence with other ICB Duties - through pop health outcomes framework and dashboard (which is part of the ICB's IPR) - 360 internal audit. Hs action plan and annual H internal audit undertaken	- 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 Hs measurement and regularly collecting patient experience and insights through the dashboard and inSYgts data tool	- 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 Hs measurement and regularly collecting patient experience and insights through the dashboard and inSYgts data tool	4 x 4 = 16	Low	- 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 Lowler / 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 - ICB 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 - NEY NHSE Regional meeting	2 x 3 = 6	Medium	- Good foundations of working in partnership	- Strengthen governance between ICB and provider collaboratives - Subsidiarity at Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme	- Evidence that the control measures are effective - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	2 x 3 = 6	Medium	- Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4. 360 HI audit undertaken and action plan in place.	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.	Team - Cathy Winfield (Chief Nurse) / David Critton (Chief Medical Officer) / Will Cleary-Gray (Dir. of Strategy and Partnerships) / Mark Janvier (Dir. of Corporate and Governance) / Christine Joy (Chief People Officer) / Lee Outwaite (Chief Finance Officer) / Andrew Ashcroft (Dir. of Comms and Engagement) Executive Place Directors - Barnsley: Wendy Lowler / 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 place programme	3x3=9	Medium	- Board is signed on the TOM with review periods agreed.	- Fully develop and embed the ICB BAF - Embed and refine Corporate Risk Management processes	- Review TOM and continually make changes when needed - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	1x3=3	High	- BAF Deep-Dive with Operational Executive and revision, 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 communities across SY identified as most in need and differential funding to help address gap in access care and outcomes.	QSIR Training continues in the ICB, and we are further reviewing our system wider approach to the PMO and tracking our improvement/transformation work.	Increased from 3 x 3 = 9 to 6x4=24	Low	- Reviewing approach to savings and transformation between organisations, places and collaboratives as part of 23/24 planning - finalise July 2023 - ICB QSIR Quality Improvement Methodology Training Programme commenced January 2023 - ICB Transformation PMO review completed and methodology and approach being implemented	
4.4	The ICB is working as part of an integrated care partnership collaborating with the South Yorkshire Mayoral Combined Authority, and partners in the development of priorities and delivery plans.	Executive Place Directors - Barnsley: Wendy Lowler / Doncaster: Anthony Fitzgerald / Rotherham: Chris Edwards / Sheffield: Emma Latimer Director of Strategy and Partnerships: Will Cleary-Gray	Integrated Care Partnership, supported by: - ICB Board - ICB Place Committees - System Leaders Executive - Operational Executive	Consulted	IL02	Reports to the integrated care partnership and health and care partnerships in every place	Producing strategies and plans through a Governance process/ committees	COC review, NHSE review, DHSC	2x3=6	Medium	- The ICB has just received the strategy from the ICP - next stage to develop into delivery plans	- 5 year forward delivery plan - how to translate the strategy into real plans, reliant on other organisation such as LA's to respond to the strategy - this is outside our control	- Robust ICB 5-year Joint Forward plan - Draft June 2023	2x3=6	Medium	- Robust ICB 5-year Joint Forward plan with clear membership and governance. Next step now to move to delivery and identifying delivery	



Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Initial Risk			RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Residual Risk			Date risk assessed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR	Commentary to Support Review
						Likelihood	Impact	Score					Likelihood	Impact	Residual Score								
SY042	Finance inc Fraud	ICB	6, 7	BAF 2.1, BAF 3.5, BAF 4.3	Service Delivery - There is a risk that the number of transformation workstreams within Places are not delivered which will cause a non delivery of our plans of services population health improvement and potential funding gap.	4	3	12	Accountable	- Place Committee - Partnership Agreements	Lee Outhwaite (Chief Finance Officer)	Previous CCG Risk Management Processes	5	4	20	Barnsley: All 4 places are planning their 24/25 transformation work, suggesting a new risk added which combines SY042 / SY020 and SY044 updates. Service delivery plans for 2023/24 have had minimal impact on the financial position for 2023/24 and firm rollout plans need to be in place for 2024/25 and beyond. Plans are in development across the place partnership led by the place director, this is in addition to operational efficiency to contribute to closing the financial gap across the CCB. Doncaster: Awaiting update Rotherham: 4 Place priorities agreed through Place Partnership arrangements. ICB has also own schemes. Sheffield: 5 Place priorities agreed by Sheffield Health and Care Partnership Board. Transformation Board overseeing delivery. Delivery plans have been agreed for most priorities although further work required on others. PMO arrangements being put in place to support 2 workshops held with Sheffield HCP board to review opportunities for efficiencies. High level financial benefits quantification agreed with Sheffield DuP's including additional areas of potential for efficiency and will be presented to December HCP board. Planned workshop to agree efficiency priorities for 24/25 to be held on 6 Feb 2024.	Monthly	All Place Committees	Finance & Investment Committee	05/12/2022	DATE Discussed at Finance and Investment Committee - identified matching BAF objective (4.3). Residual risk score increased to 5 x 4 = 20		
SY114	Winter Planning	All places	1,2,3,5,6,7	BAF 1.1, BAF 1.2	Winter Planning - There is a risk that the SY health and care providers will not have the capacity to provide a safe service over the winter period, due to increased public demand linked to the winter surge resulting in potential patient harm and reputational damage.	5	4	20	Accountable	System co-ordination centre calls directed by OPEL scores across ICB footprint. Weekly winter check in calls. Ongoing implementation of UEC recovery plan and 10 high impact measures. Flu/Covid vaccination groups in place to oversee seasonal immunisation. Support by communications campaign to staff and public. Letter issued to Place Delivery Board from SRO and Esc lead to request recovery plan to recover current operational placement. Daily NHSE NER Regional Industrial Action and Winter calls. Breath monitoring tool introduced and daily check in calls with NER Regional UEC team	Dr David Gidichon (Chief Medical Officer)	SY ICB UEC Alliance Board	4	4	16	23/08/2023 16/10/2023 01/10/2023 10/11/2023 08/01/2024 17/01/2024 01/02/2024 01/03/2024	Barnsley: Winter Plans have been developed by all organisations to sit alongside the Place System Winter Plan which have been presented to the UEC Alliance Board. Information has also been provided to formulate the SY Winter Plan submission to NHSE. Operational delivery plans have been implemented in response to Covid and Flu vaccination guidance to ensure access to vaccination and maximum uptake for eligible people. Doncaster: Doncaster winter planning has been agreed at the Doncaster UEC Board and is focused on the 6 key workstreams as identified by ECIST, alongside securing capacity through the capacity and demand funding Adult Social Care Discharge Fund. Additional capacity has been quantified with a concurrent focus on a set of standards to ensure flow throughout the system, as this will be key to enabling the capacity available to deliver the outcomes needed. Performance against these standards will be reviewed and challenged at the Doncaster UEC Board each month. Local approach to escalation under review in line with SCC and OPEL changes. Rotherham winter plan has now been agreed formally at UEC Group alongside the NHSE narrative and numerical submission and had been to Place leadership board in October 23. There is assurance via UEC Board of our actions for winter which are all currently on track or completed. Our plans are robust and cover all elements of the NHSE requirements and go further. We utilise BCF funding annually at £500k to support Place delivery over winter this includes spot purchasing additional capacity in the care home market, funding a ARI hub with primary care and additional health and social care staff to support flow. Our winter plan implementation is monitored through our UEC transformation group (under Place Plan governance) and through our weekly (3x) exec escalation calls at Place. Winter learning events will take place in Feb/March 24 to understand opportunities for improvement and what worked well. Place leadership team meeting has been stood up as Gold command for 75% performance in March with further daily calls being enacted. Sheffield: the winter plan had been updated and signed off in public, with continual review through the UEC group. Additional focus on 75% the target for March 2024.	Monthly	SY ICB UEC Alliance Board	Quality, Performance, Involvement, Experience	23/08/2023	Added by the SY ICB UEC Alliance Board	
SY113	Elective Care	ICB	1, 4, 5, 6	No link to BAF	Waiting times - failure to eliminate Referral to Treatment (RTT) waits over 65 weeks affects patient access, patient safety and experience, security of future funding and SYB reputation, by March 2024	4	5	20	Accountable	Implement SYBAF Diagnostic & Elective Recovery Plan GRFT improvement programme NHSE Quality Improvement support Patient initiated digital mutual aid system (PIDMAS) in development by NHSE to allow for better access and choices for patients.	Chris Edwards (Executive Place Director Rotherham)	Sarah Bayles	4	4	16	18/08/2023 11/09/2023 02/10/2023 11/10/2023 10/11/2023 15/12/2023 05/02/2024	The number of 65+ week waits on referral to treatment pathways is forecast to be 0 at the end of March 24, in line with national requirements but industrial action is having an adverse impact on activity and waiting times. At the end of July 2023 there were fewer SYB patients waiting over 65 weeks than the Operating Plan trajectory for that month, but the SYB plan in particular requires higher levels of clearance towards year end and the risk of elimination of 65+ weeks with each round of industrial action. SCFT have highlighted a significant risk to their plan as NHSE have advised that they should record ADHD pathways as RTT waits, mental health providers deliver ADHD services in many other systems and do not typically report waits as RTT. Information is in the integrated performance report. SYBAF Diagnostic and Elective Recovery Plan in place. SYB providers are each working to implement OP and theatre improvement plans to increase productivity, supported by SYB collaborative working groups, GRFT and NHSE Quality Improvement. SYB mutual aid principles and SOP agreed. Diagnostic and Elective Oversight Group (DEOG) and ECG (Elective Collaborative Group) members actively engaged to collaboratively eliminate 65+ waits. Independent sector including insourcing and outsourcing utilised to supplement NHS capacity.	Monthly	All Place Committees	Quality, Performance, Involvement, Experience	18/08/2023	Risk was discussed at the Acute Federation Board meeting which agreed that, given the current context, the post-mitigation score for the elective recovery risk can be raised to 16 (likelihood - 4 x impact x 4). They were reassured that the mitigation plan was robust but that industrial action will continue to threaten our ability to eliminate 65 week waits by the end of the year.	
SY115	Cancer	All places	1,2,5,6	No link to BAF	Operational Recovery - There is a risk that operational recovery for cancer services will be significantly hindered by further industrial action	4	4	16	Accountable	Continue to support local derogations in relation to cancer services if possible. Cancer Alliance Board have requested work is undertaken to fully understand the impact of it on cancer pathways and identify opportunities that could enhance mitigations as a result of further action	Emma Latimer (CB SRO Cancer)	Cancer Alliance	4	4	16	05/09/2023 31/10/2023 05/12/2023 16/01/2024	Julia Jessop, Cancer Alliance Managing Director Continue to maintain oversight through Cancer Alliance & DEOG and specific national Tier 1 calls for SHFT.	Monthly	Quality, Performance, Involvement, Experience	R&E	05/09/2023	Work still ongoing	
SY116	Cancer	All places	1,2,5,6	No link to BAF	Operational Recovery - There is a risk that OMS Consultant pressures for cancer services will lead to an increase and inequity in waiting time leading to potential harm for patients with head and neck cancer.	4	4	16	Accountable	Discussions ongoing with DBHFT / SHFT to establish solution and ensure equity of waiting times. Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of OMS services.	Emma Latimer (CB SRO Cancer)	Cancer Alliance	4	4	16	05/09/2023 31/10/2023 05/12/2023 16/01/2024	Julia Jessop, Cancer Alliance Managing Director Escalate discussions to Region if no solutions are forthcoming to reduce waiting times. Other systems are also flagging OMS as a pressured service. Regional meeting established 17 October. 05.12.2023 - Continue to explore all mitigations through the Cancer Alliance Head and Neck Clinical Delivery Group in conjunction with SYB Acute Provider Federation. 16.01.2024 Regional discussions continue with AF and Cancer Alliance	Monthly	Quality, Performance, Involvement, Experience	R&E	05/09/2023	Work still ongoing	
SY117	Cancer	All places	1,5,6	No link to BAF	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 resumed.	4	4	16	Accountable	NHSE Specialised commissioning leading discussions with LHFT, SCH and SHFT. Current commitment to March 24 based on increased training commitment of the SHFT clinical oncologist	Emma Latimer (CB SRO Cancer)	Cancer Alliance	4	4	16	05/09/2023 31/10/2023 05/12/2023 16/01/2024	Julia Jessop, Cancer Alliance Managing Director Spec comm continuing to hold regular meetings with LHFT, SCH and SHFT. Alternative providers being explored in case required. 05.12.2023 - Discussions are still ongoing in relation to the wider implications on Children's Services. 16.01.2024 Specialised commissioner progressing conversations with SHFT, LHFT and SCH to explore joint governance to secure local delivery of Total Body Irradiation and palliative radiotherapy.	Monthly	Quality, Performance, Involvement, Experience	R&E	05/09/2023	Work still ongoing	
SY124	Mental Health Services inc LDA/Asim	ICB	1,3,5,6	BAF 1.1, BAF 1.2, BAF 2.1, BAF 2.3, BAF 3.1, BAF 4.3	National Trajectory for Learning Disability and Autism (LDA) inpatients - There is a risk that the ICB will not meet the national trajectory for 2524 based on no more than 30 inpatients per 1 million population. This is due to an increased number of admissions across all 4 places and a number of inpatients who are stuck in hospital with no clear discharge plans. This is also resulting in increased out of area placements being required which is having a significant impact on budgets due to the high cost packages involved with the spot purchased placements	4	4	16	Accountable	Regular Case Reviews with place and Programme Director to identify and unblock barriers to discharge Expansion of Children and Young People Keyworker Programme - Prevent risk of admission, facilitate discharge promptly Development of Safe Place/Crisis beds as part of the crisis response pathway to prevent admission and placement breakdown Development of an Autism Only Team working alongside existing teams on complex cases Links with both MHLDA Provider Collaboratives who are leading on some of the identified priorities which sit under the overarching national LDA programme Expansion of Forensic Outreach Liaison Services Delivery of SY LDA Housing Needs Assessment Implementation of the Care Education Treatment Review and Dynamic Support Register Policy to ensure that regular independent reviews are taking place to enable discharge planning and implement ICB assurance and escalation processes to provide overall assurance that we are meeting the policy requirements	Wendy Loader (Barnsley Place Director)	LDA Programme Risk	4	4	16	12/12/2023	Kelly Glover Currently developing JD's for CAYP expansion programme, recruitment to commence Oct/Nov Currently finalising procurement documentation for Safe Space/Crisis Beds - commence procurement End of November Currently coproducing Autism Only Team Service Specification South Yorkshire MHLDA Housing Programme Lead to commence role December	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	16/10/2023	Whilst there are a number of mitigating actions, the majority of them are still in development or at scoping stages so until they are implemented and embedded it is unlikely to have a significant impact on residual risk due to the complexities of this population and the work that needs to be undertaken. Discussed at February QPPE, Aun Winde and Andrea Ribson to provide update	

