



Agenda

Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 17 July 2024
Venue:	Rotherham Hospice, S60 2SW
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net

Apologies:	R Jenkins, Chief Executive, The Rotherham NHS Foundation Trust T Lewis, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Conflicts of Interest:	
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member

Item	Business Items	Time	Pres by	Encs
1	Rotherham Place Performance Report	5 mins	Jude Wildgoose	Enc 1
2	Quality, Patient Safety & Experience Report	5 mins	Julie Warren-Sykes	Enc 2
3	Rotherham Place Medical Director Update	5 mins	Dr Jason Page	Verbal
4	Rotherham Place Executive Team Terms of Reference	5 mins	Chris Edwards	Enc 4
5	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	Chris Edwards	Enc 5
6	Feedback from Rotherham Place Executive Team	5 mins	Chris Edwards	Enc 6
Standard Items				
7	Minutes and Action Log from 19 June 2024 Meeting	5 mins	Chair	Enc 7i & 7ii
8	Communication to Partners		Chair	Verbal
9	Risks and Items for Escalation to ICB Board		Chair	Verbal
10	Future Agenda Items: <ul style="list-style-type: none"> • Rotherham Place Committee Annual Report Standing Items <ul style="list-style-type: none"> • Rotherham Place Performance Report (monthly) • Risk Register (monthly for information) • Place Prescribing Report (Aug) • Quality, Patient Safety and Experience Dashboard (Bi-monthly) • Quarterly Medical Director Update (July) 			
11	Date of Next Meeting: Wednesday 17 July 2024 at 10:45am at John Smith Room, Rotherham Town Hall			

GLOSSARY

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



South Yorkshire
Integrated Care Board

South Yorkshire Integrated Care Board
Rotherham Place Performance Report for 2024/25

July 2024

Rotherham Place Delivery Dashboard - July 2024

Performance Comparison - Rotherham Place/FT v National

April 2024

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	4.25%	22.99%	0 out of 106	3rd out of 106
RTT	92%	60.96%	58.23%	0 out of 106	31st out of 106
IAPT 6 Week Wait*	75%	99.00%	92.30%	101 out of 106	10th out of 106

*IAPT Figures are as at March 2024

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%	● ▼	● ▼	● ▲	●
Cancer 28 Day Faster Diagnosis	75%	● ▲	● ▲	● ▼	●
Mixed Sex Accommodation	0	● ▲	● —	● —	●

Improving

Last month met but previous not met or YTD not met

Deteriorating

Not met last month but met previously or YTD met

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 - July 2024

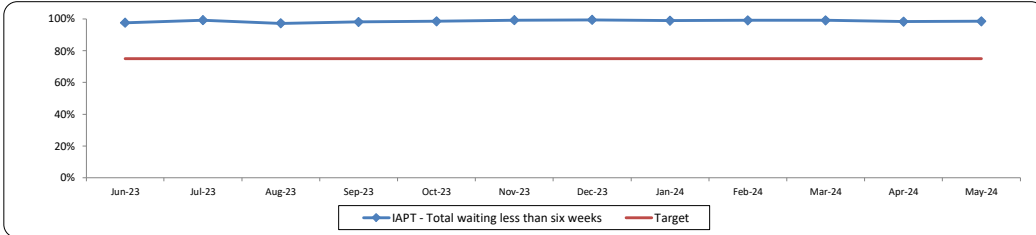
IAPT 6 Week Wait

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 May was 98.5%. This is above the standard of 75%. April performance was 98.3%.

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

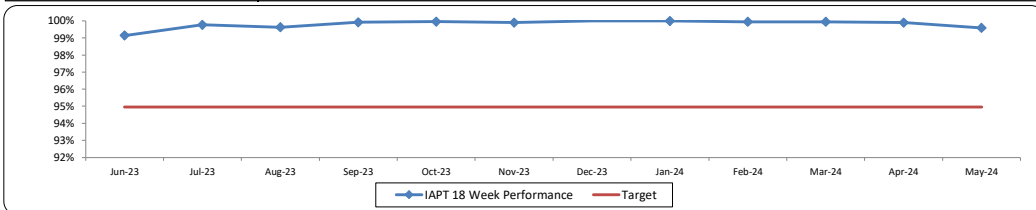
		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
6 Week Waiting List Performance	Actual	97.7%	99.3%	97.3%	98.2%	98.5%	99.3%	99.5%	99.0%	99.1%	99.1%	98.3%	98.5%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



IAPT 18 Week Wait

The 18 week waits position for the service as at end May was 99.6%. Performance is consistently meeting the 95% standard for 18 weeks.

		Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
18 Week Waiting List Performance	Actual	99.2%	99.8%	99.7%	100.0%	100.0%	100.0%	100.1%	100.0%	100.0%	100.0%	99.9%	99.6%
	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%



IAPT Supporting Narrative

Local comparison (published data April 24) shows the following benchmark position against Rotherham Place 99%

- Barnsley – 98%
- Doncaster – 88%
- Sheffield – 98%
- National – 92.7%

Cancer Waits

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

In April the 28 day Faster Diagnosis standard achieved the target of 75% at 75.6%. March's performance of 79.3%

The 31 day standard was not achieved in April, with performance at 87.7% against the standard of 96%. An Improvement on March's performance of 81.1%.

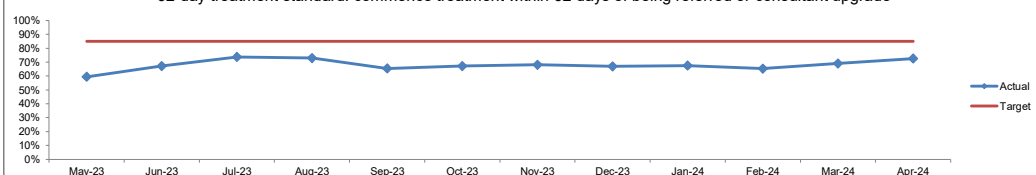
In April the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 72.6% for Rotherham Place. An Improvement on March's performance of 69.1%.

	Feb-24	Mar-24	Apr-24
28 Day	●	●	●
31 day	●	●	●
62 day	●	●	●

Focus on - Cancer

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral	75%	74.1%	72.2%	79.7%	77.1%	73.6%	73.2%	74.1%	78.2%	70.4%	77.2%	79.3%	75.6%
31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients	96%	78.2%	81.7%	87.6%	88.3%	86.1%	84.9%	82.2%	85.1%	79.8%	83.6%	81.1%	87.7%
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade	85%	59.4%	67.1%	73.7%	73.0%	65.4%	67.2%	68.1%	67.0%	67.5%	65.4%	69.1%	72.6%

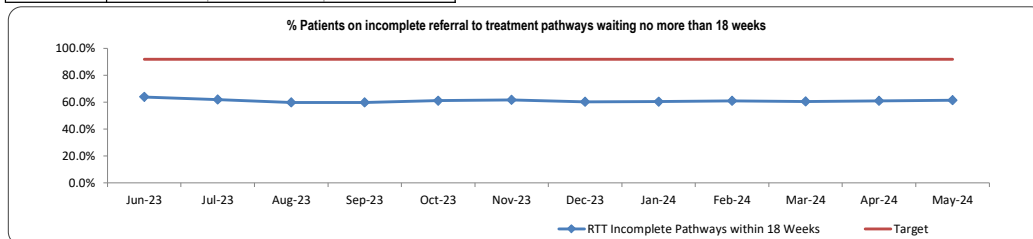
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade



Rotherham Place Delivery Dashboard - July 2024

Referral to Treatment					
RTT Incomplete Pathways did not meet the 92% standard in May at 61.4% based on provisional data. The position for April was 61.0%.					
In May there were 1019 waiters over 52 weeks, 93 over 65 weeks, 2 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	28002	674 (66%)	30 (32%)	0 (0%)	0 (0%)
Barnsley Hospital NHS Foundation Trust	34	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1105	31 (3%)	3 (3%)	0 (0%)	0 (0%)
Sheffield Teaching Hospitals NHS Foundation Trust	6266	246 (24%)	51 (55%)	2 (100%)	0 (0%)
Sheffield Children'S NHS Foundation Trust	1133	53 (5%)	6 (6%)	0 (0%)	0 (0%)
Other provider	1092	15 (1%)	3 (3%)	0 (0%)	0 (0%)
All Providers	37632	1019 (100%)	93 (100%)	2 (100%)	0 (0%)

	Mar-24	Apr-24	May-24
18 week wait	●	●	●
52 week wait	●	●	●
65 Week Wait	●	●	●
78 week wait	●	●	●
104 week wait	●	●	●



	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
RTT Incomplete Pathways within 18 Weeks	92%	64.0%	61.9%	59.8%	59.8%	61.1%	61.7%	60.3%	60.4%	61.0%	60.5%	61.0%	61.4%
RTT Incomplete Pathways over 52 Weeks	0	811	918	1079	1146	1095	1023	1010	1038	994	963	1034	1019
RTT Incomplete Pathways over 65 Weeks	0	146	151	220	210	179	149	177	187	151	58	80	93
RTT Incomplete Pathways over 78 Weeks	0	28	21	9	14	6	8	12	18	11	5	8	2
RTT Incomplete Pathways over 104 Weeks	0	3	3	0	0	0	0	0	0	1	1	0	0

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

	% Over 13 Weeks	Feb-24	Mar-24	Apr-24	May-24	Target
All specialities - total incomplete	50.9%	61.0%	60.5%	61.0%	61.4%	92%
Cardiology	50.8%	60.4%	62.0%	62.7%	63.3%	92%
Cardiothoracic Surgery	24.3%	87.1%	77.9%	90.3%	87.8%	92%
Dermatology	35.1%	70.9%	74.6%	77.7%	78.6%	92%
Ear, Nose & Throat (ENT)	64.8%	49.4%	47.7%	46.7%	46.3%	92%
Gastroenterology	43.1%	74.2%	72.3%	75.1%	72.4%	92%
General Medicine	15.4%	80.0%	100.0%	100.0%	84.6%	92%
General Surgery	55.3%	55.5%	53.1%	52.4%	55.5%	92%
Geriatric Medicine	9.9%	92.1%	96.4%	86.4%	95.1%	92%
Gynaecology	54.6%	56.7%	55.8%	56.4%	57.0%	92%
Neurology	63.0%	46.7%	46.0%	46.0%	47.1%	92%
Neurosurgery	53.1%	48.4%	52.8%	54.3%	58.0%	92%
Ophthalmology	40.9%	71.2%	69.3%	72.7%	73.1%	92%
Other - Medical Services	39.0%	72.4%	74.1%	74.5%	75.3%	92%
Other - Mental Health Services	0.0%	100.0%	-	-	-	92%
Other - Paediatric Services	44.1%	73.8%	73.6%	73.2%	70.0%	92%
Other - Surgical Services	41.8%	73.0%	70.5%	68.8%	69.8%	92%
Other - Other Services	28.4%	86.8%	87.4%	86.1%	84.2%	92%
Plastic Surgery	58.3%	51.0%	54.1%	54.0%	53.2%	92%
Rheumatology	20.6%	88.8%	90.6%	85.0%	90.6%	92%
Thoracic Medicine	19.5%	82.7%	83.8%	88.9%	91.8%	92%
Trauma & Orthopaedics	61.9%	48.5%	48.1%	47.6%	48.7%	92%
Urology	44.6%	70.2%	70.2%	72.2%	71.5%	92%

Focus on - Refer to Treatment: Incomplete Pathways

Total Incomplete 18 Week Pathways - Rotherham Place	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Number of Pathways	36945	38333	39284	39890	39422	37289	37169	36316	36702	37078	37848	37632
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	20126	21514	22465	23071	22603	20470	20350	19497	19883	20259	21029	20813

RTT Supporting Narrative

Latest provisional data for May shows 20 specialities under the 92% standard, with just Geriatric Medicine (95.1%) meeting the Standard.

Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in May (61.4%): Barnsley – 71.4% / Doncaster – 60.4% / Sheffield – 63.2% / South Yorkshire – 63.7%

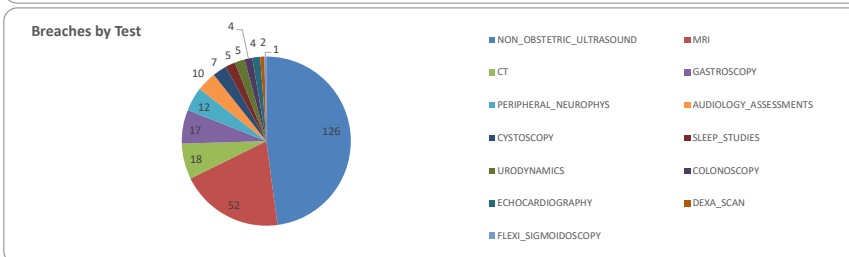
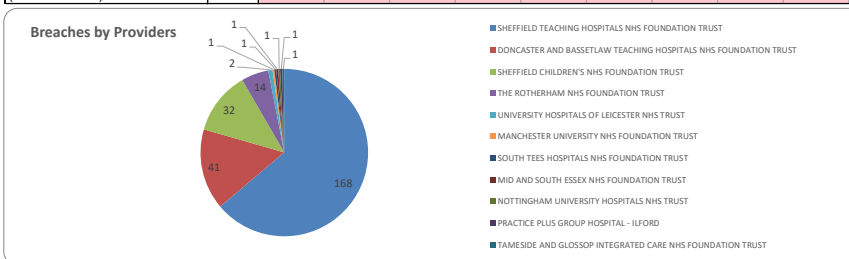
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information.

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 - July 2024

Diagnostic Waiting Times	
Provisional performance in May of 5.1% exceeds the <1% standard.	
263 Breaches occurred in May:	
14 (5%) at The Rotherham NHS Foundation Trust (1 Non Obstetric Ultrasound, 2 Sleep Studies, 5 Gastroscopy, 3 Colonoscopy, 3 Cystoscopy)	
0 (0%) at Barnsley Hospital NHS Foundation Trust ()	
41 (16%) at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (2 Echocardiography, 1 Cystoscopy, 4 MRI, 10 Audiology Assessments, 3 CT, 2 Dexa Scan, 13 Non Obstetric Ultrasound, 6 Peripheral Neurophys)	
168 (64%) at Sheffield Teaching Hospitals NHS Foundation Trust (4 Gastroscopy, 1 Colonoscopy, 5 Peripheral Neurophys, 3 Cystoscopy, 28 MRI, 15 CT, 1 Sleep Studies, 111 Non Obstetric Ultrasound)	
32 (12%) at Sheffield Children's NHS Foundation Trust (1 Peripheral Neurophys, 16 MRI, 2 Sleep Studies, 8 Gastroscopy, 5 Urodynamics)	
8 (3%) at Other Providers (1 Flexi Sigmoidoscopy, 4 MRI, 2 Echocardiography, 1 Non Obstetric Ultrasound)	

	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
% Patients waiting for diagnostic test > 6 weeks from referral (Commissioner)	1%	7.6%	8.3%	9.4%	7.5%	5.1%	3.4%	4.2%	5.3%	3.9%	2.2%	4.3%	5.1%



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

May-24 Provisional

Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	737	52	7.1%
Computed Tomography	631	18	2.9%
Non-obstetric ultrasound	1790	126	7.0%
Barium Enema	0	0	-
DEXA Scan	136	2	1.5%
Audiology - Audiology Assessments	421	10	2.4%
Cardiology - echocardiography	474	4	0.8%
Cardiology - electrophysiology	0	0	-
Neurophysiology - peripheral neurophysiology	36	12	33.3%
Respiratory physiology - sleep studies	183	5	2.7%
Urodynamics - pressures & flows	16	5	31.3%
Colonoscopy	247	4	1.6%
Flexi sigmoidoscopy	93	1	1.1%
Cystoscopy	91	7	7.7%
Gastroscopy	338	17	5.0%
Total Diagnostics	5193	263	5.1%

Rotherham Place Delivery Dashboard - July 2024










Eliminating Mixed Sex Accommodation

There were 0 breaches of this standard in April 2024

	Target	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Number of mixed sex accommodation breaches (commissioner)	0%	0	0	2	0	0	0	0	0	4	0	0	0

Incidence of C.diff

Performance for Rotherham Place overall in May was 13 cases. 13 cases in May occurred at Rotherham FT. In the YTD there have been a total of 29 cases.
Rotherham FT performance for May is 10 cases and 20 in the YTD.

	Mar-24	Apr-24	May-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	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	Q4 2023/24
Cancelled operations re-booked within 28 days (Breaches)	0		6	9	6	7	11	5	5	13	11	9

Wheelchairs for Children

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

	Target	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	Q4 2023/24
Percentage of equipment delivered within 18 weeks	92%	100.0%	100.0%	100.0%	98.7%	99.1%	97.9%	98.0%	100.0%	100.0%	100.0%	100.0%

Rotherham Place Delivery Dashboard - July 2024

Percentage in 4 hours or less (type 1)

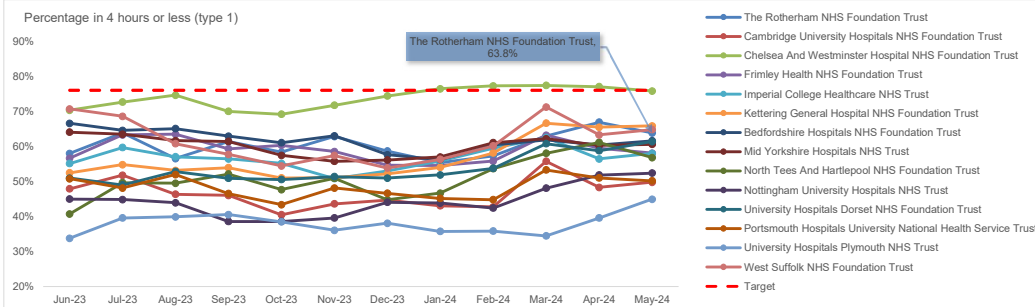
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of May 2024 was 63.8%

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

TRFT is 4th highest out of the 14 pilot sites in May

	Target	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
The Rotherham NHS Foundation Trust	76%	58.0%	63.8%	56.5%	61.4%	58.3%	62.8%	58.7%	55.4%	57.2%	62.9%	66.9%	63.8%
TRFT Plan		50.0%	50.0%	55.0%	55.0%	60.0%	60.0%	65.0%	65.0%	70.0%	76.0%	0.0%	0.0%
Cambridge University Hospitals NHS Foundation Trust	76%	47.9%	51.7%	46.3%	46.0%	40.5%	43.6%	44.6%	43.0%	42.7%	55.7%	48.3%	49.7%
Chelsea And Westminster Hospital NHS Foundation Trust	76%	70.3%	72.6%	74.6%	70.0%	69.1%	71.7%	74.4%	76.4%	77.2%	77.4%	77.0%	75.8%
Frimley Health NHS Foundation Trust	76%	56.6%	63.2%	63.5%	59.3%	60.3%	58.5%	54.6%	54.5%	55.8%	63.2%	59.4%	58.1%
Imperial College Healthcare NHS Trust	76%	55.1%	59.7%	57.0%	56.4%	55.1%	50.8%	52.9%	55.8%	59.4%	62.5%	56.4%	58.0%
Kettering General Hospital NHS Foundation Trust	76%	52.4%	54.8%	53.1%	53.9%	51.0%	51.0%	52.1%	54.0%	58.1%	66.6%	65.5%	65.8%
Bedfordshire Hospitals NHS Foundation Trust	76%	66.6%	64.5%	65.0%	62.9%	61.0%	63.0%	57.6%	56.2%	60.4%	61.8%	60.4%	61.6%
Mid Yorkshire Hospitals NHS Trust	76%	64.1%	63.4%	61.6%	61.4%	57.4%	55.7%	56.1%	57.0%	61.0%	62.2%	60.2%	60.6%
North Tees And Hartlepool NHS Foundation Trust	76%	40.7%	49.6%	49.5%	52.1%	47.6%	50.9%	44.7%	46.6%	53.6%	58.0%	61.1%	56.8%
Nottingham University Hospitals NHS Trust	76%	45.0%	44.8%	43.9%	38.6%	38.6%	39.5%	44.0%	43.8%	42.4%	48.0%	51.8%	52.4%
University Hospitals Dorset NHS Foundation Trust	76%	50.9%	48.9%	52.8%	50.9%	50.5%	51.4%	50.9%	51.9%	53.7%	60.8%	58.7%	61.4%
Portsmouth Hospitals University National Health Service Trust	76%	50.7%	48.1%	51.9%	46.5%	43.4%	48.1%	46.6%	45.2%	44.8%	53.2%	51.0%	50.2%
University Hospitals Plymouth NHS Trust	76%	33.8%	39.5%	39.9%	40.5%	38.5%	36.0%	38.0%	35.7%	35.8%	34.5%	39.6%	44.9%
West Suffolk NHS Foundation Trust	76%	70.6%	68.6%	60.7%	57.7%	54.4%	57.4%	53.8%	56.3%	60.1%	71.2%	63.3%	64.8%



Rotherham Place Delivery Dashboard - July 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 10 seconds for category 1 calls in June for Rotherham Place. The position in May was 7 minutes 57 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in June was 57% an increase from May performance at 50.1%.		
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)

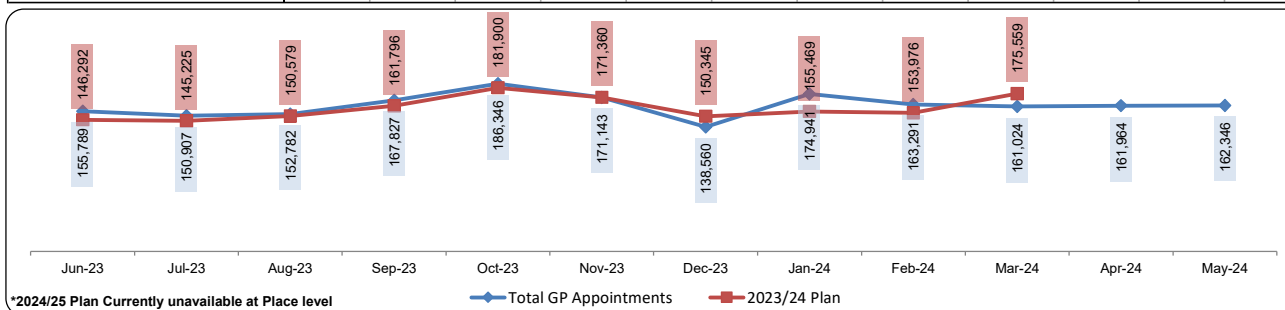
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Cat 1 Mean	00:09:01	00:08:17	00:08:05	00:08:56	00:09:18	00:08:54	00:08:23	00:08:17	00:08:17	00:07:42	00:07:57	00:08:10
Cat 2 Mean	00:26:01	00:24:22	00:24:53	00:26:30	00:35:04	00:39:52	00:34:09	00:30:19	00:26:51	00:18:45	00:24:28	00:22:51
Cat 3 90th Percentile	03:04:43	03:18:45	02:34:33	03:09:29	03:36:33	04:56:32	03:44:40	03:47:53	01:23:33	01:50:14	02:53:08	02:45:47
Cat 4 90th Percentile	04:26:26	01:24:04	10:39:53	02:20:33	06:08:09	03:16:40	04:43:44	01:40:52	00:43:39	02:38:44	03:36:00	02:00:59

Handovers at TRFT

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
% Handovers WITHIN 15 minutes	66.2%	64.8%	68.2%	53.8%	56.9%	49.6%	41.1%	41.6%	46.2%	52.5%	50.1%	57.0%
% Handovers OVER 30 minutes	8.7%	13.7%	7.7%	13.6%	9.4%	18.7%	31.6%	25.8%	21.6%	16.2%	16.7%	9.9%
% Handover OVER 60 minutes	2.8%	5.8%	1.4%	5.0%	1.0%	6.4%	15.9%	11.3%	7.1%	4.6%	4.6%	1.2%
Number of ambulance handovers OVER 60 minutes (RFR)	54	114	28	105	22	144	348	236	166	98	108	27