SY119	Yorkshire Ambulance Service	ICB	1.2.3.5.7.8	No link to BAF	If the CDEL (Capital Departmental Expenditure Limit) is not sufficient the Trust will 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. REGAL TNG in efficiency leading to increased revenue costs, patient harm if equipment fails or contributes to delayed response, inability to meet performance objectives (e.g. improving Cat 2 performance), and reputational damage.	4	4	16	Informed	Actively requesting details from YAS	Lee Outwalde (Chief Finance Officer)	Yorkshire Ambulance Service - Capital Risks	4	4	16	29/09/2023	Lee Outwalde	No detail received as of yet	Monthly	Finance & Investment Committee	Finance & Investment Committee	29/09/2023	Actively seeking further details for this risk	
SY120	Yorkshire Ambulance Service	ICB	1.2.3.5.7.8	No link to BAF	If the 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 breaching the CDEL. REGAL TNG in efficiency leading to increased revenue costs, 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 overruns), reduction to funding in future years, and reputational damage.	4	4	16	Informed	Actively requesting details from YAS	Lee Outwalde (Chief Finance Officer)	Yorkshire Ambulance Service - Capital Risks	4	4	16	29/09/2023	Lee Outwalde	No detail received as of yet	Monthly	Finance & Investment Committee	Finance & Investment Committee	29/09/2023	Actively seeking further details for this risk	
SY228	Cancer	All places	1.2.5.6	BAF 1.1, BAF 1.2 BAF 2.2	<b>Oncology Workforce Challenges</b> – in recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower GI service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer-term solution which is being led by the Cancer Alliance.  <b>Adult Mental Health</b> - Across the ICB there are increasing presentations for eating disorders in adults. This is due to unmet need and lack of provision in this pathway across the system. Secondly there are issues around the current available services and the capacity of these to meet the needs of patients already known to services. Lastly, there is also an increased need in the adult eating disorder pathway following Covid-19 and an exponential growth in the number of children and young people with eating disorders who are now transitioning to adult services. This is leading to increased acuity in presentations, increased demand on primary care, impact on acute hospital trusts (MEEB pathway) and increased demand on crisis provision and inpatient beds.	3	4	12	Accountable	National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team with IMT established. STH are establishing an Non-Surgical Oncology (NSO) insourcing model for breast services with Renewly to secure additional capacity.	Emma Latimer (ICB SRO Cancer)	CCG Due Diligence Assurance Letters		4	4	16	05/12/2022 19/04/2023 16/05/2023 15/06/2023 06/07/2023 01/08/2023 16/08/2023 12/09/2023 31/10/2023 05/12/2023 16/01/2024	Julia Jessop, Cancer Alliance Managing Director	Engagement being progressed to establish options for consultation on future models. The particular risk in breast services is being managed through regional Incident Management Team meetings. Limited additional capacity will come on line during August via Renewly. Current mitigations are not fully alleviating the risk. Cancer Alliance are supporting options development for a resident medium-longer term through NHSE service change framework. Doncaster - working planned to cover all cancer services. A confirm and challenge session with NHSE and NTH Alliance established for 6.8.23. Expect preferred option to be presented to CAB in November 2023 with briefings in parallel through Acute Fed SOG and ICB OE to ensure executive system leaders are fully informed. 31.10.2023 Internal JHOSC held on 10.2023 outlining approach to a stabilisation phase. CAB discussion scheduled 31.10.2023. AF Board scheduled in November. 05.12.23 - Stabilisation model has been discussed at Acute Federation. There is a Joint Health Overview and Scrutiny Committee on 7.12.2023 to establish a steer on whether public consultation is required for the stabilisation model. 16.01.24 - Formal public JHOSC meeting held on 7.12.2023 supported the commissioning of a stabilisation phase without the requirement for formal consultation due to the level of engagement demonstrated. Cancer Alliance Board 12.01.2023 endorsed the stabilisation phase. Plan to discuss at ICB OE meeting in Feb and SY ICB Board March 2023.	Monthly	Quality Performance, Investment, Experience	RULE	05/12/2022	Work still ongoing
SY282	Mental Health Services inc. LD/autism	All places	1.2.3.5.6	BAF 1.1, BAF 1.2	<b>Adult Mental Health</b> - Across the ICB there are increasing presentations for eating disorders in adults. This is due to unmet need and lack of provision in this pathway across the system. Secondly there are issues around the current available services and the capacity of these to meet the needs of patients already known to services. Lastly, there is also an increased need in the adult eating disorder pathway following Covid-19 and an exponential growth in the number of children and young people with eating disorders who are now transitioning to adult services. This is leading to increased acuity in presentations, increased demand on primary care, impact on acute hospital trusts (MEEB pathway) and increased demand on crisis provision and inpatient beds.	3	4	12	Accountable	Partnership eating disorders TAF group established. Alternative to Crisis reduction/ prevention commissioned, Development of MH ARMS model in primary care.	Wendy Lowder (Barnsley Place Director)	Claire Smith following public complaints	4	4	16	05/12/2022 24/03/2023 30/03/2023 19/04/2023 03/05/23 04/05/2023 16/05/2023 01/06/2023 03/07/2023 06/07/2023 01/08/2023 14/08/2023 04/09/2023 16/10/2023 01/11/2023 03/11/2024 06/11/2024 17/01/2024 01/02/2024 06/02/2024 01/03/2024 07/03/2024	Barnsley - Jamie Wike Doncaster - Alisha Leighton Rotherham - Claire Smith Sheffield - Ian Atkinson Sarah Boul (as ICB Prog Director for MH)	WL - MHL Collaborative has one theme Eating Disorders. Agreed leadership for work. Full system to complete work. Barnsley - Eating Disorder Working Group and Operational Groups are in place implementing risk management including plans to support people with complex nutritional failure, improve pathways for adults with eating disorders and, ensuring CMHs capacity to support the locally developed framework and pathways. Pilot agreed with Doncaster and Rotherham for a Community ED service. Doncaster - Primary Care are commissioned by SY ICB and have a role in managing patients with low level eating disorders. Patients who need support from secondary care community services are referred to the RDaSH Community Mental Health Teams who have access to an Eating Disorder Specialist Clinical Lead and dietitian support. As part of the community mental health transformation programme of work in 2022/23 SY ICB (Doncaster Place) commissioned a 0WTE dietitian post and a 1 WTE CBT Eating Disorder post to work within the Community Mental Health Hubs. The hubs are a pilot phase at present and will be fully implemented by March 2024. The South Yorkshire Provider Collaborative are leading on a project which looks to design one pathway for the whole of south Yorkshire in relation to Eating Disorders from low level community support through to specialist inpatient services. Whilst this work is underway we are looking at interim options in Doncaster which include the possibility of working with the South Yorkshire Eating Disorder Association (SYEDA) to support patients in Doncaster and to train staff within the mental health hubs, primary care and the VCSE sector. Rotherham: The Trust have met with commissioners and confirmed that their ward team (on a specific medical ward) have been trained to safely manage a patient admitted with physical health issues arising from an eating disorder. It is acknowledged by Rotherham Hospital that they are going to undertake further specialised training with the Urgent and Emergency Care Team (Emergency Department) and work is also ongoing in relation to identifying a Medical Consultant to support these patients whilst in hospital. Rotherham Place ICB colleagues are working in collaboration with Rotherham Hospital to ensure these actions are taken in a timely manner. There is a mental health liaison team provided by Rotherham Doncaster and South Humber Trust (RDaSH) which will also support the patient whilst in hospital. Funding is being provided to backfill her role when she is providing advice/support to wards. A service specification and paper has been written from 3 Places (Barnsley/Doncaster and Rotherham) to take forward the procurement of a service supporting both physical acute care and community eating disorder patients including health checks and support to engage. This will go through Place governance in the next few weeks (March 24) and then on to OE. Sheffield: Pathways / Patient Quality / Waits to be reviewed through Quality Review Group in July / August with Providers along with transition arrangements.	Monthly	All Place Committees	Quality Performance, Investment, Experience	05/12/2022	Discussion held at OPPE, Aun Winde to provide update	
SY123	Complaints	ICB	1.5.6.7	BAF 1.1	<b>Complaints</b> - Due to the volume of complaints lack of capacity, lack of data analysis or other leaving from complaints may lead to reputational, quality and safety risk, possibility of not meeting our oversight requirements and not listening to our public. Volume of complaints is also causing pressures on staffing which could lead to personal injury	5	3	15	Responsible	More hours being focused in from other workstreams to support the complaints function. Acknowledgement letters changed to acknowledge delays in the process and asking not to contact. Request to recruit urgently made. Transformational work ongoing to bring complaints teams together across the ICB	Will Cleary-Gray (Director of Strategy and Partnerships)	Chief Nurses	5	3	15	18/10/2023 4/12/2023 04/01/2024 31/01/2024 29/02/24	Ruth Nubrown	VCF form completed for recruitment to vacant post. Preferring for vacant posts ongoing. Final stages of bringing together the complaints function into a single called complaints team from the 1 April 2024. All posts have been populated there are 6 people in the structure. There is a real risk of PHSD negative outcomes for the ICB.	Monthly	Quality Performance, Investment, Experience	Quality Performance, Investment, Experience	13/10/2023	Service continues to be impacted by staff shortages, sickness and annual leave.	
SY107	Children and Young People	ICB	1.2.3.4.5.6.7.8	No link to BAF	<b>Community Paediatrics/Childrens Pathways</b> - There is a risk that current commissioned services, pathways and capacity of the services in place to support people are not aligned to meet the increasing needs of the CYP population (including ASD Assessments, Sleep Pathways, Exams/Conference 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 EHC/SEND and means that children and young people are not having their needs met appropriately	4	4	16	Responsible	ICB Place Committee Leadership - oversight of risk and actions required to mitigate. GPPE meetings? And ICB operational executive  Place Governance in place for SEND, jointly with LA.	Cathy Winfield	OE	3	4	12	11/12/2023 06/01/2024 06/01/2024 01/02/2024 01/03/2024	Barnsley/Jamie Wike Doncaster/Alisha Leighton/Rotherham/Claire Smith Sheffield/Ian Atkinson	Barnsley: All Age Autism Partnership Delivery Group is in place bringing together all partners to develop an Autism Strategy and Delivery Plan and to oversee the delivery of improvements to pathways and waiting times in services included ASD Assessment, ASD Waiting Times TAF group has been established to develop plans and proposals to reduce waiting times and number on the waiting list as well as to ensure those who are on the waiting list are receiving appropriate support. An Autism Assessment Waiting Times Summit was held on 27th Feb 2024 bringing together all stakeholders inform the development of a partnership wide delivery plan to ensure those people who have additional needs, have those needs met in a timely manner regardless of whether they have an autism diagnosis or not. SEND Area Partnership Board is in place with Health representation from providers as well as commissioner - Work has been undertaken on a Self Evaluation and preparation for future inspection as part of the revised SEND Inspection Framework. Sleep Pathway TAF group is in place with all partners represented to support the development of a clear sleep pathway for CYP who require support. This includes early help and community based pathways through to secondary care services and specialist care. Doncaster: Our community Paediatric pathway is currently being re-designed alongside our provider partners to develop a community based approach to early identification and assessment for SEND. Our SALT service alongside OT has recently been re-specified to meet needs of the Doncaster community and will be working with our special school estate in Early 2024 to support more integrated provision to support within the school environment. Rotherham: Work being done to self assess against SEND Inspection framework in preparation for inspection. This includes some areas which have been highlighted as risks within the pathways. There is a SEND strategy group with oversight on the plans in place to improve services across HASC Assurance through Place leadership team has taken place in October board. Review of Child development centre as conducted with various recommendations to support improvements in wait times for services this has been agreed at Place Executive (CB) this includes some investment into services non recurrently to target and reduce waiting times/people waiting. Revised 5-19 neuro-developmental referral pathway is now reducing inappropriate and poor quality referrals bringing demand in line with forecast trajectory, however trajectory needs reviewing to reflect increased demand during first two years delivery of waiting list initiative. Picking sleep pathway with MCO team in Place to support appropriate medication for sleep and improve outcomes. All Age Autism Partnership Group is in place which are overseeing the development of an Autism Strategy and Delivery Plan (working with Rotherham Parent Care forum to engage including experts by experience) and to oversee the delivery of improvements to pathways and waiting times in services included ASD Assessment. The strategy is at Cabinet for sign off this month and will go through our Partners governance to endorse. Sheffield: SEND Improvement Observance, secure specific established to oversee system transformation and Self Evaluation Framework document	Quarterly	ICB Place Committee/COE	All Place Committees	17/07/2023		
SY128	Children and Young People	ICB	2.5.6.8		<b>Paediatric Hearing Services Improvement Programme</b> - National review of paediatric audiology services has noted that two out of six services in South Yorkshire are assessed as Red Risk ratings, with 4 services assessed as Amber. At least one service will possibly require a look back case review to establish if harm has been caused. The outcome may result in children suffering significant harm as a result of poor quality services and litigation.	4	4	16	Accountable	SY Quality Oversight & Improvement Group with clinical scientific input and peer support established for each Trust/service. Place Quality Teams overseeing Trust/Service action plans. Clinical visits established. Reporting of oversight and action plans to System Quality Group, Quality Improvement, Performance & Patient Experience committee, Operational Executive and NHS England Paediatric Audiology Quality Board	David Crichton	National Paediatric Audiology Review	3	4	12	06/02/2024 21/02/2024	Aun Winde	Visit to one Trust completed with letter of actions agreed	Quarterly	System Quality Group	OPPE	19/01/2024	Raised at OE, Mark Jarvie requested for David Crichton and Aun Winde to complete further details of the risk.	

SY108	Infection Control	ICB	1.5,6,7,8	No link to BAF	Infection Prevention and Control - IPC risk and exceeding the target for c-diff. There is a risk that each of some Place areas will be over the NHSE set thresholds for case numbers of C Diff and as a result the ICB will be over the C Diff threshold set to NHSE. There has been an increase seen in cases locally and also nationally. The themes appear to be the same as previously, for example the cause in Rotherham appears to be the unrealistic threshold set that is based on the algorithm used by NHSE that is not cases per 100000. The setting of the thresholds is being reviewed for next year. The cases result in quality and patient safety concerns.	5	3	15	Accountable	Each Place within the ICB has differing processes of reviewing, monitoring and undertaking actions around C Diff, and this is unlikely to change. The PSBRF process is also being implemented currently. Each area has their own improvement/ reduction plan and are looking at themes and trends and actions required. These can be the same or also differ due to variations in trusts and Places. There is a plan to bring all the plans together and develop an ICB wide improvement position that incorporates shared work.	Cathy Winfield	OE	4	3	12	05/10/2023 26/02/2024	Alun Wilde	Meeting to take place to bring Place plans together and look how to move forward with an ICB reduction/ improvement position. Actions are being undertaken in each Place.	Quarterly	Quality, Performance, Involvement, Experience	Quality, Performance, Involvement, Experience	17/07/2023	NHSE reviewing the threshold setting process this may impact on the threshold levels and therefore the amount over for next year. There is also the quality and patient safety aspect. Some cases have not actions related to reduce the improvements are around the quality in diagnosing and treating. Collaborative work includes Medicine optimisation teams and working with trusts and primary care so many offering work streams around improvements taking place. Documentation available: <a href="https://www.england.nhs.uk/wp-content/uploads/2023/08/PR00110-NHS-Standard-Contract-2023-24-Minimising-Clostridiales-difficile-and-Gram-negative-Bloodstream-infect.pdf">https://www.england.nhs.uk/wp-content/uploads/2023/08/PR00110-NHS-Standard-Contract-2023-24-Minimising-Clostridiales-difficile-and-Gram-negative-Bloodstream-infect.pdf</a>	
SY021	Quality	ICB	1,2,5,6,8	BAF 2.1	LeDeR - There is a risk that the ICB will not meet national policy requirements for LeDeR, this is due to delays in agreeing workforce and accountability framework, which may result in learning not being identified and embedded across the system to prevent avoidable deaths and reduce health inequalities. The ICB will also be in breach of Nationality set KPIs resulting in further action by NHSE	4	3	12	Responsible	• South Yorkshire approach to manage LeDeR	Wendy Loader (Barnsley Place Director)	Previous CCG Risk Management Processes	4	3	12	01/06/2022 07/12/2022 24/03/2023 30/03/2023 16/05/2023 06/09/2023 16/09/2023 06/07/2023 05/09/2023 16/10/2023 01/12/2023 10/01/2024 07/03/2024	Kelly Glover / Ania Winter	Business case by Ania Winter/Kelly Glover to establish an ICB wide approach - supported by Elicia. Delays in approval processes due to the cost reduction programme have impacted on ability to progress to post advertisement resulting in delays in completing the backlog within agreed timeframes. This has had an impact on the review data required to inform completion of local and NHSE LeDeR Annual Reports for deaths in 2023. NHSE have requested that ICBs now focus on completing reviews for deaths in 2023. Again, this will impact on our KPI target achievement for deaths in 2024.  1.00wte temporary reviewer capacity agreed to target backlog for Barnsley and Rotherham commenced in post 4 December 2023 as two posts (0.6wte @ 12 months and 1.00wte at 3 months). A request to extend the 1.00wte for a further 3 months has been made. HR processes underway to recruit contracted team with all substantive LeDeR reviewer posts now out to advertisement.  SY ICS Quality Assurance Panels have now commenced, some further work required on membership. A future panel will focus on a quality audit of reviews previously submitted by Rotherham, Doncaster and Barnsley. Regional colleagues will be in attendance.  Data sharing agreements for Barnsley MHC, Barnsley Hospital, SWYFT, Rotherham Hospital agreed. Remaining partners drafted and progressing through governance and accountability processes. Reviewers now trained on Rotherham Hospital EPR.  Discussions have taken place with Rotherham Local Authority colleagues regarding the process of information for backlog cases.  The addition of people with Autism into this programme is unquantifiable and may not be achievable within current capacity, but as referenced in the business case the number of Autism only notifications will be monitored. The first 'autism only' Quality Assurance Panel took place in September 2023. Key learning points identified with agreement to hold learning sessions with SAMS.  Health inequalities continue to be addressed as does national data for local steering. Discussions have taken place with Doncaster LAC regarding the transition of cases over to the central team at 31 March 2024, an action plan is in development for this.  LeDeR ECHO programme continues, new workstreams established on Health Passports, Annual Health Checks, Down's Syndrome, SUDEP and LeDeR Chatbot.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	Quality, Performance, Involvement, Experience	01/06/2022	Work still ongoing
SY040	Children and Young People	ICB	5, 6	BAF 1.2	CAMHS - Sustainability of improvement in the quality of service in relation to CAMHS, specifically neurodevelopmental pathway (with long waits across SYCS). Unmet need leading to increased acuity in presentation, continued risk of disaffiliation in the service by GPs, families and young children.	3	4	12	Accountable	• Weekly meeting between RCB and RDaSH, CAMHS and TRFT / TRFT • Monthly CAMHS contrast performance meeting	Wendy Loader (Barnsley Place Director)	Previous CCG Risk Management Processes	3	4	12	05/12/2022 02/03/2023 19/04/2023 06/07/2023 18/09/2023 14/08/2023 04/09/2023 16/10/2023 03/01/2024 17/01/2024 01/02/2024	Deputy Place Directors - Barnsley - Jami White Doncaster - Alia Leighton Rotherham - Claire Smith, Sheffield - Ian Atkinson	2. Working across acute and primary care (with a focus on MEEID) 3. To develop a South Yorkshire wide ARFD pathway. 4. The development of a SY wide workforce plan (skills, expertise, networking, relationships). In September 2023 the system will be hosting a multiagency/multidisciplinary event focusing on physical health needs of people with eating disorders to begin to agree a common pathway/service to support this cohort of patients. Work is also underway on the wider pathway mapping and system collaboration and specifically for Barnsley and Doncaster places joint work is taking place to mitigate the current lack of service availability by exploring a potential hub	Quarterly	All Place Committee	Quality, Performance, Involvement, Experience	Quality, Performance, Involvement, Experience	05/12/2022	Work still ongoing
SY091	Human Resources	ICB	1,2,8	BAF 2.1	Corporate ICB Capacity - There is a risk of insufficient capacity in the ICB in shared functions and place teams to be able to fulfil the obligations of the ICB	3	4	12	Accountable	Shared functions and Place teams will work to build resilience within their functions during and post the running costs allowances programme	Christine Joy (Chief People Officer) Gavin Boyle (Chief Executive)	Previous CCG Risk Management Processes	3	4	12	05/12/2022 19/04/2023 16/05/2023 06/07/2023 11/09/2023 11/09/2023 13/11/2023 15/12/2023	Barnsley: Wendy Loader Doncaster: Anthony Fitzgerald Rotherham: Chris Edwards Sheffield: Emma Latimer	SY ICS Quality Assurance Panel TOR agreed and a schedule of dates in place for 2024/25. Recommended membership routes agreed.	Quarterly	Operational Executive	Quality, Performance, Involvement, Experience	05/12/2022	Rotherham SMT reviewed as relative to all places we think that there should be a corporate response from Andy re how the team will support places to mitigate risk too.	
SY044	Data	All places	1,5,6,8	BAF 2.1, BAF 4.3	Tackling Health Inequalities - the impact of the Covid 19 pandemic has been far reaching, and the social, economic and health impacts on each of our Place populations has created a challenge on health inequality and improving outcomes. Our system must be focused on tackling health inequalities and ensuring we are informed by high quality data that is owned across partners for us to focus our priorities on areas of greatest need and impact for the population.	5	5	25	Accountable	Established Integrated Care Partnerships and agreed strategy - this is how we will work together as a system to reduce health inequalities. Developing a joint NHS forward plan will have focus on how we work with others to reduce health inequalities in NHS, 4 health and care place partnership plans developing in places have a focus on health inequalities working with Local Authorities, voluntary sector and others. Integrated Care Board developed purpose and ambition one of the ambition is to tackle health inequalities.	Will Cleary-Gray (Director of Strategy and Partnerships)	CCG Due Diligence Assurance Letters	3	3	9	05/12/2022 07/03/2023 19/04/2023 02/05/2023 16/05/2023 01/09/2023 06/09/2023 19/09/2023 06/07/2023 11/01/2024 31/01/2024 01/03/2024	Barnsley: Jo Minton Doncaster: Alia Leighton Rotherham: Claire Smith Sheffield: Ian Atkinson	Barnsley: The Barnsley Place Committee / Partnership Board has adopted a joint approach to tackling inequalities and approved the Barnsley Health and Care Plan for 2023-25 that mirrors this approach. The Barnsley Health Equity Group has been established to support the partnership in its work to tackle inequalities. The Health Equity Group reports to the Place Partnership Delivery Group. The Place Partnership provided an update to the Barnsley Health and Wellbeing Board on 1 June on its progress. Doncaster: Doncaster has dedicated health inequalities lead and has determined Place priorities for 23/24 based on core 20 + 6. Health inequalities key enabler of place plan and workstreams reporting to ICB Place committee, work is now also turning to 24/25 onwards with a HI lens. Doncaster has 2 gp/psi/traveler link workstreams reporting to ICB Place committee. Doncaster currently implementing digital literacy across the city linked to cost of living pressures. Rotherham: Rotherham Place has a Prevention and Health Inequalities strategy and action plan that is updated quarterly and reported to Place Board and Health and Wellbeing Board. Health inequalities is a golden thread through the ICP Strategy, Rotherham HSWB Strategy and Rotherham Place Plan. Rotherham hosted a Health Inequalities summit in February, delivered by the HSWB Board chairs across SY. Our refreshed place plan ensure health inequalities is fully incorporated - we have now implemented Eclipse and plan to use this to support targeted cohorts through Con20plus as part of anticipatory care/needs management and other workstreams. Rotherham Place has a Prevention and Health Inequalities strategy and action plan that is updated quarterly and reported to Place Board and Health and Wellbeing Board. Health inequalities is a golden thread through the ICP Strategy, Rotherham HSWB Strategy and Rotherham Place Plan. Rotherham hosted a Health Inequalities summit in February, delivered by the HSWB Board chairs across SY. Our refreshed place plan ensure health inequalities is fully incorporated - we have now implemented Eclipse and plan to use this to support targeted cohorts through Con20plus as part of anticipatory care/needs management and other workstreams. As part of medicines optimisation contribution to the Health Inequalities agenda work has taken place to - Produce data that identifies the missed opportunities for practices in the management of lipids and blood pressure (BP) - Incentivise practice performance in the management of lipids by redefining practices for reducing the missed opportunities. - Embed searches into practice systems so that they can identify the patients under treated for BP and lipids. The North East and Yorkshire Analytics Team examined the information around Lipid Lowering. Treatments in Rotherham and provided key data to support our work. Our findings of % of patients treated to threshold show - Rotherham has the highest % of patients achieving treatment threshold in South Yorkshire at 36.45% - Rotherham is the third highest in achieving % of patients at threshold in Yorkshire and North East - Rotherham has two Primary Care Networks in the top three for its increases - Rotherham has no inequality in % of patients achieving between the least and most deprived practices. Note: The only other areas that have no health inequality (A to I) in total have a much lower % of patients achieving the cholesterol	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	Quality, Performance, Involvement, Experience	05/12/2022	
SY031	People	All places	4, 8	BAF 1.2, BAF 2.2	ICB Workforce - There is a risk that the ICB may not have the right capacity, capability or resources due to potential management cost pressures to need to local and delegated objectives caused by a reduction in staffing levels resulting in reputational and structural impacts and not being able to maintain effective partnership working	5	4	20	Responsible	- Constitution, Standing Orders, Governance Meeting Structure, Risk Management, Information Governance, Health & Safety, Emergency Preparedness and Mandatory & Statutory training - Organisational Development / Learning & Development budget - Personal Development Reviews (PDRs)/ Talent Management Policy - Management of organisational change policy Talent Conversations Training and Development Supporting colleague making good choices Sharing of vacancies across South Yorkshire Review of core purpose and organisational design	Christine Joy (Chief People Officer) Gavin Boyle (Chief Executive)	Government communications	3	3	9	20/02/2023 07/03/2023 19/04/2023 16/05/2023 06/07/2023 12/02/2024	Lisa Devanney	Impacted by 30% reduction in running costs	Quarterly	JISCF/Operational Executive Group	People, Workforce and Culture Committee	20/02/2023	Will require review once RCA process complete	
SY112	Finance inc Fraud	ICB	3	No link to BAF	Fraud - A pharmacy claims for items non dispensed, this could include Non Part 8 items, out of stock items. (Description requires development)	4	4	16	Accountable	Requires completion	Anthony Fitzgerald (Doncaster Place Director)	Counter Fraud Risk Assessments - FROBT	3	3	9	31/08/2023 02/10/2023	Alex Molyneux (Chief Pharmacy Officer)	Data sharing agreement register established. Data sharing agreements for Barnsley MHC, Barnsley Hospital, SWYFT, Rotherham Hospital agreed. Remaining partners drafted and progressing through governance and accountability processes. Reviewers now trained on Rotherham Hospital EPR.	Monthly	Medicine Management/Optimisation Group	Audit and Risk Committee	15/08/2023	Are exception reports produced to look for outliers	