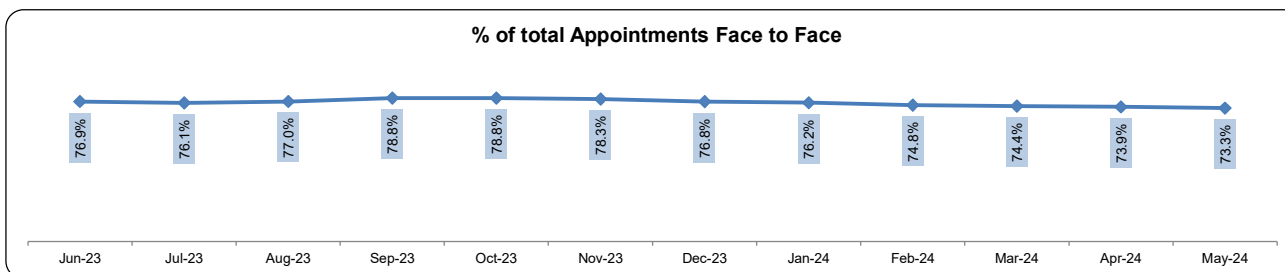
GP Appointments

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Total GP Appointments	155,789	150,907	152,782	167,827	186,346	171,143	138,560	174,941	163,291	161,024	161,964	162,346
2023/24 Plan	146,292	145,225	150,579	161,796	181,900	171,360	150,345	155,469	153,976	175,559		
Variance to 2023/24 Plan	9,497	5,682	2,203	6,031	4,446	- 217	- 11,785	19,472	9,315	- 14,535		



*2024/25 Plan Currently unavailable at Place level

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
% of total Appointments Face to Face	76.9%	76.1%	77.0%	78.8%	78.8%	78.3%	76.8%	76.2%	74.8%	74.4%	73.9%	73.3%



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	Feb-24	Mar-24	Apr-24	May-24	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	85.70%	86.50%	86.70%	88.20%	66.70%
Protecting People From Avoidable Harm	Mar-24	Apr-24	May-24	2024/25 YTD	
Incidence of healthcare associated infection (HCAI) - MRSA (Commissioner)	0	0	0	0	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - MRSA (Provider) - RFT	0	0	0	0	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Commissioner)	7	16	13	29	Actual
	4	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	6	10	10	20	Actual
	1	0	0	0	Plan
Mental Health: Monthly Indicators	Mar-24	Apr-24	May-24	2024/25 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	22.0%	2.1%	3.8%	3.8%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	56.25%	54.63%	55.25%	52.45%	50.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Urgent Cases	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Target
Percentage of CYP with ED that start treatment within one week of referral	-	-	-	100%	95.0%
Children & Young Peoples (CYP) Eating Disorder (ED) Services - Non-Urgent Cases	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 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)	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4	Target
Proportion entering treatment waiting two weeks or less	74%	88%	61%	83%	60.0%
Care Program Approach (CPA)	Feb-24	Mar-24	Apr-24	May-24	Target
Proportion of people on Care Programme Approach (CPA) who were followed up within 72 hours	100%	100%	92%	100%	80.0%

Health Outcomes

CYP Access (1+ contacts)	Dec-23	Jan-24	Feb-24	Mar-24	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4725	4765	4880	4910	4250
Perinatal Access (No. of Women)	Dec-23	Jan-24	Feb-24	Mar-24	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	215	215	230	230	TBC
Discharges follow up in 72 hours	Dec-23	Jan-24	Feb-24	Mar-24	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	84%	84%	82%	83%	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 Q4	2023/24 Q1	2023/24 Q2	2023/24 Q3	2023/24 Q4
People on the GP SMI Registers receiving all six physical Health Checks (in the 12 months to period end)	1197	1106	1086	1099	1349
Target (Local)			918		
Community Mental Health (MH) Access (2+ contacts)	Dec-23	Jan-24	Feb-24	Mar-24	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)	2370	2440	2720	2915	TBC
Learning Disability Annual Health Checks	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Checks	95	174	158	154	83
Register	1781	1781	1781	1781	1781
Trajectory	125	125	125	125	56
2 Hour Urgent Community Response	Jan-24	Feb-24	Mar-24	Apr-24	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	71%	71%	72%	75%	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		Jan-24	Feb-24	Mar-24	Apr-24	May-24
Number of Ambulatory Care Sensitive Admissions	Actual	313	312	319	338	351
	Target	240	240	240		
Discharges to Usual Place of Residence		Jan-24	Feb-24	Mar-24	Apr-24	May-24
% Discharged to Usual Place of Residence	Actual	95.8%	96.0%	95.7%	95.2%	95.0%
	Target	94.0%	94.0%	94.0%		

Discharges

This section is being reviewed following a change in the format of the data.

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

Rotherham Place Board (ICB Committee) – Meeting 15th May 2024

NHS SY ICB (Rotherham Place) Quality, Patient Safety and Experience Dashboard Report April/May 2024

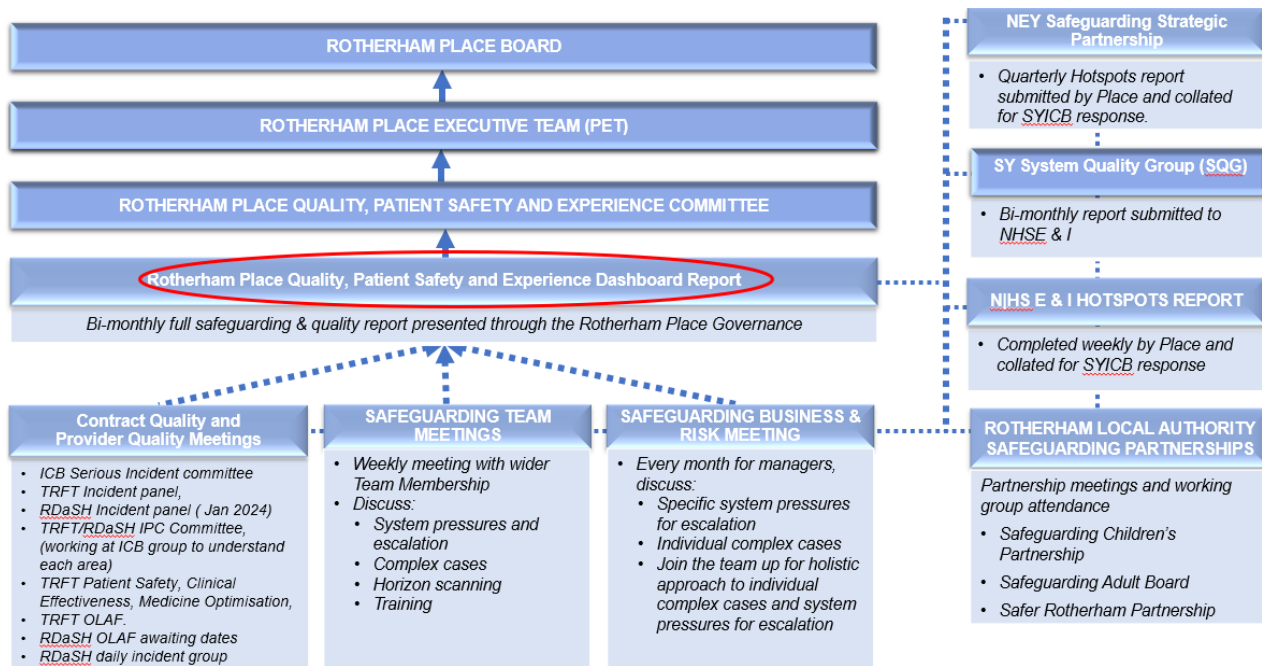
Lead Executive	Andrew Russell, Director of Nursing Rotherham & Doncaster, Deputy CN SY ICB
Lead Officer	Julie Warren-Sykes Deputy Chief Nurse Rotherham Place on behalf of Kirsty Leahy, Head of Quality

Purpose

To update Rotherham Place Board on business activity up to May/June 2024 covering the Rotherham Quality Agenda.

Background

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



Analysis of key issues and of risks

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

Patient, Public and Stakeholder Involvement

None. Business reporting.

Financial Implications
None.
Approval history
NHS SYICB Rotherham Place Quality Team – 3 rd July 2024 NHS SYICB PET – 4 th July2024
Recommendations
Note and discuss content of report.

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

June 2024

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

Tables contained in the first 2 sections of this report provide a position statement in time.

The following RAG ratings and descriptor have been applied.

	Indicates a significant risk and/or concern to place and/or the wider SY ICB – Enhanced Surveillance and/or monitoring required at place and oversight by PLACE Board with escalation to the ICB Board.
	Indicates a risk or concern at place – Surveillance and/or 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
NHS Foundation Trusts					
Rotherham, Doncaster & South Humber NHS Foundation Trust	Routine	Routine	Routine	2	Requires Improvement
The Rotherham NHS Foundation Trust	Routine	Routine	Routine	3	Requires Improvement
Independent Providers/Specialised Mental Health Providers					
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
Primary Care					
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
The Rotherham NHS Foundation Trust		
Industrial action	Although Consultants have agreed a new pay deal, Junior doctors in England will continue to strike over the next six months after a recent vote to continue to take industrial action. The BMA have announced that the referendum for General Practice and GP registrars in England with over 99% voting against the 24 25 Contract uplift.	Risk assessment will continue to take place highlighting areas of concern which are being worked and addressed across PLACE. ICB will continue to provide support/on call systems during industrial action. 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.
Endoscopic Retrograde Cholangiopancreatography - (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"> - ERCP not completely causative but some missed opportunities around care. - No Regulation 28 restrictions. - No media coverage. 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	SY system working and within each PLACE. SY Quality Improvement Group/ Quality Leads/QPPIE CQM NHSE Specialist Scientific input involved and oversight monthly meeting. Monthly audit meetings Regional group

Issue	Key Status/ Risks / Concerns	Mitigating actions
	<p>children who have been affected, and to develop the strategic tools and interventions to support sustainable improvements.</p> <p>A set of system recommendations for immediate action have been developed. These have been informed by stakeholders including regional and ICB clinical and quality leads as well as the 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 for TRFT.</p> <p>TRFT action plan submitted as requested. No feedback received at this time.</p>	<p>First Adult meetings to commence February 2024.</p>
<p>SY ICB – TRFT & GP update 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. COMMS Final Report YMN October 2023 publication version.pdf (syics.co.uk)</p> <p>TRFT- Actions have been addressed however the family have met with politicians and NHSE Chief Executive. The family have requested a new Independent Inquiry due to challenges around TRFT patient journey. An independent person had been appointed to liaise with the family and the report authors.</p> <p>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>

Issue	Key Status/ Risks / Concerns	Mitigating actions
RDaSH		
CQC Quality Improvement Plan		
Primary Care		
Rotherham's 28 General Practices CQC ratings:		
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 currently.</p>		
Crown Street Surgery, Rotherham	Last inspected August 2023. RI in all areas Breach Reg 12 .	At the most recent reinspection, Crown Street dropped from RI in 3 areas to RI in all areas. They were visited on the 27th March 2024 by the Primary Care Team, including the Medical Director as an escalation of concerns and provided assurance around their action plan. Close contact is being maintained, and appropriate steps have been taken by the practice to address issues.
Shakespeare Road PMS, Rotherham	Last inspected May 22. RI overall (RI safe, effective & well-led). Breach Reg 12	CQC inspections have now restarted with those practices listed as RI remaining on the priority list for re-inspection, the practice is still awaiting a visit. Team support continues.
Swallownest Heath Centre, Rotherham	Last inspected June 2023. RI overall – all KLOEs . Breach of Reg 12 . 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.	Primary Care support continues. Taking account of the continued RI status, the practice received a further Contract & Quality Visit on 24 January 2024. Team support continues, in light of a number of staff absences and the loss of a Practice Manager.
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 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"> • A review of the high rate of emergency admissions alongside the seemingly low referral rate.