SY016	Finance Inc Fraud	All places	1,3,5,6	BAF 3.1, BAF 3.5	Fraud - There is a risk that CHC / PHB funds provided for patient care are intentionally diverted by patients or their carers for other means not care related due to fraudulent activity resulting in loss of revenue for the ICB and lack of care for patients.	3	4	12	Responsible	<ul style="list-style-type: none"> <li>- Robust policies for CHC and PHB.</li> <li>- Broadcast used where there are checks against costs.</li> <li>- PHBs are regularly audited.</li> <li>- Where a risk may be evidence, advice would be requested from the Local Counter Fraud Officer.</li> <li>- All PHBs are signed and authorised.</li> </ul>	Lee Outwalte (Chief Finance Officer)	Previous CCG Risk Management Processes	3	3	9	18/11/2022 02/03/2023 23/03/2023 19/04/2023 02/05/2023 16/05/2023 15/06/2023 06/07/2023 13/10/2023 01/11/2023 01/12/2023 03/01/2024 01/03/2024	Barnsley - Rosanna Naylor Doncaster - Hayley Tragle Rotherham - Wendy Abbott Sheffield - Jackie Mills	Barnsley reviewing all CHC/PHB processes/systems - plan to undertake a joint CBLA internal audit review of processes due to take place in Q1 2023/24. Had a full review of the function of all CHC complex case management which included PHB, will be captured as part of this review. Update - Internal audit plan and TOR agreed for audit to be undertaken. Doncaster: Audit undertaken identified specific risks in relation to PHB. Developing action plan in conjunction with LA to ensure robust system and processes are in place to mitigate. Rotherham: No change. Audit arrangements in place to give assurance. This is a managed risk. March 2024. Nothing further to report. Sheffield: Internal Audit follow up actions implemented following internal audit review. Responsible Officer in Sheffield place for PHB/CHC processes is Deputy Director of Quality.	Quarterly	All Place Committees	Audit and Risk Committee	18/11/2022	Work still ongoing
SY006	Covid-19	All places	1,2,3,5,6,7	BAF 3.2	Covid-19 System Recovery - the challenges related to the impact of the Covid-19 pandemic on a broad range of health, care and public services, we have over the course of this NHS Operational Planning round worked in collaboration across the South Yorkshire system and the risks related to delivering 2023/24 operations is a key part of our transition. It will be paramount for the ICB to continue to support our Providers in delivering to the requirements of the South Yorkshire population and providing support to mitigate specific risks throughout the year and beyond.	4	3	12	Accountable	<p>Covid 19 vaccination and booster programme reduces the likelihood of the population to become as ill with covid as previous.</p> <p>Tracking of impact also allows us to know the impact of common variants</p> <p>Developed a system strategy, signed off Integrated Care Strategy engaged with public and partners. "Understand what matters to them". Developed strategic line assessment to understand where systems in operational delivery, quality and outcomes and how are organised as a system to recover. Strategy had a clear focus on improving access and equality. Clarity on where we are financially. Finished operational planning to set out priorities for delivery for 2023 / 2024 which cover key recovery areas primary care, urgent care and cancer with trajectories set for SY to recover over 23/24.</p>	Will Cleary-Gray (Director of Strategy and Partnerships)	CCG Due Diligence Assurance Letters	3	3	9	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023 02/05/2023 16/05/2023 06/06/2023 16/06/2023 06/07/2023 11/09/2023 11/10/2023 10/11/2023 15/12/2023 08/01/2024 01/03/2024	Barnsley: Jo Milton / Jamie Wike Doncaster: Ania Leighton Rotherham: Chris Edwards Sheffield: Emma Latimer	The addition of people with Autism into this programme is unquantifiable and may not be achievable within current capacity, but as referenced in the business case the number of Autism only notifications will be monitored. The first 'autism only' Quality Assurance Panel took place in September 2023. Key learning points identified with agreement to hold learning sessions with SAANS.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	05/12/2022	Barnsley: Not sure this as it is described is a risk as such - is about recovering services to the levels of activity expected in operational planning etc or is it about the workforce recovering from exhaustion or is it about health outcomes and the impact of the pandemic? Rotherham: Rotherham suggested retiring covid risks as picked up under other risks. Sheffield: Emma Latimer in agreement with comment above from Barnsley
SY066	Adult Services	ICB	1,5,6	BAF 1.1, BAF 3.2	Delayed Discharge from Hospital both Acute and Mental Health - Impacting on Ambulance Handover delays, pressure in system compounded by A&E capacity, workforce gaps both within and outside of acute care leading to the potential for deconditioning, further delays, avoidable harm and poor experience. Wrong place of care for optimum therapeutic treatment for people with mental health, LD and Autism diagnosis.	4	3	12	Accountable	Ongoing priority work as part of UEC alliance and priorities within each Place. Creative workforce solutions being explored. Areas of good practice being shared via system executive leaders group. MILDA Programme - Wendy Lowder Accountable Officer for programme. Monitoring of SAs through quality forums Ongoing QI work with ECST. Virtual Ward summit held for Doncaster and Sheffield Place* Review of oversight across multiple mental commissioning planned	Dr David Crofton (Chief Medical Officer)	SGQ - Regional Quality Group	3	3	9	18/12/2022 02/03/2023 16/03/2023 16/05/2023 02/06/2023 06/07/2023 11/09/2023 11/10/2023 10/11/2023 15/12/2023 08/01/2024 21/02/2024	Katie Reebuck-Marlett	A number of funding allocations have been received by Health and Care to aid Medically Fit for Discharge (MFFD) to be safely discharged from hospital. A specific initiative for Mental Health discharges followed. Additional funding allocation been made to increase General and Acute Bed capacity over 2023/24 with trajectories being monitored. Hospital discharge remains an area of focus of the UEC strategy. South Yorkshire Discharge summit held in May. National Discharge team SRO visit to South Yorkshire and action plan agreed and 23/24 Operational plans agreed with recovery trajectories. Follow up visit from NHSE National look place where National colleagues and improvements to date, acknowledging that further focused work in Sheffield. Summary and actions are being picked up through the Discharge steering group. Place UEC delivery boards and overseen by the South Yorkshire UEC Alliance Board. National letter received to move to Discharge Ready Date to be implemented in Acute Providers. UEC Winter plan submitted on 11th Sept, NHSE review and amendments to be made following feedback. SY Discharge Action Plan in place, and is monitored through the SY Discharge Group.	Quarterly	All Place Committees	Quality, Performance, Involvement, Experience	18/12/2022	Work still ongoing
SY069	Primary Care	ICB	1,2,3,5,6	BAF 1.2, BAF 3.2	Primary Care Delegation - There is a risk to the safe and sustainable transfer of Community responsibility for Dental, Community Pharmacy and Optometry from NHSE.	4	3	12	Accountable	PCO delegation governance at regional and SY level. Task and finish groups aligned to specific workstreams (eg Finance, HR etc) Board assurance through respective committees and chairs. Safe delegation checklists and reporting. MCOUs to establish working relationships with NHSE and ICB.	Anthony Fitzgerald (Doncaster Place Director)	Executive Place Director Doncaster	3	3	9	18/11/2022 02/03/2023 07/03/2023 16/05/2023 06/07/2023 13/12/2023	Anthony Fitzgerald	Health inequalities continue to be addressed as does national data for local steering. Transition plan will be agreed with Doncaster LAC once recruitment processes to central team have been completed.	Quarterly	Primary Care Committee	Quality, Performance, Involvement, Experience	18/11/2022	Description requires rewrite, currently with V.London
SY061	Primary Care	ICB	2,5,6	BAF 2.1	Access to Primary Care Data - There is a risk that primary care related commissioning decisions are not evidence-based due to lack of knowledge/access to primary care data resulting in an inability to progress population health management and a risk of poorer outcomes for patients.	3	3	9	Accountable	RADP Primary care dashboard in place in some areas giving access to System 1 data including dashboard looking at risk stratification, e-failty and long term conditions	Sevan Baker (Chief Digital and Information Officer)	Previous CCG Risk Management Processes	3	3	9	05/12/2022 02/03/2023 19/04/2023 16/05/2023 06/07/2023 04/09/2023 16/10/2023 04/01/2024	Tracey Standertine (Lead Service Manager, Data and Insights)	Executive approval has been granted to purchase a GP data feed from NECS. Work is ongoing to develop a DSA for practices to sign and commercials are being worked through with NECS. Expected delivery date: 01-Apr-2024.	Quarterly	All Place Committees	Audit and Risk Committee	05/12/2022	Barnsley suggested rewording to: There is a risk that data can not be captured across all sectors of health and care to support improved services delivery and transformation. This risk appears to be focused upon GPs but actually there is probably an equal risk relating to all Primary Care Groups Rotherham Primary Care data is improving. Suggest close risk. 6/11/23 - V.London unable to provide further update, feels would be better to be reviewed by Don and then proceed as responsible for review
SY104	Medicines Optimisation	All places	2,3,4,5,6,7,8	No link to BAF	QPP delivery - Reduction in running costs may result in reduced staffing preventing delivery of agreed QPP objective across Places.	3	4	12	Accountable	Accurate information to colleagues regarding cost reduction work	Lee Outwalte (Chief Finance Officer)	ICB Running Cost reduction work	2	4	8	01/06/2023 06/07/2023 13/10/2023	Lee Outwalte / Gavin Boyle	Several staff have given notice due to concern about ongoing roles.	Quarterly	Medicines Management/Optimisation Group	Quality, Performance, Involvement, Experience	01/06/2023	Rotherham suggest one workforce risk to capture all workforce issues including running costs savings.
SY129 (New)	Policies (Safeguarding)	ICB	4, 6, 6	1,2	There has been a delay in the ratification of a harmonised NHS SY ICB suite of safeguarding policies and guidance (Safeguarding Adult, Children and Looked After Policy Domestic Abuse Policy Safeguarding Learning and Training Policy Modern Slavery Guidance Female Genital Mutilation Guidance Safeguarding Supervision Policy Prevent Policy Mental Capacity Act Policy ) Absence of the suite of policies and guidance means SY NHS ICB is not compliant with statutory expectations e.g. Care Act 2014, Children Act (1989 and 2004), Female genital mutilation Act 2003, Modern Slavery Act 2015, Serious Crime Act 2015, Working Together (2023) Safeguarding children, young people and adults at risk in the NHS Safeguarding accountability and assurance framework 2022 (SAAF). *There is a risk that residents in South Yorkshire may experience harm and abuse as colleagues are unclear and inconsistent on how to respond to safeguarding and high-risk concerns. *There is a potential increased risk of litigation and complaints as colleagues are unclear and inconsistent on how to respond to safeguarding and high-risk concerns. *Possible harm to reputation of NHS SY ICB.	4	3	12	Responsible	NHS SY colleagues can access support and guidance from place based safeguarding teams. Links to each place Safeguarding boards and partnership policies, guidance and training opportunities are available in the quality section in SharePoint. All NHS SY colleagues are assigned to safeguarding competencies in accordance with the 3 intercollegiate documents. All previous policies and guidance has been archived and can be accessed by colleagues using a google search of CCG information. A request has been made for the Safeguarding Adult, Children and Looked After policy to be ratified at the Executive board meeting in March 2024.	Cathy Winfield	Safeguarding Oversight and Assurance Meeting (SOAM)	4	2	8	01/02/2024	Lee Wakefield Deputy Designated Professional Rotherham (Chair of policy subgroup) Nicola Mitchell Deputy Designated Professional Sheffield (Chair of learning and training subgroup)		Quarterly	SOAM / Safeguarding Policy Group		26/01/2024	Risk raised by Alun Windle via email due to lack of ICB safeguarding policy. Awaiting further detail from Lee Wakefield and Nicola Mitchell
SY103	Medicines Optimisation	All places	1,2,3	No link to BAF	Prescribing budget - There is a risk that all places will not achieve the prescribing budget due to a number of factors such as: increase volume post COVID/therapeutic access and access PCN DES requirements. Community pharmacy contract and QOP metrics aimed to increase case finding (BF, AF) and to achieve targets for lipid modification, AF and BP. Retirement of SMRs in BF - these were aimed to promote review of polypharmacy/high risk meds, with the aim to reduce prescribing - without these PCN/practice may direct pharmaceuticals away from SMRs, NCSO - this is not thought to be improving this year: cost of being leading to decreased willingness for patients to purchase self-care medication; cost of being leading to decreased willingness for patients to purchase self-care medication.	3	4	12	Accountable	NHSE National medicines optimisation opportunities 5 of 16 areas prioritised. Robust plans for QOP and cost efficient spending on medicines and devices. ICB incentive quality schemes to replace IF, ICB wide funded minor ailment and linking to CPSC	Dr David Cichon (Chief Medical Officer)	Medicines Optimisation Assurance Group	2	3	8	01/06/2023 06/07/2023 10/11/2023 21/02/2024	Alex Molyneux (Chief Pharmacy Officer)	MO transformation programme work, although an additional risk with potential change in structures, it also gives us an opportunity to focus and do things differently.	Six Monthly	Medicines Management/Optimisation Group	Quality, Performance, Involvement, Experience	01/06/2023	Rotherham (CE) - rather than pick specific area should have organisational level forecast return risk - WA Risk Owner not correct - need clarity if all places or just Doncaster - WA CE accountable for MM in Rotherham should be all place people. Generic risk

SY019 (Check with MJ if not on ToR for ARC)	Information Governance	ICB	1,2,6,7,8	No link to BAF	Information Governance - Information Sharing - There is a risk that documents and information will be shared inadvertently with staff outside of the ICB resulting in a breach of sensitive information and data.	3	3	9	Responsible	Information gathering underway to understand how much of a risk this is and whether any breaches have occurred.  We have Microsoft 365 training library to inform staff of how best practice utilisation of these tools. We are running organisation wide and team based sessions and webinars. We are supporting teams to migrate data repositories aligned to best practice guidance. We also have controls on the creation and closure of Microsoft teams to avoid mis-administration of secure file storage areas. Team owner training is in place. We have a weekly Microsoft 365 pop up resolution centre.	Will Cleary-Gray (Director of Strategy and Partnerships)	Previous CCG Risk Management Processes	2	3	6	05/12/2022 16/05/2023 06/07/2023 12/12/2023	Mark Janvier / Kieran Baker	Information gathering underway to understand how much of a risk this is and whether any breaches have occurred.  As per mitigation	Six Monthly	South Yorkshire IG Group	Audit and Risk Committee	05/12/2022	IG Group - observed there are 2-3 queries raised around people outside our organisation being able to see our internet, whilst not an issue to us, as only people with access to the wider NHS network can see the internet but if things are misconfigured then this may allow outsiders to see.
SY018 (Check with MJ if IG not on ToR for ARC)	Information Governance	ICB	2,8	BAF 2.2	Information Governance lack of function - lack of information governance capacity leading to a delay resolve IG queries and escalate to the ICB IG Governance group.	3	3	9	Accountable	Fortnightly meeting the risk is around capacity to run the IG function in the short term, the DPO, SRO and Caldicott guardians are in attendance. Actively exploring opportunities to increase IG capacity.	Will Cleary-Gray (Director of Strategy and Partnerships)	Andy Clayton	2	3	6	19/12/2022 07/03/2023 16/05/2023 06/07/2023 30/08/2023 12/12/2023	Mark Janvier	There is a challenge in terms of capacity which remains as a risk. IG function is moving into corporate governance team as part of new operating model in the ICB.	Six Monthly	South Yorkshire IG Group	Audit and Risk Committee	19/12/2022	Feedback from IG group - Risk descriptor does not include a 'to what' and is three parts to this, the risk of non-compliance with the law and the structure.
SY049	Corporate Services	All places	1,2,6,8	2,8	Compliance with SORD and Policies at Place - The ICB Place teams and the local governance arrangements do not comply in a fully transparent way with the ICB's policy in respect of Conflicts of Interest, its Constitution, SORD and relevant national guidance. There is a risk of reputational damage to the ICB and of legal challenge to the decisions taken.	3	3	9	Responsible	- ICB Standards of Business Conduct Policy and Conflicts of Interest Policy drafted to reflect relevant national guidance. - Registers of interests of all staff to be maintained and published. - Declarations of interest to be tabled at start of every meeting to enable updating. - Minutes to clearly record how any declared conflicts have been managed. - Guidance to be provided to minute takers on recording decisions re managing conflicts of interest. - Conflicts of interest training to be provided to relevant staff. Work required to raise awareness and audit of decision making at Place. Internal Audit work to establish arrangements at each place and make recommendations to place on best practice. - Scheme of Reservation and Delegation (SORD) publicly available on the website	Mark Janvier (Director of Corporate and Partnerships)	Previous CCG Risk Management Processes	2	3	6	20/02/2023 02/03/2023 16/05/2023 06/07/2023 06/02/2024	Ruth Nutbrown	Board to be updated on any decisions made at Place. Awareness training to be put in place. Review of SORD and governance in light of Primary Care and Specialised Commissioning transfer of services.	Six Monthly	All Place Committees	Audit and Risk Committee	20/02/2023	Rotherham requested clarification on the RN. Suggest closure. 8/2/24 - Mark Janvier reviewed, discussion ongoing surrounding potential closure
SY079	Primary Care	ICB	1, 2, 6	BAF 2.3	Primary Care - Primary Care Partnership working - risk of a reduced primary care voice and input into pathways and ways of working which could lead to lack of engagement from Primary care and reduction in pathways due to lack of clinical engagement and adoption.	4	2	8	Responsible	Medical Director talking with LMC, TRFT, PH, PCN Directors to engage in continued work on pathways and to set a process/review of meeting to allow the primary care members to discuss their views.	Anthony Fitzgerald (Doncaster Place Director)	Chief Medical Director	3	2	6	02/03/2023 16/05/2023 06/07/2023 13/12/2023	Anthony Fitzgerald	The South Yorkshire Primary Care Provider Alliance has been established as a forum to consider all Primary Care voices in ICB developments. This is chaired by Dr Andy Hilton and includes membership from the Optometry Forum, the Community Pharmacy Forum and the Dental Network. Delivery Plan for the ICB Primary Care Strategy in development.	Six Monthly	Primary Care Committee	Quality, Performance, Involvement, Experience	02/03/2023	
SY092 (Check with MJ if IG not on ToR for ARC)	Information Governance	ICB	1,2,6,7,8	No link to BAF	Information Governance - Personal Devices - There is a risk that due to staff using their personal devices (i.e. smart phone, tablet, home PC) sensitive ICB information will be stored or inappropriately shared resulting in a data breach.	2	3	6	Responsible	Low level risk due to small number of personal devices in use by staff	Will Cleary-Gray (Director of Strategy and Partnerships)	Previous CCG Risk Management Processes	2	3	6	05/12/2022 16/05/2023 06/07/2023 01/02/2024	Mark Janvier	Information gathering underway to understand the number of personal devices in use within the ICB. This is a national tenant so the system is not controlled by the ICB. At the moment you can sign in from any device, you can download a document to that device. It is around the education of users work is required to develop a comprehensive education piece. IT controls can be put in place we can look at policies that just allow it on corporate devices. (see mark for update re. DSOP)	Six Monthly	South Yorkshire IG Group	Audit and Risk Committee	05/12/2022	IG Group - the mitigation needs updating with the policies we have in place e.g. acceptable use policy - needs articulating. The level of issues that we have need to be ascertained.
SY106	Mental Health Services inc. LD/Adult CAMHS	Rotherham	1,2,5,6,8	No link to BAF	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 Silverwood 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	2	4	30/06/2023 11/09/2023 11/09/2023 10/11/2023 01/12/2023 18/12/2023 01/03/2024	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 has taken Place. Health and Justice are looking to transition into a 5Y model with all 4 Places covered by the service mitigating the risk of loss of provision. EIA completed. Current option pausing is to extend funding over 2 years - this will ensure funding is secured to our VCS partners for the next 2 years. Further work is required locally to agree.	Six Monthly	Rotherham Place Executive Meeting / Rotherham Strategic Coordination Group	Quality, Performance, Involvement, Experience	30/06/2023	May have to accept this risk
SY011	Corporate Services	ICB	1,5,6,7,8	2,8	EPRR - If the ICB does not put in place sufficient appropriate arrangements to meet legislation and standards required as a Category 1 Responder, there is a risk that the people of South Yorkshire will not be adequately protected from harm related to major incidents and other emergencies.	2	4	8	Responsible	Undertaking our 2023/24 EPRR assurance process to identify any risks, issues or gaps and develop an action plan for any areas of development	Will Cleary-Gray (Director of Strategy and Partnerships)	Previous CCG Risk Management Processes	1	4	4	20/02/2023 16/05/2023 06/07/2023 01/02/2024	Mark Janvier	Successful recruitment of EPRR manager, commencing post 4 March 2024 and undertaking an introductory work prior to start date. Undertaken EPRR assurance process for 2023/24 and developed an action plan, reported to SY ICB Audit and Risk Committee and ICB Board the outcome. Working with Partners across South Yorkshire and NHS E region to implement the action plan. Workshop planned for the 8 March 2024	Six Monthly	Local Health Resilience Partnership Group (LHRP)	Audit and Risk Committee	20/02/2023	EPRR Function impacted significantly by industrial action. Core standards review completed. EPRR function being supported by all directorates.