Rawmarsh Health Centre	Unrelated to CQC status, this practice last received a formal Contract & Quality Visit in November 2022. In December, the Practice Manager left with immediate effect and has yet to be replaced; as a result, a series of further meetings have been held with the practice.	<ul style="list-style-type: none"> • A review of the management of conflicts of interest when using external staff to undertake core contract responsibilities. • Medical staffing levels. <p>The practice has 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.</p> <p>March 2024 - Primary Care Senior Manager spent a day in the practice, and was significantly assured having sat in a clinic, talked to clerical staff, receptionists, telephonists, and clinicians. A final follow-up visit is scheduled to offer further assurance, this will take place in the summer.</p> <p>Concerns have been raised by patients, other services and wider primary care staff, and relate to a number of issues, including staffing. The practice has been placed on a monitored action plan with agreed timelines for delivery. Lack of improvement will lead to escalation and formal contractual action.</p>
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Care Homes		
Care Homes	<p>Older peoples care homes as at 31/05/24.</p> <ul style="list-style-type: none"> • 3 pauses on new admissions • 21 beds are closed for refurbishment in 2 care homes. • 18 beds are closed due to reduced staffing levels, <p>Care Home for Under 65 / Specialist</p> <ul style="list-style-type: none"> • One suspension on new admissions 	Weekly reporting via hotspots report.
Care Home Contract Concerns/Defaults	In March 2024, there were a total of 37 contract concerns raised in relation to 27 providers involving residential and nursing care homes, home care and supported living providers.	Monthly reporting via RMBC Multiagency monthly Risk meeting

	<p>11 concerns have been substantiated, 4 unsubstantiated with the remaining 22 still being investigated.</p> <p>The themes for the substantiated concerns are staffing, environment, equipment, moving and handling, medication, and safeguarding.</p> <p>One under 65 / specialist care home provider has a contract default and special measures improvement plan in place.</p>	
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.	RMBC oversight. PLACE involvement. Contracting default and embargo have now been lifted and CHC team have found improvements in care plans when they visited.
Waterside Grange	CQC visit concerns.	RMBC oversight. PLACE involvement. New manager in post, CHC team have found improvement in care plans. Further visits arranged.
Roche Abbey	CQC visit concerns	RMBC oversight. Roche Abbey has been subject to an Organisational Safeguarding led by RMBC which commenced in May 2024. There are currently ongoing weekly MDT meetings monitoring the situation attended by the ICB, with the CHC and ICB Rotherham Place Safeguarding & Quality Lead proactively engaging with and monitoring the care home in relation to fully funded health care patients who are residing there.
Layden Court	CQC Inspection – Rated Inadequate	This CQC inspection linked to organisational safeguarding concerns for this care provider. The Organisational safeguarding concluded, and the process was exited in February 2024 following improvements in care being made at the care home. 31.05.2024 Contracting default and embargo have now been lifted. Sustainability visits have been carried out by RMBC and CHC.
Riverside Healthcare Limited Cheswold Park Hospital, Doncaster	Mental health - community & hospital – independent, rated inadequate http://www.cqc.org.uk/location/1-107889029	Individuals are being identified who are placed within the facility and awaiting further guidance for next steps.

Regulation 28		
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.
IPC		
HCAI's – (<i>Health care associated infections</i>)	Work remains ongoing around HCAI's, reviewing the processes and the themes and trends to enable improvement and reduction strategies.	Continues. C-Difficile rates remain high, and this is a theme nationally. MRSA BSI rates increased. Appears to be a national theme.
GNBSI's – (<i>Gram negative blood stream infections</i>)	Work looking at themes and reduction strategies. There are some improvement projects in process/ development based on the surveillance data around urine sampling and catheter care.	Continues. Links into the hydration project. Reducing UTI's will reduce GNBSI's. Also looking into themes identified to plan further reduction and improvement projects/ work.
C-difficile - (<i>Clostridioides Difficile Infection</i>) 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 ribotyping 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.
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. Guidance from UKHSA and NHSE published late January 24. Escalated within PLACE and to ICB medical director. Meeting w/c 22 nd April to address.
Workforce		
Rotherham Place Safeguarding & Quality Team workforce	Continues to be impacted due to several factors including the overall ICB structure changes.	Workforce issues continue. Escalated within PLACE and ICB.

concerns.	Potential risks identified include breaches of statutory functions e.g. Care Education and Treatment Review arrangements, admin, and business support.	
CHC		
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. There are currently several cases in dispute panel at this present time.	The CHC team are working in partnership with RMBC to develop and provide joint benchmarking and training to staff working at all levels across CHC which in turn will raise awareness and knowledge of the National framework and reduce variations in outcomes.
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																		
Volume DHRs, SARs, learning reviews, CSPRs etc	There are currently three DHR's open in Rotherham Place, one which is at the end of the process and awaiting sign off of the final report. Two are ongoing. There are no SAR's currently in Rotherham place, and one out of area SAR in Sheffield that Rotherham Place is participating in.	Statutory requirement RSAB RSCP SRP PLACE Board ICB/NHSE																
Court of Protection (COP)	<p>Cases continued to be progressed via the COP. Data for May 2024 below for people who have been screened in as requiring a formal deprivation of liberty safeguard to legally deprive them of their liberty in the community (Stage 1). There is currently 1 live case within oral court proceedings (Stage 2) and one awaiting formal approval from the court (Stage 2). Both will move to a review (Stage 4) once orders are approved. This is only data based on the Learning Disability Cohort of patients in CHC. Further work is yet to be completed on people living in the community who are fully CHC funded.</p> <table border="1" data-bbox="568 708 999 978"> <thead> <tr> <th colspan="2">May 2024</th> </tr> <tr> <th>Safeguarding Alert Type</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>COP - Pending</td> <td>2</td> </tr> <tr> <td>COP - Stage 1</td> <td>36</td> </tr> <tr> <td>COP - Stage 2</td> <td>2</td> </tr> <tr> <td>COP - Stage 4</td> <td>6</td> </tr> <tr> <td>COP - Stage 5</td> <td>4</td> </tr> <tr> <td>Grand Total</td> <td>49</td> </tr> </tbody> </table>	May 2024		Safeguarding Alert Type	Total	COP - Pending	2	COP - Stage 1	36	COP - Stage 2	2	COP - Stage 4	6	COP - Stage 5	4	Grand Total	49	For information, further details in section 3
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COP - Stage 5	4																	
Grand Total	49																	

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 & Rescue Service (HMICFRS), South Yorkshire Police were assessed as outstanding at protecting vulnerable people.</p> <p>Operation Stovewood has now entered a phase of reviewing organisational learning, with agencies involved being requested to complete workbooks and participating in partnership workshops.</p>	<p>Regulatory approval Open cases will be a priority and investigated under Stoverwood Public arena/High profile operation Previous community tensions SQG Oversight and awareness as national operation. Multi agency involvement including Public Protection.</p>
Provider safeguarding concerns	There is currently one organisational safeguarding concern for a Rotherham care provider where the ICB has fully funded patients in residence.	<p>Statutory process RSAB & subgroup Provider to provider meetings PLACE Board 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.
LD & Autism		
LeDeR	An ICB centralised team commenced on the 1 st of July 2023 to address current and backlog of cases. Reporting on LeDeR for future reports will be provided by the central team.	Report received 02.07.24
Capacity Issues	Capacity issues remain and are reflected across the board by partners in RDaSH and RMBC. This is impacting on both inpatient and community.	
Bed provision	Single accommodation recognised as a key with fill rates.	

	<p>RMBC brokerage continue to ask placements in Rotherham to prioritise Rotherham patients first.</p> <p>Lack of community provision and placements for all ages, continues to impact service and delay discharges.</p> <p>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.</p>	
Mental Health and Section 117	<p>Capacity issues remain and are reflected across the board by partners in RDaSH and RMBC.</p> <p>Out of area acute and PICU bed requests have continued to remain high. As of 31/05/2024 there are 9 patients placed out of area.</p> <p>There are 18 people in out of area locked rehab placements with an expected 7 discharges over the next year.</p> <p>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).</p> <p>Lack of standard nursing beds across Rotherham has meant that people are having to be placed out of area, also impacting upon clinically ready for discharge rates.</p>	
C(e)TR	<p>The ICB continues to implement the new policies and processes for the DSR and for C(E)TRs.</p> <p>Lack of capacity within the team has meant that meeting statutory timescales is problematic and impacts upon workload.</p> <p>Difficulties in finding appropriate panel members can make arranging CETRs challenging for business support.</p>	
Transforming Care	<p>Lack of learning disability and autism provision and placements for all ages, continues to impact service along with inappropriate placements/environments. System/ nationwide issues.</p>	

13. CARE AND TREATMENT REVIEWS

In April and May there have been 5 CTRs held. One young person continues to be placed at Sheffield Children's Hospital resulting in the temporary closure of a number of beds. The search is ongoing to find this young person suitable community provision.

14. WINTERBOURNE SUBMISSION

There are currently 10 patients in hospital setting and 3 in secure services. It is hoped that The Ministry of Justice restrictions continue to cause delays for 2 people. There are difficulties identifying placements for patients who have capacity regarding their care and support needs but will need high levels of support due to risks in relation to self-harm.

Oversight visits continue for all this cohort but have been challenged due to capacity issues within the S117 team.

15. DYNAMIC SUPPORT REGISTER (DSR)

The children and young people's DSR is provided with the number of young people currently being discussed on a weekly basis. 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, plans have commenced to consider a new model for a South Yorkshire wide team and a market testing/engagement event was held in May which was well attended by a number of potential providers.

Senior Navigators are attending all DSR's for young people. Work is undertaken with those under the age of 25.

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. A report is due for the next submission.

SECTION 2 Key Updates

Title	Key Status/ Risks / Concerns / Good Practice
Rotherham Hospice	Quarterly Contract Performance Meetings between Hospice / ICB take place. KPI suite in place and ICB received Hospice Compliance& Assurance Report for consideration/assurance.
Public Protection	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.
Patient Experience	<p>Patient experience is collected in several ways: Healthwatch Rotherham have published a number of documents, and have a regular programme of outreach activity https://healthwatchrotherham.org.uk/news-and-reports.</p> <p>Providers</p> <ul style="list-style-type: none"> • TRFT 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. • RDASH – patient experience is addressed in the Quality data sets, with a regular overview of experience, which is being refined and developed. <p>FFT - currently available up to March 2024 here https://www.england.nhs.uk/fft/friends-and-family-test-data/ Generally, figures for Rotherham services are in line with national averages, or slightly higher. To note for March,</p> <ul style="list-style-type: none"> • UECC rates 73% positivity, lower than the national average of 78%, also concerning is that collection levels are the lowest in South Yorkshire, which can skew the data negatively • GP practices have all submitted data bar 5, and only one practice falls below the national average of positivity at 89%. GP and dental data have not been analysed at a practice level (capacity); however, most dental practices in Rotherham do not submit data. • Maternity FFT collection is low, especially for Q3, and Q4- Other trusts across the ICB have struggled to collect any responses for Q4. <p>PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING</p> <p>Engagement activity and themes April - May 2024</p> <p>Activity</p> <p>NHS ICB South Yorkshire Engagement Team</p> <ul style="list-style-type: none"> • Work on the Involvement Strategy Refresh – Start with People. This has now been presented to Board, and signed off, with work starting on implementing the agreed themes. These include better feedback to communities; refreshing the way the Board hears stories and themes, and working with Board level colleagues to build links and relationships with communities, raising their profile and establishing links. Work