SY034	Corporate Services	ICB	2,3,4	BAF 3.1	Premises - LFT Buildings - There is a risk that lack of effective use of LFT buildings and other ICB estate, due to premises configuration or higher costs for occupation, will result in a failure for the ICB to obtain VFM from developments and a lost opportunity to deliver more care closer to home for the benefit of the local population.	2	4	8	Responsible	We continue to work through our Estates Strategy Group to ensure that there is the appropriate assessment of occupation of all NHS properties. Further work is planned and is being commissioned alongside the newly agreed Estates Strategy to further evaluate approaches to site consolidation where that may be appropriate.	Lee Outwalde (Chief Finance Officer)	Previous CCG Risk Management Processes	2	2	4	01/12/2022 02/03/2023 20/03/2023 06/07/2023 23/03/2023 16/05/2023 15/09/2023 06/07/2023 02/10/2023 13/10/2023 01/12/2023 03/01/2024 01/03/2024	Barnsley - Rosanna Naylor Doncaster - Hayley Tringle Rotherham, Wendy Abutt Sheffield, Jackie Mills	Barnsley - No change Doncaster - Strategic Estates Group Doncaster across all partners including LA. Specific Doncaster Estates Group specific to ICB only. Also commissioned report in conjunction with CHP and movement monitor installed. This feeds into Doncaster review. Doncaster have 9 lift building in Doncaster got lots of VODs, got agreed principle document sets out the changing mechanism for VODs essentially means more attractive for other partner organisation to fill VODs. Further work to be undertaken. Rotherham - No risk for Rotherham no LFT buildings. Sheffield - The Sheffield Strategic Estates Group is convened to review joint estates issues including utilisation of community estate. Draft Sheffield estates plan produced - awaiting updates from partners including PCNs. Project looking at VOD costs and utilisation of NHSPS and CHP buildings, working with partners who have identified estates constraints. Work on the primary care estates capital programme and utilisation of BAU capital continues with a number of projects having been approved/getting to approvals stage. Funding for development of PCN estates plans still being explored.	Six Monthly	All Place Committee Finance & Investment Committee	01/12/2022	Reviewed with no changes at Finance and Investment Committee (02/10/2023)		
SY125	EPRR	ICB	1	No link to BAF	EPRR Core Standards - There is a reputational risk to organisations who will be reporting a non compliant position with the 2023/24 NHSE EPRR core standards, where previously they may have reported partial or substantial compliance. This is due to the major overhaul by NHSE of the core standards methodology setting a much higher bar for compliance. This could lead to adverse press coverage and reputational damage as new assurance levels are published at public board and in annual reports.	2	3	6	Accountable	NHSE have provided partners with a briefing note that provides some context through which to understand and present the lower assurance compliance figures to Boards. This statement notes that these new lower compliance figures do not signal a material change or deterioration in preparedness but should be considered as a revised and more rigorous baseline in which to improve plans. Ongoing assurance will be provided by non-compliant Trusts to ICBs and ICBs to NHSE every three months to provide an overview of progress against EPRR workplans.	Will Cleary-Gray (Director of Strategy and Partnerships)	EPRR Core Standards	2	2	4	06/11/2023	Mark Janvier	4th "Check and Challenge" meeting to take place 27 November to confirm assurance levels for all 97 Trusts and ICB.	Six Monthly	Audit and Risk Committee Audit and Risk Committee	06/11/2023	EPRR Manager out to recruitment		
SY004	Covid-19	All places	1,2,8	1,8	Covid19 Inquiry - ICB input into Covid 19 Public Inquiry requirements for staffing & information not know at this time resulting in lack of information retained and transfer to ICB.	2	3	6	Responsible	- TOR for inquiry published. - Stop notice circulated to staff Information requested has been sent to date	Mark Janvier (Director of Corporate and Governance)	Previous CCG Risk Management Processes	1	3	3	20/02/2023 19/04/2023 16/09/2023 06/07/2023	Ruth Nutbrown	All places contributed to the module 3 survey in December 2022 - awaiting further information as to next steps. No further information requests received. Inquiry expected to conclude in 2026.	Annually	South Yorkshire IG Group Operational Executive	20/02/2023	RN Suggestion of closure and reopen should it be required.		
SY017	Corporate Services	ICB	8	1,2,8	Health and Safety Fire Regulations - Failing to meet the requirements of the Regulatory Reform (the safety) Order to effectively manage our fire safety arrangements. May result in criminal offences, litigation and personal injury. Further risk relating to lack of Health and Safety Manager request made to recruit urgently	2	3	6	Responsible	- Fire Brigade Inspections (field by H & S department) - HSE Inspections Reviewed Fire and Health and Safety Training within - ICB Mandatory training reports - Local shared Fire & H&S service provides oversight health and safety and fire advice through corporate services team - Landlord (NHSPS) provides routine maintenance of fire alarm system	Mark Janvier (Director of Corporate and Governance)	Previous CCG Risk Management Processes	1	3	3	20/02/2023 16/05/2023 06/07/2023	Ruth Nutbrown	Fire incident at 722 during march has allowed us to learn in real time from this type of incident investigation ongoing. Health and Safety manager left organisation 1 December 2023	Annually	H&S Group - Audit and Risk Committee	20/02/2023	Managed risk		
SY126 (New)	Estates	All places		No link to BAF	Estates Moves - There is a risk of XXXXXXXXXXXX due to XXXXXXXX resulting in XXXXXXXXXXXX							RPET										04/01/2024	Raised at Rotherham PEY meeting on the 4/1/24 for Mark Janvier to lead / complete. 8/2/24 - Mark Janvier reviewed further discussion required regarding resolution and potential full of risk	
SY130 (New)	Care Homes	All places		No link to BAF	Care Home Capacity - There is a risk of XXXXXXXXXXXX caused by XXXXXXXXXXXX resulting in XXXXXXXXXXXX											Alan Windle / Andrea Ibbeson							28/02/2023	The risk will be discussed at the Quality Leads meeting w/c 4 March 2024. Andrea Ibbeson to provide full details following this
SY131 (New)	Infection Control	ICB		No link to BAF	IPC Policy - There is a risk of XXXXXXXX caused by XXXXXXXX resulting in XXXXXXXX											Alan Windle							28/02/2023	Risk discussed at OPPIE. Ruth Nutbrown queried with Alan Windle for fuller details



Ref	Place/ICB	Domain	Link to BAF/RR	Issue Description	Likelihood	Impact	Score	RACI	Mitigation / Treatment	Lead issue owner	Source of Issue	Date Issue assessed	Due for review	Responsible person for updates	Progress/updates	Date for reassessment	Assurance	Date Issue Added to R.	Comments
E.18	ICB	1,2,5,7,8	No linked BAF or Risks	<b>Doncaster Royal Infirmary (DR) - Backlog Maintenance</b> - Recent incidents at DR including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate of DR. The issue has the potential to cause harm to patients, staff and visitors.	5	5	29	Responsible	Risk summit held with local partners Did improved electrical infrastructure Upgraded roofing and replaced windows. Improve fire precautions. Multi agency workshop on 9th October 2023 involving all SY trusts, Ambulance Service and NHSE. NHSE appointed project manager to oversee development of offsite SY wide Plan. Doncaster Place Team are organising a Doncaster providers workshop to look at mitigation of this risk take place on 6th December 2023. Weekly status briefs to update on	Will Cleary-Gray (Director of Strategy and Partnerships)	LHRP Risk Register	06/11/2023 01/02/2024 15/02/2024	22/02/2024	Asha 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 DR/ICB/Truants/LA/Primary Care and others 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 CE, the draft is also going to DR/HTT 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 executive sponsors to agree next steps.	Weekly	Local Area Partnership Assurance Audit and Risk Committee	05/11/2023	EPFR Manager out to recruitment
E.03	ICB	1, 2, 4, 6	BAF 2.2 SY031, SY028, SY078	<b>Strike Action across health and social care workforce</b> - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.	5	4	29	Accountable	Effective incident planning of services local discussion about derogations services that should continue during strike.	Will Cleary-Gray (Director of Strategy and Partnerships)	SY ICB RR SY068	18/12/2022 16/01/2023 02/05/2023 14/05/2023 01/02/2024	01/03/2024	Chief People Officer - Christine Joy Chief Nursing Officer - Cathy Whitehead Director of Strategy and Partnerships - Will Cleary-Gray	Industrial Action period occurred in December 2023 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	Regional Partnership and Culture Audit and Risk Committee	18/12/2022	EPFR Manager left organisation on 29 December 2023. 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	<b>Cancer</b> - Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients	5	4	29	Accountable	Breast waiting times are being monitored through the Regional Incident Management team meetings. Mutual aid has been fully explored through regional team. However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.	Emma Latimer (Sheffield Place Director)	CCG Due Diligence Assurance Letters	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023 19/05/2023 03/07/2023 01/08/2023 05/09/2023 05/12/2023	05/01/2024	Julia Jessop	ST/HT continue to have regular Tier 1 discussions to review the backlog position. Additional capacity being secured through Remedy. Agreement MT discussion 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. ST/HT requested to provide regular communications across providers and through exec director to ICB to ensure all parties signposted on the current waiting times in order to manage patient expectations and alleviate anxiety during the extended waiting period. ST/HT 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. Breast NSO OP service has been consolidated onto two sites. Patients are being offered choice to ensure equity of waiting times.	Monthly	Carer Alliance Quality Performance Patient Involvement, Experience	05/12/2022	Little to be impacted by next period of industrial action. Cancer Board scheduled for 13/04, update to be provided following this meeting.
E.13	ICB	1,2,6	BAF 1.1, BAF 2.1	<b>78/104 Week Waits</b> - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.	5	4	29	Accountable	Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.	Chris Edwards (Rotherham Place Director)	Sarah Bayliss	02/05/2023 01/08/2023 18/08/2023 11/09/2023 02/10/2023 11/10/2023 19/11/2023 01/12/2023 05/02/2023	05/03/2024	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 101 patients waiting over 78 weeks (1 at BHNFT, 29 at DETH, 47 at SCFT and 111 at STH). There has been a significant reduction in patients waiting over 78 weeks at STH. STH continue to be supported by NHSE and national improvement leads via the Tier 1 meetings and to seek regional and national mutual aid for specific patients/procedures. As predicted, SCFT 78 waits are increasing due to the NHSE decision that SCFT should record ADHD waits as RTT waits. (In other systems ADHD services are typically provided by non-acute providers and waits are not typically recorded as RTT). It is anticipated that 78 week waits for ADHD patients at SCFT will increase significantly throughout the remainder of 23/24 and beyond. SYB providers are each working to implement OP and theatre improvement plans to increase productivity, supported by SYB collaborative working groups. GRFT and NHSE Quality Improvement. SYB mutual aid principles and SOP agreed. DEOG and ECG (Elective Collaborative Group) members actively engaged to collaboratively eliminate 64 and 78 waits. Independent sector including insourcing and outsourcing utilised to supplement NHS capacity. Industrial action having adverse impact on activity and waiting times.	Monthly	Sheffield/Doncaster Place Committee Quality Performance Patient Involvement, Experience	02/05/2023	Little to be impacted by next period of industrial action
E.15	All places	4, 8	BAF 1.2, BAF 2.2	<b>ICB Workforce</b> - The impact of the organisational change is causing higher levels of absence and turnover, lower levels of morale which is impacting on the resources the ICB has available to carry out its obligations.	5	4	29	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	28/08/2023 11/08/2023 31/08/2023 12/02/2024	12/03/2024	Lisa Devanney	Organisational change phase has commenced and on track to meet the outline timeline Comprehensive engagement plan in place with staff Comprehensive health and wellbeing offer in place and also support with managing change and resilience.	Monthly	JSC/Operational Executive Group People, Workforce and Culture Committee	29/06/2023	Will require review once RCA process is complete
E.07	All places	1,5,6	BAF 1.1	<b>Urgent and Emergency Care</b> (including 119/999) 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 YAH Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HVY and SY) and YAS. Good engagement and improvement from YAS at place and SY UEC Alliance Board. System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and OPEL reporting guidance being consulted on and expected to be final in Autumn. The governance arrangements are via the South Yorkshire UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups. Letter issued to Place Delivery Board from UEC SRO and Exec lead to request recovery plan to recover current operational attainment.	Dr David Crichton (Chief Medical Officer)	SY ICB RR SY046	05/12/2022 02/03/2023 22/03/2023 28/03/2023 02/05/2023 09/06/2023 19/06/2023 01/08/2023 04/09/2023 21/09/2023 01/11/2023 08/11/2024 09/01/2024 02/02/2024 21/02/2024	21/03/2024	Barnsley: Jamie Wike / Doncaster: Asha Leighton / Rotherham: Claire Smith (Sleigh Wate) / Sheffield: Ian Atkinson Katie Roebuck-Marfeet	Barnsley: Got good engagement from all partners including YAS on Barnsley UEC Board. UEC Plan is in place and currently being reviewed to ensure delivery of requirements set out in the UEC Recovery Plan and Winter Planning Guidance. Specific area of focus agreed and programme manager aligned to support delivery of improvements to Urgent Treatment Pathways including the needs of people with Emergency and Urgent/Minor 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 workstream 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 at place in support of this. Rotherham: YAS are engaged at all levels of our escalation process including weekly Executive escalation meetings and our UEC governance structure. Our Place priorities include YAS as partners to delivery of transformation which will impact positively on YAS performance i.e. PUSH model, admission avoidance pathways and streamlining to SDEC. One of our transformation priorities is ambulatory care admissions and reducing avoidable attendances - meetings have been set up and data is being collected to drive this work forward across Place with YAS as key partner. Sheffield: From a Quality and Patient Safety perspective engagement with YAS is positive, managed through YAS Quality Review Group - Update from UEC is that in Q1 performance is in line with the rest of South Yorkshire, and the Sheffield position has been sustained. Quality Review Group - Update from UEC is that in Q1 performance is in line with the rest of South Yorkshire, and the Sheffield position has been sustained. Review of YAH Executive Leadership Board between 3 ICBs and YAS.	Monthly	All Place Committees Quality Performance, Patient Involvement, Experience	05/12/2022	Little to be impacted by future industrial action
E.08	All places	1,8	BAF 1.1	<b>SALT Provision</b> - There is a lack of Speech and Language Therapy provision specified within Education Health and Care Plans (EHCPs) not being delivered. This is as a result of lack of capacity within the Speech and Language Therapy Team. This is leading to the ICB and Local Authority being unable to meet their statutory duties in relation to SEND and means that children and young people are not having their needs met appropriately	5	3	15	Accountable	6 month contract put in place with Private Provider to provide SALT services in the community to carry out the assessment, diagnosis, therapy and management of individuals with communication, speech, language and swallowing disorders, which may be related to various medical conditions. Referral pathway for direct referral/access to services removed from SWYPFT website as they have ceased providing the services. Pathway in place for referral of patients with stroke, Parkinson's disease, dementia, head injury or brain tumour, Motor Neuron Disease, Multiple Sclerosis and COPD.	Place Directors - Barnsley: Wendy 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 01/10/2023 11/10/2023 01/11/2023 10/11/2023 02/02/2024 01/03/2024	01/04/2024	Barnsley: Asha Leighton / Rotherham: Claire Smith (Sleigh Wate) / Sheffield: Ian Atkinson	Barnsley: SWYPFT continue to provide SALT services 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 OST/EA for our SEND annual conversation and a revised action plan will now be developed which includes further actions to support in this area. There is an exec board that meets regularly that includes RMBC, ICB TRFT to oversee the action plan across the workstreams and provide assurance within organisations. A SEND strategy will be developed shortly. (S/Progress updated) Sheffield: There is a multi-agency steering group set up to oversee the SLT transformational work, which includes representation from the ICB, SCFT, SCC and voluntary sector. We commissioned a consultant to undertake an external review of SLT provision in Sheffield. We have had a draft report on the first phase of this work but are expecting a final version by the end of September 2023. We have agreed an additional £250k investment this financial year and £300k recurrently from next financial year to increase capacity within the SLT service, what also working to move to a different delivery model that is more integrated with education. The council have provided £50k non-recurrent funding this year and a further £50k non-recurrently next financial year to support this work and there is joint commissioning funding for an additional post to pump prime the locality model.	Monthly	Sheffield Place Committee Quality Performance, Patient Involvement, Experience	05/12/2022	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. (MINUTES CHECK) Barnsley - (Jamie Wike) - This risk feels very much Sheffield specific and the mitigation below is also Sheffield apart from the wording in red, in the mitigation / treatment column (2) as SWYPFT still provide the SALT service for Barnsley patients unless it means that direct referral has been stopped for non-Barnsley patients - either way needs by Sheffield. Doncaster - need to look at description wider work taking place
E.09	ICB	3,5,6	BAF 1.1	<b>Medication Supply</b> - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/condition management and potentially increase medicine costs.	5	3	15	Accountable	To communicate deployment of serious shortage protocols. An additional mitigation/response is a co-ordinated sharing of out of stock information across MO lead by Barnsley Place and tactical level response being developed in the event of a sudden shortage. To raise with the system control centres the possibility of dealing stock from hospitals, release advice about alternatives and how they can be used to raise with NHS region.	Dr David Crichton (Chief Medical Officer)	Previous CCG Risk Management Processes	13/04/2023 02/05/2023 03/07/2023 21/09/2023 18/10/2023 09/11/2024 21/02/2024	21/03/2024	Alex Molyneux (Chief Pharmacy 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	Awaiting update from medicines optimisation
E.17	ICB	5, 6, 8	SY105	<b>Continuing Health Care</b> - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	4	4	10	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, SY ICB Place Directors and DOH and Place Executive Team meeting	29/08/2023 01/12/2023 01/02/2024 01/03/2024	01/06/2024	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. Insight work planned to commence and this will consider future Workforce, structures and modes. No Change in risk identified.	Quarterly	All Place Committees Quality Performance, Patient Involvement, Experience	29/08/2023	Score currently being reviewed as issue is greater in some areas over others
E.14	ICB	1,5,6	No linked BAF or Risks	<b>Administrative support</b> - There is currently no ICB wide administrative support to the meds Cpt team. This means that certain meetings including those related to service assurance and development do not have minutes and actions follow-up. It means that shared mailboxes are not monitored with 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-Gray (Director of Strategy and Partnerships)	Place based admin model, non aligned priorities	19/06/2023 01/02/2024	01/05/2024	Mark Janvier	Request has been made for AI production of minutes from auto transcriptions. Pending. Request for automation of activities required to mailbox monitoring has been made. Pending. Request for shared admin resource across MO has been made. Rejected. >> Mark to update	Quarterly	Medicine Optimisation People, Workforce and Culture Committee	19/06/2023	requires review alongside other staffing issues