Title	Key Status/ Risks / Concerns / Good Practice
	<p>is also taking place on recording community involvement and emergent themes, and building the foundations of a different way of working with, and commissioning activity from the VCSE.</p> <p>Rotherham Place work and contacts have included:</p> <ul style="list-style-type: none"> • 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. There were over 1200 responses to the initial survey, which Public Health are now analysing, and which already promises to provide a rich seam of data – with people noting that the things that most helped them manage their long term conditions were friends, family and remaining as active as possible, including getting out. Public Health have started to produce initial reports, and the community conversations have been launched with an attendance at Maltby Gala. <i>Please contact Helen Wyatt for reports to date.</i> • Support and advice to place colleagues on community links, contacts, and engagement processes remains regular and part of routine tasks, and includes place based staff, alongside those working on cross ICB themes <ul style="list-style-type: none"> ○ Support to several MH procurement initiatives ○ Diabetes exchange in GP practice ○ • Contact also maintained with a variety of community organisations, both online and virtually, including <ul style="list-style-type: none"> ○ Linking in with the newly re-established diabetes group ○ Rotherham Older People’s Forum as they seek to rebuild numbers and purpose ○ Mental Health Network Forum (Face to face event)
<p>PSRIF including Patient Safety Specialist – recording systems</p>	<p>NHSE Patient Safety Incident Response Framework (PSIRF) update - From September 2023 all organisations who previously reported to NRLS (National Reporting and Learning System) will start the switch to recording on the Learn from Patient Safety Events (LFPSE) service. This will replace the NRLS. From Autumn 2023 organisations will also make the transition from the NHSE Serious Incident Framework (SIF) to the NHSE Patient safety incident response framework (PSIRF). This means there will be changes to the expectations and processes associated with recording information about the response to patient safety incidents. Ultimately, LFPSE implementation will mean that organisations no longer use the previous reporting platform named StEIS (Strategic Executive Information System) for any purposes. However, to reduce complexity during the transition period and to maintain data flows while further enhancement to the LFPSE system is made, organisations are asked to continue to use StEIS for now, even 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</p>

Title	Key Status/ Risks / Concerns / Good Practice
	<p>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: NHS England » Learn from patient safety events (LFPSE) service</p>
<p>PSIRF/Serious Incidents and Never Events</p>	<p>Both TRFT and RDaSH have transitioned to PSIRF with implementation continuing. A parallel system 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 PSIRF plans.</p> <p>The NHSE Never Event Framework is out for consultation.</p> <p>Work continues across PLACE and the ICB for moving ahead with the PSIRF agenda in Primary Care and the Independent Sector.</p> <p>The ICB's responsibilities within PSIRF continue to evolve.</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 HSIB website.</p>
<p>SEND Local Area Inspection Update</p>	<p>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>Waiting times for neurodevelopmental assessment.</p>	<p>Early Years</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.</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>5-19</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> <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. 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.</p> <p>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"> • Simplifying and reducing the length of the final report.

Title	Key Status/ Risks / Concerns / Good Practice
	<ul style="list-style-type: none"> • Plans to collocate CAMHS and Neurodevelopment services within the six main community hubs across Rotherham supporting increased access to specific services. <p>As at 31/03/24 1521 children are on the 5-19 neurodevelopmental assessment pathway waiting list. Both the length of time children waits for assessment and the number of children waiting have reduced. Referrals are allocated based on complexity of need therefore allocations are not always taken from the longest waits. When children are taken off the waiting list and are re-referred, they are added to the waiting list with the date of their first referral, so not all children have been on the waiting list for all the time they have been waiting. 40 (less than 3%) children have waited longer than 156 weeks (3 years).</p>
Good practice/ improvements	<ul style="list-style-type: none"> ▪ Positive feedback from Ofsted and CQC in our annual conversation meeting acknowledging our accurate self-assessment and the actions underway to address gaps. ▪ SEMH Continuum of Need and Competency Framework approved. <p>Short Breaks Innovation funding secured for second year.</p>

SECTION 3 Patient Quality and Safety Report

1. INFECTION PREVENTION AND CONTROL

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

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

HEALTHCARE ASSOCIATED INFECTION (HCAI)



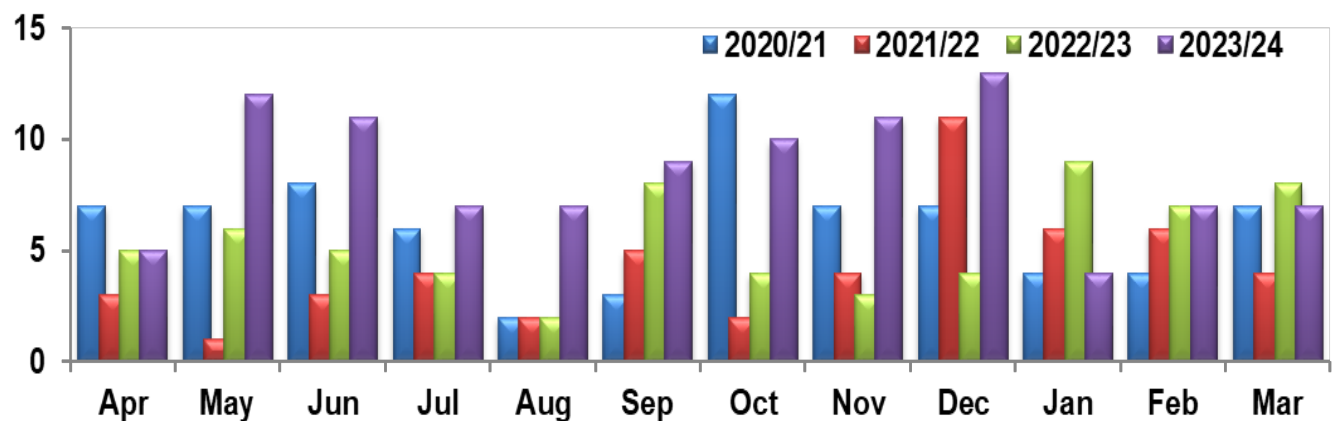
HCAI:	TRFT	NHSR
MRSA	1	6
MSSA	12	72
Clostridium Difficile	44	103
E Coli	48	213
Klebsiella spp	17	62
Pseudomonas aeruginosa	10	26

HCAI	23/24	23/24	23/24 Objective		22/23		Comparison to 22/23	
	TRFT	NHSR	TRFT	NHSR	TRFT	NHSR	TRFT	NHSR
MRSA	1	6	Zero tolerance		0	0		
MSSA	12	72	No objective		16	70		
Clostridioides Difficile	44	103	19	44	34	65		
E Coli	48	213	46	185	43	201		
Klebsiella Spp	17	62	10	55	20	71		
Pseudomonas Aeruginosa	10	26	7	21	11	23		

TRFT 2023/24 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	4	4	2	1	2	5	7	4	1	4	6
Monthly Plan*	1	1	2	1	1	1	2	2	2	2	2	2
Year to Date	4	8	12	14	15	17	22	29	33	34	38	44
Year to Date Plan*	1	2	4	5	6	7	9	11	13	15	17	19

NHS Rotherham CCG 2023/24 Target = TBC for CDI												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	12	11	7	7	9	10	11	13	4	7	7
Monthly Plan*	2	4	4	4	3	4	3	4	4	4	4	4
Year to Date	5	17	28	35	42	51	61	72	85	89	96	103
Year to Date Plan*	2	6	10	14	17	21	24	28	32	36	40	44

C-difficile – year comparison for Rotherham PLACE ICB.

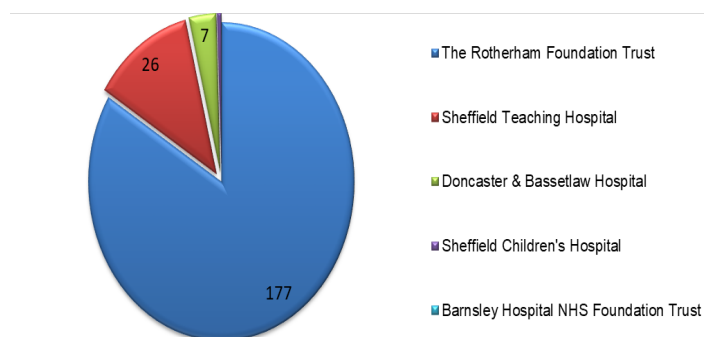


E Coli - Based on the set trajectory monthly plans are formulated (see below)

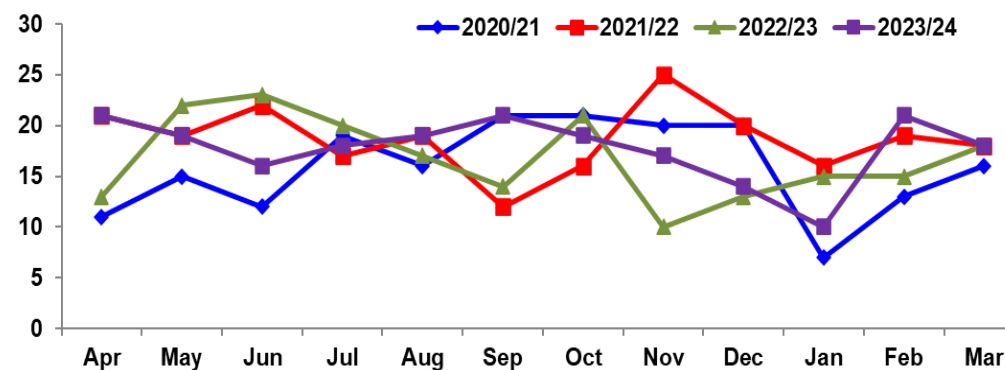
TRFT 2023/24 Target = TBC for E Coli												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	5	3	2	5	3	2	3	8	4	2	3	8
Monthly Plan*	4	3	4	5	3	3	6	5	4	2	3	4
Year to Date	5	8	10	15	18	20	23	31	35	37	40	48
Year to Date Plan*	4	7	11	16	19	22	28	33	37	39	42	46

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	10	21	18
Monthly Plan*	15	16	15	17	16	17	15	16	14	14	15	15
Year to Date	21	40	56	74	93	114	133	150	164	174	195	213
Year to Date Plan*	15	31	46	63	79	96	111	127	141	155	170	185

E Coli -The chart below details where these samples were taken. cases in years.



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

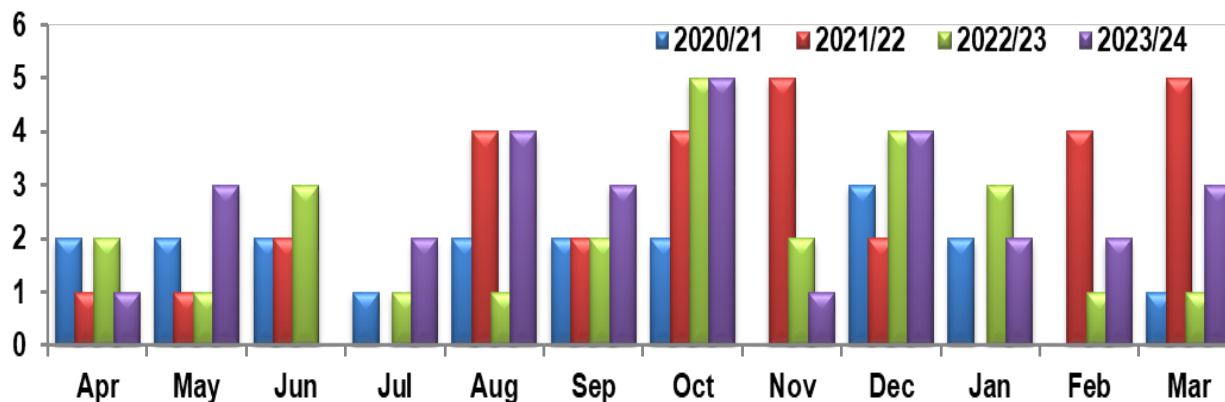


Pseudomonas Aeruginosa – Based on the set trajectory, monthly plans are formulated (see below)

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	0	1	2
Monthly Plan*	0	0	1	0	1	1	1	0	1	1	0	1
Year to Date	0	2	2	2	2	3	5	5	7	7	8	10
Year to Date Plan*	0	0	1	1	2	3	4	4	5	6	6	7

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	2	1	2
Monthly Plan*	1	2	1	1	3	2	3	2	3	1	1	1
Year to Date	1	4	4	5	9	12	16	17	21	23	24	26
Year to Date Plan*	1	3	4	5	8	10	13	15	18	19	20	21

Pseudomonas Aeruginosa - yearly case comaprison for Rotherham PLACE ICB

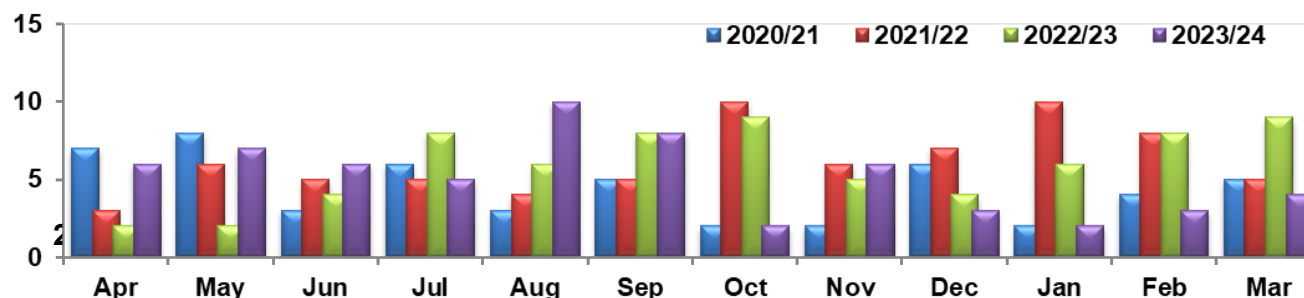


Klebsiella Spp – Based on set trajectory, monthly plans are formulated (see below)

TRFT for Klebsiella Spp												
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Actual	4	0	1	1	4	4	0	3	0	0	0	0
Monthly Plan*	0	1	1	1	0	1	1	1	1	1	1	1
Year to Date	4	4	5	6	10	14	14	17	17	17	17	17
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	2	3	4
Monthly Plan*	5	4	4	5	4	5	5	4	5	5	4	5
Year to Date	6	13	19	24	34	42	44	50	53	55	58	62
Year to Date Plan*	5	9	13	18	22	27	32	36	41	46	50	55

Klebsiella Spp – yearly case compassion for Rotherham PLACE ICB



Both the SHMI and the HSMR continue to be as “as expected” with performance improving further over the last few months. The SHMI has also improved to under 101 for the last two months, with the number of expected deaths against this measure increasing over the last several months based on the acuity and demand seen. The absolute number of deaths has risen in the last two months, which is not unexpected given seasonal changes. Obviously there is a lag in these deaths being taken into account within the SHMI and HSMR. The Trust is currently considering the appropriate mortality metric(s) to report on next year.

A review carried out by the Department of Health and Social Care commissioned NHS Digital to produce and publish the Summary Hospital-Level Mortality Indicator (SHMI). The initial review, reviewed the HSMR and other Mortality metrics and decided that it would be beneficial to have a single methodology for a mortality indicator for adoption across the NHS, and the SHMI offers the most complete picture of mortality associated with hospitalisation. This will be discussed through relevant TRFT internal governance before a decision is made.

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.

SERIOUS INCIDENTS (SI)/PSII AND NEVER EVENTS (NE)

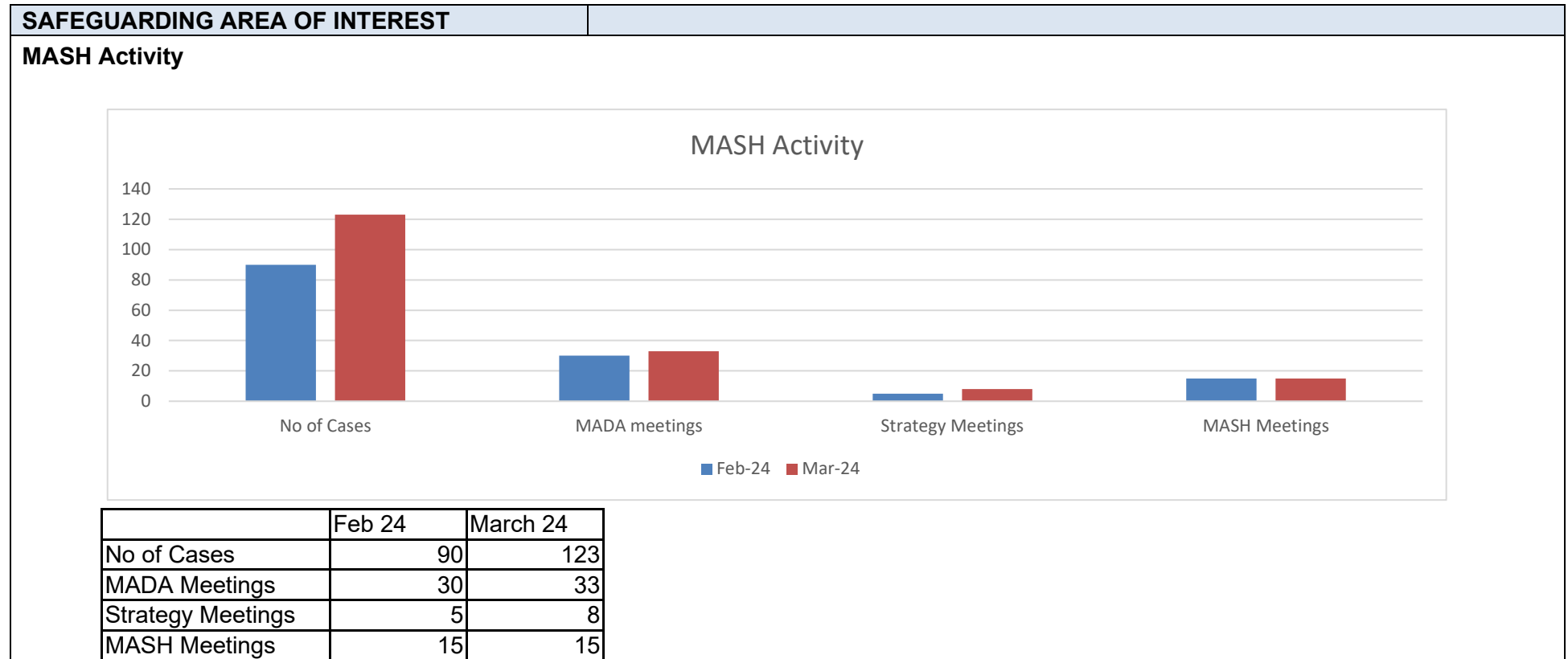
SI/PSII Position 16.04.2024 – 31.05.2024	TRFT	RDASH	RCCG	*Out of Area	YAS	GP / Hospice
Open at start of period	17	13	1	7	7	0
Closed during period	7	1	1	0	1	0
De-logged during period	0	0	0	0	0	0
New during period	20	5	0	0	0	0
Of the above number that are New NE	1	0	0	0	0	0
Total Open at end of period	30	17	0	7	6	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	0	0	6	3	0
**Investigations 'On Hold'	0	1	0	0	1	0
CCG approved Investigations above 60 days	10	9	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 PLACE. 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)

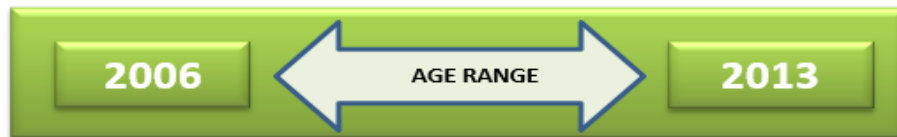
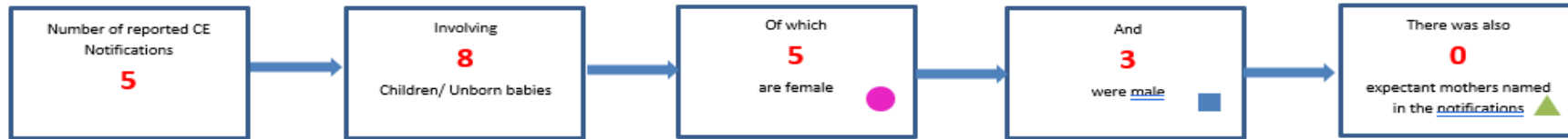
4. SAFEGUARDING VULNERABLE CLIENTS

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



SAFEGUARDING AREA OF INTEREST

Child Exploitation (CE) Reported to Health MASH - notifications received from 1st December 2023 to 31st 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 Appleby, Health Support Officer, MASH – 18th January 2024

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.

CRFD (but delayed) - AMHS	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	April 2024	Sub total
Delay Days - NHS	52	33	44	141		58	796
Number of patients - NHS	2	2	4	7		4	
Delay Days - Social Care	95	152	116	97		0	987
Number of patients - Social Care	4	6	5	4		0	
Delay Days - jointly to NHS & Social Care	0	0	0	0		64	0
Num of patients - jointly to NHS & Social Care	0	0	0	0		3	
Delay Days - Housing	49	67	85	69		0	618
Number of patients - Housing	3	3	3	3		0	
Total Delay Days	196	252	245	307	0	122	2401
Total Number of Patients	9	11	12	14	0	7	
CRFD (but delayed) - OPMHS	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	April 2024	Sub total
Delay Days - NHS	12	29	59	58		30	612
Number of patients - NHS	3	3	2	2		1	
Delay Days - Social Care	68	90	102	55		74	792
Number of patients - Social Care	6	5	6	3		3	
Delay Days - jointly to NHS & Social Care	30	31	31	29		0	213
Num of patients - jointly to NHS & Social Care	1	1	1	1		0	
Delay Days - Housing	0	0	9	29		30	94
Number of patients - Housing	0	0	1	1		1	
Total Delay Days	110	150	201	171	0	134	1711
Total Number of Patients	10	9	10	7	0	5	

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 (2023/24)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of cases meeting 28 days metric > 80%	58%	82%	56%	68%
No incomplete referral's exceeding 28 days by > 12 weeks +	9	11	13	6

7. FRACTURED NECK OF FEMUR INDICATOR

Hip Fracture Best Compliance is reported monthly at TRFT through its Integrated Performance Report. Performance for November is 62.0% against the target of 65%. Compliance has been highly variable over the last 12 months, due to several factors including trauma capacity in theatres and the availability of the Ortho-geriatrician Consultant out of hours.

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 3. Performance is based on year-end achievement.

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

- 1: Flu vaccinations for frontline healthcare workers – RDaSH achieved 59% 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 .(18% 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

There were 80 formal complaints received in Q3 – This gives a rolling average of 23.5 complaints a month using Statistical Process Control (SPC). The top three themes from complaints in Q3 were medical care, nursing care and attitude. The top three themes from complaints over the past 24 months were medical care, nursing care and information. Fifty complaints were partially upheld, five upheld and 17 not upheld.

There were 1,403 compliments received in Q3 and full details are shared at TRFT Patient Experience Committee. Compliments continue to increase in the Trust.

There were 4,205 responses for the Friends and Family Test (FFT) in quarter three. Of these responses, 3,999 were positive and 113 were negative. 93 did not wish comment.

Via RDASH

- Rotherham Care Group: January 2024 Data: 2 new complaints were received in January 2024. 11 PALS contacts were made. 0 MP letters were received. FFT scores remain consistently high.

Via Rotherham Place

No update.