<b>Minutes</b>	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	10.15 – 11.00am
<b>Date of Meeting:</b>	Wednesday 21 February 2024
<b>Venue:</b>	Elm Room, Oak House, Bramley, S66 1YY
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Dr Anand Barmade, Medical Director, Connect Healthcare Chris Edwards, Executive Place Director, NHS SY ICB Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Cllr David Roche, Joint H&WB Board Chair, RMBC Dr Neil Thorman, Primary Care Representative, RPCCG Julie Thornton, Care Group Director (Roth), RDaSH
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy:</b>	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

**Members Present:**

Claire Smith (**CS**), Chair, Deputy Place Director (Roth), NHS SY ICB  
Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB  
Dr Jason Page (**JP**), Medical Director, NHS SY ICB  
Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB  
Andrew Russell (**AR**), Chief Nurse (Doncaster), NHS SY ICB

**Participants:**

Ben Anderson (**BA**), Director of Public Health, RMBC  
Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB  
Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB  
Stuart Lakin (**SL**), Head of Medicines Management (Roth), NHS SY ICB  
Michael Wright (**MW**), Deputy Chief Executive, TRFT

**In Attendance:**

Jude Wildgoose, Head of Commissioning, NHS SY ICB  
Wendy Commons, Rotherham Place Board Support Officer, NHS SY ICB



Item Number	Discussion Items
<b>i66/2/24</b>	<b>Place Performance Report</b>
<p>CS reported that there had been no significant movement overall within the month and highlighted:</p> <ul style="list-style-type: none"> <li>• Diagnostics – system continues to perform well. The national figure is 23% over six weeks. Rotherham is 4%, the best nationally (out of 106).</li> <li>• Referral to treatment (RTT) slightly above the national position and becoming more challenged but this reflects the national position.</li> <li>• IAPT 6 and 18 week wait– we continue to perform well above target</li> <li>• Cancer waits continue to be challenged:             <ul style="list-style-type: none"> <li>• Faster diagnosis – December (most recent figure) was positive with 78% achieved against a 75% target</li> <li>• 31 – slightly better at 85%, but not achieving the 96% target</li> <li>• 62 – performance has been steady but still off target, 67% achieved against the 85% target</li> </ul> </li> <li>• RTT Incomplete Pathways – we have seen a gradual dip in performance over the year from 65% - 60% in December, against the 92% standard. In December, there were 1010 waiters over 52 weeks, 177 over 65 weeks, 12 over 78 weeks and 0 over 104 weeks</li> <li>• Diagnostic waiting times – only 4.2% over 6 weeks which is very positive, although not meeting 1% target. Echo cardio is the highest breach.</li> <li>• The number of cancelled operations has increased</li> <li>• A&amp;E – December 58.7% against the 76% national target. However, Rotherham is the 2<sup>nd</sup> highest performer out of the 14 pilot sites</li> <li>• Yorkshire Ambulance Service (YAS) - Category 1 and 2 performance similar to last month. Handovers decreased within 15 minutes and increased in over 30 and 60 minute handovers reflecting the increase in complexity.</li> <li>• GP appointments – no update due to issue with national data, but last month was close to plan and compared across South Yorkshire, Rotherham do well</li> <li>• IAPT entering treatment continues to be off track, remaining steady at around 16% against a 27.8% target with some challenges</li> <li>• IAPT moving to recovery is on track this month</li> <li>• LD health checks – beginning to increase as is the usual trend seen in Rotherham with activity increasing in the last quarter</li> <li>• 2 hour urgent response – although this is provisional data, we expect the 70% to be achieved</li> <li>• Discharge – Rotherham is in a positive position compared to other areas.</li> </ul> <p>JP welcomed the improvements in the cancer faster diagnosis target which is mainly due to better performance in diagnostics.</p> <p>Members noted the Place performance update.</p>	
<b>i67/2/24</b>	<b>Place Medicines Management Report</b>
<p>SL advised that Rotherham has experienced a cost growth of 8.3% which is much stronger than the previous year, but below the cost growth for England which is 8.60%. This increase has been driven mainly by very strong item growth of 4.52% compared to that for England of 3.48%. SL also highlighted:</p>	

- No Cheaper stock obtainable (NCSO) has contributed to Rotherham's prescribing costs adding £934,999.
- The prescribing incentive scheme is expected to be better than in the last quarter with an achievement rate 43.6%. Overall achievement in 22/23 was 82% so good performance so far, however cost growth could be stronger as its on target.
- The medicine safety dashboard has been launched as part of the quality contract and is proving positive with good results shown with retinal screening for patients on hydroxychloroquine increasing from 13% to 47%.
- The use of biosimilar options is at 98%, saving £1.3m to date with further potential savings but is also making pathways more cost effective.
- Health inequalities work has seen a lipid and hypertension dashboard produced which highlights to practices missed opportunities in modification management. 36.45% of CVD patients are achieving threshold and there is no inequity between practices, placing Rotherham in the top three in the North East region for achieving cholesterol treatment targets and achieving an Eclipse award for the initiative.
- SL also gave an update on initiatives moving prescribing and management of nutritional products from GPs to Dieticians which has produced considerable cost savings. This has been expanded to include wound care training so that dieticians can access products to treat peg feeding site skin issues.
- The dietetic led infant feeding pathway, established to improve the diagnosis and management of cow's milk protein allergy has 17.6% of all Rotherham newborns now referred into the service has proved very successful. However, the service is struggling to see referrals within 7 days due to an increase in referral rates.
- Stoma and continence continue to benchmark well and some of the savings made were reinvested into community provision to make it more sustainable and efficient.
- The Medicines management team are working with Rotherham GP Federation to manage non recurrent investment into a range of initiatives to improve managing diabetes and decrease variation across practices focussing on prevention. Although there is more work to do, 162 have accepted a weight loss intervention. Equity is across all practices and additional high dose insulin clinics are also being implemented.
- There are 2789 patients with heart failure in Rotherham and variation between practices in the prescribing of medication to manage the condition. With funding obtained from NHS England to enable specialist heart failure nurses to train PCN based health care professionals and become health failure champions it is hoped to see a reduction of admission to hospital and improve outcomes.
- Following a successful bid, £100k has been received to support the care home hydration with good outcomes, including requests to present the data.
- Work carried out to streamline communication on out of stock medicines between community pharmacists and practice using Accurx has been welcomed and seen a reduction in prescription items issued and reduced workload.

Place Board noted the contents of the report and thanked SL for the work carried out by the team.

<b>i68/2/24</b>	<b>Medical Directors Update</b>
<p>Dr Jason Page advised that he had recently visited two GP practices. This was following CQC visits where one practice had been rated as requiring improvement and the second after whistleblowing incidents. The visits had gone well.</p> <p>Dr Das, Consultant Psychiatrist and Care Group Medical Director from RDaSH has accepted an invitation to join the Primary Care Collaborative Board.</p> <p>Work continues on covid, flu and measles vaccinations</p> <p>JP had attended his first Integrated Medicines Optimisation Committee where he had challenged a drug decision.</p> <p>Work is taking place on implementing the new serious incident process (PSIRF) which will further improve patient safety. TRFT had invited JP to their meeting where discuss up to six incidents can be reviewed. He had been very impressed and reassured by the processes in place which were working well. He hoped to be able to attend the equivalent meeting at RDaSH to see how their process works and the learning used.</p> <p>JP continues to attend the Health and Wellbeing Board and promote Rotherham. He had attended the Rotherham Holocaust Memorial event in January, held to remember and commemorate those who have lost their lives during genocides across the world.</p> <p>Rotherham GPs had recently reviewed their priorities. JP is now formally the senior responsible officer for diabetes and respiratory.</p> <p>At the Cancer Board, there was discussion around a new multi-cancer blood test called GRAIL which will be able to catch more cancers early and improve survival rates. Further guidance is awaited on how it will be implemented.</p> <p>In the past, Rotherham PCT and CCG facilitated PLTC (Protected Learning Time and Commissioning) for practices which provides online and in-house events for primary care staff to address their own learning and development needs. The ICB has insufficient resource for this to continue and therefore alternative arrangements will need to be considered.</p> <p>JP continues to attend contract quality meetings as required.</p> <p>Finally, following his GP Appraisal, JP has been successful in achieving his revalidation as a General Practitioner for a further 5 years.</p> <p>CS thanked Dr Page for his update.</p>	
<b>i69/2/24</b>	<b>ICB Board Assurance Framework, Risk Register &amp; Issues Log</b>
<p>Members received the risk register, issues log and board assurance framework for information.</p> <p>Place Board noted the business assurance framework, risk register and issues log.</p>	
<b>i70/2/24</b>	<b>Minutes and Action Log from 17 January 2024 Meeting</b>
<p>The minutes from the January meeting were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date.</p>	
<b>i71/2/24</b>	<b>Communication to Partners</b>
<p>None to note.</p>	

<b>i72/2/24</b>	<b>Risks and Items for Escalation</b>
Note to note.	
<b>i73/2/24</b>	<b>Future Agenda Items:</b>
<p>Standing Items</p> <ul style="list-style-type: none"> <li>– Rotherham Place Performance Report (monthly)</li> <li>– Risk Register (Monthly for information)</li> <li>– Place Medicines Management Report (May)</li> <li>– Quality, Patient Safety and Experience Dashboard (March)</li> <li>– Quarterly Medical Director Update (May) – JP</li> <li>– Cancer waits – (June)</li> </ul>	
<b>i74/2/24</b>	<b>Date of Next Meeting</b>
The next meeting will take place on <b>Wednesday 20 March 2024</b> from 10.15am – 11am in Elm Room, Oak House, Bramley, Rotherham S66 1WB.	

**Membership**

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

**Participants**

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

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

<b>Mtg Date</b>	<b>Item No.</b>	<b>Agenda Item Title</b>	<b>Action Description</b>	<b>By</b>	<b>Action Status</b>	<b>Comments</b>
21-Feb-24			No Actions to Note			