10. ELIMINATING MIXED SEX ACCOMMODATION

RDASH/Hospice – there have been no recent breaches.	TRFT – there have been no breaches.
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11. ASSURANCE REPORTS

UECC	<p><u>January 2024</u></p> <p>The Trust saw more heightened operational pressures throughout the month of January, with the Trust operating at OPEL Level 3 for most of the month. The Trust saw particularly high demand on UECC, with activity above expected levels even for the winter months, with acuity of patients also being high. Attendances for January were 16% above activity levels for the same month last year, with subsequent admissions 8% over last year's levels.</p> <p>The Trust's 4 hour performance access standard was not met for the month due to the significant pressures that were experienced, in month performance was 55.38%.</p> <p>Despite the continued focus on ambulance handover, the heightened operational pressures have caused an increase in ambulance handover delays. This has resulted in the Trust not achieving the daily average hours lost from ambulance handovers, which for the month of January was 24.4 against a target of 10.8.</p> <p>From now until the end of March 2024, a command-and-control system has been put in place in order to improve 4-hour performance and focus on achieving 76% during March 2024. Tactical and Strategic meetings have been arranged daily from now until the end of March 2024 in order to support delivering timely care to our patients. This has included more senior presence at flow meetings, clear actions around criteria to reside, golden patients, clear escalation for delays in care for patients, additional support at weekends and continued focus on length of stay. Increased support from PLACE has also been agreed with a weekly gold meeting with all senior leaders chaired by the PLACE director.</p> <p>There have been thirty patients who waited longer than 12 hours from the decision to admit for a bed reported in January 2024. All of these have been investigated and were a result of the operational demand, flow and restrictions due to increased seasonal infections. These were all recorded as incidents and reviewed accordingly with no moderate or severe harm reported.</p>
Cancer Standards	<p>The Trust achieved its Cancer 62-day target with 59 patients over 62 days against a trajectory of 64 patients.</p>
18wws	<p>The operational teams continue to focus on elective recovery and prioritise long waiting patients being seen; however, as previously highlighted the elective programme has been further impacted by the recent periods of industrial action with further industrial action planned.</p>
52wws	<p>The Trust achieved the revised elective trajectory for the month of January, for the number of patients waiting over 65 weeks, with the number of patients waiting at the end of January 2024 being 95 against a target of 106. The Divisions are focusing on ensuring that patients waiting over 65 weeks are seen before the end of March 2024, with significant focus taking place on ensuring all patients have dates for surgery. Current specialities that have some remaining risk with achieving this are ophthalmology (as described below) general surgery and orthopaedics.</p> <p>There are six patients waiting over 78 weeks for Corneal graft of which two patients have tissue allocated and confirmed dates with Sheffield Teaching Hospitals. The Trust continues to receive support from Sheffield Teaching Hospitals for patients requiring this procedure as tissue becomes available, however, challenges with obtaining tissue remain on a national level</p>
6 wws diagnostics	<p>Diagnostic Waiting Times (DM01) is 2.0% for January 2024 against the target of 1%.</p>

Nurse Staff	<u>January 2024</u> The current funded establishment for Registered Nurses is 1363.54 WTE. The current vacancy position is 64.46 WTE with 17.00 WTE going through the recruitment process. This will give an overall vacancy position of 47.46 WTE (3.5%). The vacancy position has increased but this is due to an increase in establishments on AMU and Short stay unit, there has been an increase in RNs in post overall.
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12. ASSOCIATE CONTRACTS

Trust	A&E Four Hour Access Standard (March 2024)	RTT 18ww Incomplete Pathways (February 2024)	62-Day wait from an Urgent Referral or Consultant Upgrade to a first Definitive Treatment (February 24)	Six Week Diagnostic (February 2024)
Sheffield Teaching Hospitals NHS Foundation Trust	74.1%	62.17%	42.22%	16.40%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	76.1%	60.27%	71.76%	24.75%
Barnsley Hospital NHS Foundation Trust	73.8%	69.73%	70.00%	4.32%
Sheffield Children's Hospital NHS Foundation Trust	87.8%	63.44%	NA	20.67%

13. CARE AND TREATMENT REVIEWS

From February to April there have been 4 CTRs and 1 LAEP (2 people have declined a CTR during this period). Finding hospital placements remains difficult due to national bed pressures. There is no place of safety for Children across SYB, so this has led to one young person being admitted to Sheffield Children's Hospital resulting in the temporary closure in several beds due to the person's complex presentation.

The ICB are considering if a centralised DSR/CETR hub would be viable to work across all 4 Places, this would ease pressure on business support if additional staff were being considered.

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, with a further six over the next nine months. Ministry of Justice restrictions are causing delays for two people. There are difficulties identifying placements for patients who have capacity regarding their care and support needs but will need high levels of support due to risks in relation to self-harm.

Oversight visits continue for all this cohort but have been affected by capacity issues within the S117 team, meaning that this statutory timeline 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. 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 and a market testing/engagement event is planned for May.

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 team. Report due next submission.

17. PATIENT AND PUBLIC ENGAGEMENT – WHAT WE ARE HEARING

Engagement activity and themes January – March 2024

Activity

NHS ICB South Yorkshire Engagement Team

- Work on the Involvement Strategy Refresh – Start with People. Work has included :-
 - Gathering what we already know about what people have told us about being involved from a variety of sources
 - An online survey, community conversations led by the Healthwatch bodies, and drop-ins in each Place
 - The draft is going to a public reader group in early April, with draft being presented to Board shortly after
- Co-working, supporting events across South Yorkshire, and acting as a point of advice and guidance.

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. There were over 1200 responses to the initial survey, which Public Health are now analysing, and which already promises to provide a rich seam of data – with people noting that the things that most helped them manage their long term conditions were friends, family and remaining as active as possible, including getting out. The next stage of community conversations will follow shortly, and the full analysis will be circulated as soon as available.

- Working with the commissioning lead and Rotherham Maternity and Neonatal Voices Partnership to build a new model of voice provision following new national guidelines
- Liaison with and support to Rotherham Healthwatch- there is a new manager in post, and the current organisation now has a new contract secured. In the Engagement team we are looking at ways of working with the VCS generally and Healthwatch in particular in a more planned and sustainable way, building ongoing conversations, rather than time limited, one off asks
- Support and advice to place colleagues on community links, contacts, and engagement processes remains regular and part of routine tasks
- Contact also maintained with a variety of community organisations, both online and virtually

GLOSSARY

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



Terms of Reference

Name of Group	Rotherham Place Executive Team (RPET)
Reporting to:	Place Board – ICB Business
Purpose	
<p>The Rotherham Place Executive Team will support the *Rotherham ICB Place Committee in delivering functions delegated by the ICB Board, in accordance with the Constitution of the ICB and in accordance with the Rotherham Place Agreement.</p> <p><i>*Rotherham ICB Place Committee is the Rotherham Place Board when conducting ICB Business as described in part 3 of the Rotherham Place Board terms of reference.</i></p>	
Membership and Attendance	
<p>The meetings will be run by the Chair of RPET, in the event of the Chair being unable to attend all or part of the meeting, another Member of RPET shall chair the meeting chosen by the members present (or by a majority of them).</p> <p>Chair: Executive Place Director</p> <p>The Members of the RPET are:</p> <ul style="list-style-type: none"> • Executive Place Director, ICB (Chair) - Chris Edwards • Director of Partnerships, Rotherham Place, ICB - Claire Smith • Director of Nursing for Doncaster and Rotherham Places - Andrew Russell • Medical Director, Rotherham Place, ICB - Jason Page • Director of Financial Transformation (Rotherham), ICB - Wendy Allott <p>The following individuals will be invited to attend each RPET meeting as Participants. Participants attend meetings and may be invited by the Chair to participate in discussions, they do not vote unless they are invited to do so and/or deputising.</p> <ul style="list-style-type: none"> • Deputy Director of Partnerships, Rotherham Place, ICB - Jude Wildgoose • Transformation and Partnership Portfolio Manager, Rotherham Place, ICB - Lydia George • Deputy Chief Nurse and Designated Nurse for Safeguarding & Looked-after Children, Rotherham Place, ICB - Julie Warren-Sykes • Head of Finance (Rotherham Place) - Joanne Sarsby • Clinical Transformation Lead Rotherham Place, ICB - Stuart Lakin • Digital Transformation Programme Director, ICB - Andrew Clayton • Head of Communications, ICB - Gordon Laidlaw • Acting Project Director, Medicines Optimisation, SY ICB – Gov Bhogal • Deputy Director of People, OD and Culture, SY ICB - Lisa Devanney <p><i>Note - officer names are correct at the time of update but are subject to change.</i></p> <p>ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.</p>	

The Chair may invite such other Participants to attend any meeting of the RPET as the Chair considers appropriate.

Deputising:

With the permission of the Chair, Members of RPET may nominate a deputy to attend a meeting that they are unable to attend. Members should inform the Chair of their intention to nominate a deputy and should ensure that any such deputy is suitably briefed and qualified to act in that capacity. The deputy may speak on their behalf and may vote in agreement by the chair and the person they are deputising for.

The decision of the Chair regarding authorisation of nominated deputies is final.

Meetings Quoracy and Decisions

No business shall be transacted unless at least 60% of the membership (which equates to a minimum of 3 individuals).

Members of RPET may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

Responsibilities of the Group

The Rotherham Place Executive Team (RPET) will:

- **Support operational delivery for Rotherham ICB Business** working through established governance to support collective accountability between partner organisations for place based **system delivery and performance**, in line with the statutory and contractual accountabilities of individual organisations.
- **Support provision of Health Care Services for Place Population in line with the allocated resources across the ICS through a range of activities including:**
 - convening and supporting providers at Place to lead major service transformation programmes.
 - supporting the development of primary care networks (PCNs).
 - working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care.
- Provide **challenge and scrutiny to the Rotherham QIPP** process.
- Ensure **consultation, involvement and engagement** on place based plans is undertaken where appropriate.
- Engage with **Health Overview and Scrutiny Committee**.
- **Approve the operating structure in Rotherham**, including implementation in Rotherham of people priorities.
- Be responsible for **Health and Safety and Fire legislation** as applicable in relation to building and staff working in Rotherham.
- Have **oversight of the Management of Procedural Documents**, with ratification in line with the ICB Policy, and confirmation of appropriate approval route.

- **Develop joint working arrangements** with partners in place that embed collaboration and integration as the basis for delivery within the ICB plan, including:
 - Work with partners across the NHS and with local authorities to agree **action on data and digital and development of population health management**.
 - Work jointly on **estates, procurement, supply chain and commercial strategies** to maximise value for money in place and support wider goals of development and sustainability.
- **Review of assurance and risk and issues log** as appropriate for Rotherham ICB Business.
- Support **Rotherham ICB Committee** – oversight of agendas and papers and escalation of items.
- Identify issues to be escalated to **Rotherham Place Board: Partnership business** (part 2 of Place Board terms of reference: Partnership Business).

Behaviours and Conduct

Members will be expected to conduct business in line with the (ICB) values and objectives.

Members of, and those attending, shall behave in accordance with the (ICB's) Constitution, Standing Orders, Managing Conflicts of Interest Policy and Standards of Business Conduct Policy.

In circumstances where a potential conflict is identified the Chair will determine the appropriate steps to take in accordance with the Managing Conflicts of Interest Policy. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.

The group will conduct its business in accordance with any national guidance, and relevant codes of conduct/good governance practice including the Seven Principles of Public Life, also known as the Nolan Principles

Equality and Diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

Accountability and reporting

RPET shall submit a log of key decisions made by the Executive Place director under their delegated responsibility and as supported by members of RPET to the ICB Place Committee.

RPET will receive for information the minutes of other meetings which are captured in their work plan e.g. sub-committees.

Secretariat and Administration

Frequency of meetings: RPET will meet weekly.

Support and minutes: Administrative support will be provided to RPET by officers of the ICB. This will include:

- Agreement of the agenda with the Chair, taking brief minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining a log of decisions to be reported to the Rotherham ICB Place Committee.
- Sending out agendas and supporting papers to 2 working days before the meeting.
- The records of action points will be stored on the CCG R drive R:\0. CCG Meetings\1. Rotherham Place Executive Team in a secured folder.

Agenda deadlines: Close of place each Tuesday

Review

October 2022
14 July 2022
15 December 2022
26 January 2023
2 February 2023

Reviewed May 2024

Date of approval:

Approved by RPET 27 06 24, to be ratified by Rotherham Place Board (ICB Committee)

Approved by:

Date of next review: May 2025



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

Rotherham Place Board

17 July 2024

Author(s)	Ruth Nutbrown – Assistant Director of Business Management Alison Hague – Business Manager – Corporate Affairs and Risk Abby Sharp – Business Support Officer – Risk
Sponsor Director	Mark Janvier – Director of Corporate Governance & Board Secretary Will Cleary-Gray, Executive Director of Strategy & Partnerships
Purpose of Paper	
For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which had been presented by exception on the 4 July 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.	
Key Issues / Points to Note	
The current BAF, RR and IL is a standing item on the Rotherham Place Board agenda at each meeting. Reviews of risks, issues and the BAF are undertaken at SMT with a deep dive conducted 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.	
Executive Summary	
Changes have been made to the presentation of the Risk Register and Issues Log. The view available to Rotherham Place Board Member is inclusive of:	
<ul style="list-style-type: none"> • ICB-Wide Corporate Risks / Issues with a Score of 12 or above (threshold for ICB Board). • 'All Place' based risks / issues where each Place has individual responsibility for update, review and action. • Risks / issues in which Place Teams have to provide assurance. 	
The BAF, RR and IL has transferred to the new digital system, which launched on the 1 April 2024. However, due to the access rights of the ICB, the information will be provided on the appendices supporting this cover paper.	
Board Assurance Framework	
A new BAF went live on the 1 April 2024. The new BAF has been aligned to the 5-year joint forward plan. Work has been undertaken in collaboration with the Corporate Risk Team and the Accountable Officers. It is to be acknowledged that this is a work in progress, so further amendments and updates are anticipated over time. The new BAF is available on the link noted above.	

2 Board Assurance Framework

The Audit and Risk Committee has principal oversight of the following BAF Risks:

Table 1: BAF Risks, by score

Ref	How is the Board Assured that ...	Score	Actions
1.3 – R	The local healthcare system is sustainable, accessible and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.	3 x 3 = 9	<ul style="list-style-type: none"> • 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives • Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. • Change Programme implementation Q2 & Q3; Transition to new Operating Model Q4.
1.6.3	<ul style="list-style-type: none"> • Children and Young People (0-25) services are effective (Mental Health, LD and Autism) • Specifically for mental health this includes: <ul style="list-style-type: none"> • Implementation of Mental Health Support Teams in Schools • A comprehensive offer for 0-25 year olds that reaches across mental health services • for CYP and adults. • The 95% CYP Eating Disorder referral to treatment time standards achieved • 100% coverage of 24/7 mental health crisis care provision for children and young • people which combines crisis assessment, brief response and intensive home treatment functions • CYP mental health plans will align with those for children and young people with learning • disability, autism, special educational needs and disability (SEND), children and young people's 	3 x 3 = 9	<ul style="list-style-type: none"> • ICB level and Place level oversight of deliverables and adherence to access and waiting times standards • Implementation of 2x MHSTs in 2024/25 • Review and refresh of LTP for CYP in 2024/25 at place supported by the system • Review of CYP LDA programme to ensure alignment • Interdependencies with Provider Collaborative delivery of all-age eating disorder reconfiguration"


	<ul style="list-style-type: none"> • services, and health and justice 		
1.7	<ul style="list-style-type: none"> • The ICB has a programme of work in place to strengthen and accelerate our focus on prevention and early identification that has a focus on where it can have the most impact in improving outcomes; • on the four main modifiable risk factors of smoking, healthy weight (diet and physical activity), alcohol and hypertension, • improved management of long term conditions which are the main causes of premature mortality in South Yorkshire (cardiovascular and respiratory) in order to delay and prevent co-morbidity from occurring 	3 x 3 = 9	Awaiting details


2.1	Through effective Place Partnership Plans, the ICB is tackling inequalities and moving towards greater self-care prevention and patient empowerment	4 x 2 = 8	<ul style="list-style-type: none"> • Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board • Robust ICB 5-year Joint Forward plan - agreed at July board 2023 • Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake • 360 Internal Audit HI completed May 23. Audit and PHM SDG action plan presented to August QPPIE - HI internal audit to be included in the internal audit ICB annual Plan.
1.6.2	Children and Young People (0-25) services are effective (Safeguarding and SEND)	3 x 2 = 6	Awaiting details
3.9	The ICB effectively uses of digital and data to better understand and enable transformation of productivity and VfM in health and care delivery	2 x 1 = 2	<ul style="list-style-type: none"> • Delivery of the target minimum viable product for SCR within the next two financial years. • Delivery of the SY Data Platform to support population health management by June 2024 • Inclusion of qualitative (public) insight into the SY Data Platform by Q3 24-25. • Development of a pathways costing model by June 2024 to support identification of productivity opportunities. • To implement Eclipse across all GPs in South Yorkshire by Q2 2024
3.10	The ICB is improving digital inclusion to ensure optimal use of digital and data solutions for our citizens and wider population	2 x 1 = 2	<ul style="list-style-type: none"> • Establish SY Digital Inclusion working group and delivery plan by June 2024. • Co-design and deliver a system wide coordinated approach to the use of digital communication across South Yorkshire by 2025
1.1.1 – R	the ICB is maintaining quality, services and outcomes through Improvement and transformation	Score to be applied	Awaiting details


1.5	The ICB is taking a prevention focussed population health approach and addressing health inequalities is in all that we do	Score to be assigned	Awaiting details
1.6.1 – R	Children and Young People (0-25) services are effective (General Services)	Score to be applied	Awaiting details
1.8 – R	Primary care services are effective in Place	Score to be assigned	Awaiting details
2.7.1 – R	The ICB works collaboratively with partners to improve health, care and reduce inequalities	Score to be assigned	Awaiting details
2.12 – R	Integrated services supporting people in the community are working well	Score to be assigned	Awaiting details
4.9 – R	Our work with people and communities is effective	Score to be assigned	Awaiting details
4.11 – R	Our work with local authority is effective	Score to be assigned	Awaiting details

3 CORPORATE RISK REGISTER - OVERVIEW

Initial vs Residual Scoring

 **23** (62.16%)
have seen a decrease in score

 **12** (32.43%)
have experienced no change to score

 **2** (5.41%) have increased in score



Risk Review: Overdue Status -

1 – 6 days overdue	7 – 13 days overdue	14 – 20 days overdue	21 – 27 days overdue	Over 28 days overdue	Pending Detail	Review Complete
2 (5.41%)	0 (0%)	1 (2.70%)	3 (8.11%)	6 (16.22%)	0 (0%)	24 (64.86%)

3.1 Overdue Risks

Below is a breakdown of the risks overdue for review by Score, where risks are specific to Rotherham or a Rotherham colleague has involvement within providing an update. Depending on the residual score each risk has a review frequency of either annually (Low Risk), 6 monthly (medium risk), quarterly (high risk), monthly (very high risk) or weekly (Extreme risk). By way of assurance risks are shared with Lead risk owners on a monthly basis as a reminder, where updates can be provided if they are available. However, should no response be provided, the 'overdue' status will trigger once that timeframe has passed. Prior to the implementation of the digital system, requests were sent on a monthly basis, the frequency has been increased and weekly reminders are now sent to those who have overdue items.

Table 2: Rotherham Place Risks - Overdue for review, by risk score

Person Responsible for Update	Risk Reference	Description	Score	Days Overdue	Review Requests Sent
Wendy Allott	SY042-R	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.	5 x 4 = 20	96	01/04/24 08/04/24 15/04/24 22/04/24 29/04/24 06/05/24 13/05/24 20/05/24 27/05/24 03/06/24 10/06/24 17/06/24 24/06/24 01/07/24 08/07/24
Wendy Allott	SY016 - R	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 X 3 = 9	36	03/06/24 10/06/24 17/06/24 24/06/24 01/07/24 08/07/24

3.2 Rotherham Risk Register – Corporate Risks

Development of the Rotherham Place Risk Register is ongoing, it is to be acknowledged that whilst the Place Risk Register may not be finalised, the Corporate Risk Team should continue to receive updates in regard to progress, as the Audit and Risk Committee require evidence and assurance that work is continuous work is being undertaken in the management of localised risks. The Audit Committee are seeking assurance that:




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




risk appetite score.

There are currently a total of **38** open risks on the Corporate Risk Register. The risks applicable to Rotherham (all places, ICB and Rotherham listings) are available on the link as noted above.

There are risks with a residual score of 15 or above (threshold for reporting to Board), shown in table 3 below.

Table 3: Risks with a residual score of 15 or above:

Ref	Descriptor	Score	Change in Score	Mitigation / Treatment
SY042 - R	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.	5 x 4 = 20		<ul style="list-style-type: none"> • Place Committee. • Partnership Agreements.
SY028	Oncology Workforce Challenges – in recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and lower GI service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer-term solution which is being led by the Cancer Alliance.	4 x 4 = 16		National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team with IMT established. STH are establishing a Non-Surgical Oncology (NSO) insourcing model for breast services with Remedy to secure additional capacity.
SY115	Operational Recovery - There is a risk that operational recovery for cancer services will be significantly hindered by further Industrial Action.	4 x 4 = 16		<ul style="list-style-type: none"> • Continue to support local derogations in relation to cancer services if possible. • Cancer Alliance Board have requested work is

				undertaken to fully understand the impact of IA on cancer pathways and identify opportunities that could enhance mitigations as a result of further action
SY116	Operational Recovery - There is a risk that OMFS Consultant pressures for cancer services will lead to an increase and inequity in waiting time leading to potential harm for patients with head and neck cancer.	4 x 4 = 16		Discussions ongoing with DBHFT / STHFT to establish solution and ensure equity of waiting times. Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of OMFS services.
SY117	Paediatric Radiotherapy - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals NHS Foundation Trust beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals. There is a risk that the paediatric radiotherapy service will not be able to be returned.	4 x 4 = 16		NHSE Specialised commissioning leading discussions with LTHFT, SCH and STHFT. Current commitment to March '24 based on increased training commitment of the STHFT clinical oncologist.
SY132	GP Action - There is a risk of GP action during 2024/5 due to the BMA's General Practitioner Committee (England) being in dispute with NHS England in relation to the 2024/5 GMS contract for General Practice	4 x 4 = 16		<ul style="list-style-type: none"> We committed to continued dialogue – and discuss potential “themes” of action – e.g. shared care –

	<p>which may result in negative impact on the delivery of and access to Primary services.</p>			<p>that may allow us to plan accordingly with partners</p> <ul style="list-style-type: none"> • We discussed that this may be seen as an opportunity to accelerate some of the transformation – particularly the primary / secondary care interface work • Inevitably SDF was mentioned – as discussed we need to be open about this and really give some thought to prioritisation • Escalate Risk through NHSE regional and national channels. • Brief local MPs and seek support to resolve the dispute between BMA and Government.
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The following changes to Rotherham Place Risk Portfolio have been made during the reporting period:

SY113 – Residual score reduced from 16 to 12

SY124 - Residual score reduced from 16 to 12

SY128 – Risk now split across System and Places. Rotherham risk reduced from 16 to 12

4. CORPORATE ISSUES LOG



Issue Log Review: Overdue Status -

1 – 6 days overdue	7 – 13 days overdue	14 – 20 days overdue	21 – 27 days overdue	Over 28 days overdue	Pending Detail	Review Complete
2 (22.22%)	1 (11.11%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	7 (66.67%)

4,1 Overdue Issues.

Below is a breakdown of the issues overdue for review by Score, where issues are specific to Rotherham or a Rotherham colleague has involvement within providing an update. Depending on the score each issue has a review frequency of either annually (Low), 6 monthly (medium), quarterly (high), monthly (very high) or weekly (Extreme). By way of assurance risks are shared with Lead risk owners on a monthly basis as a reminder, where updates can be provided if they are available. However, should no response be provided, the 'overdue' status will trigger once that timeframe has passed. Prior to the implementation of the digital system, requests were sent on a monthly basis, the frequency has been increased and weekly reminders are now sent to those who have overdue items.

Table 5: Rotherham Place Issues - Overdue for review, by risk score

Person Responsible for Update	Issue Log Reference	Description	Score	Days Overdue	Review Requests Sent
<i>There are no issues that meet this criteria</i>					

4.2 Rotherham Issues Log – Corporate Issues

There are currently 9 issues on the Corporate Issues log. These can be viewed in the links outlined in Appendix 1.


The current extreme and very high scoring issues, applicable to Rotherham Place are presented below




Table 6: 'Extreme' and 'Very High' issues, by score


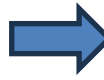

There are currently 9 issues on the Issues log, with 7 related to Rotherham (inclusive of All Places and ICB issues). These can be viewed via the link in section 1.

The current 'extreme and very high' issues are shown in the table below:

Table 5: extreme and very high issues, by score

Ref	Descriptor	Score	Change in Score	Mitigation / Treatment
IL18	Doncaster Royal Infirmary (DRI) - Backlog Maintenance - Recent incidents at DRI including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate of DRI. The issue has the potential to cause harm to patients, staff and visitors.	5 x 5 = 25		<ul style="list-style-type: none"> • Risk summit held with local partners. • Put improved electrical infrastructure. • Upgraded roofing and replaced windows. • Improve fire precautions. • 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

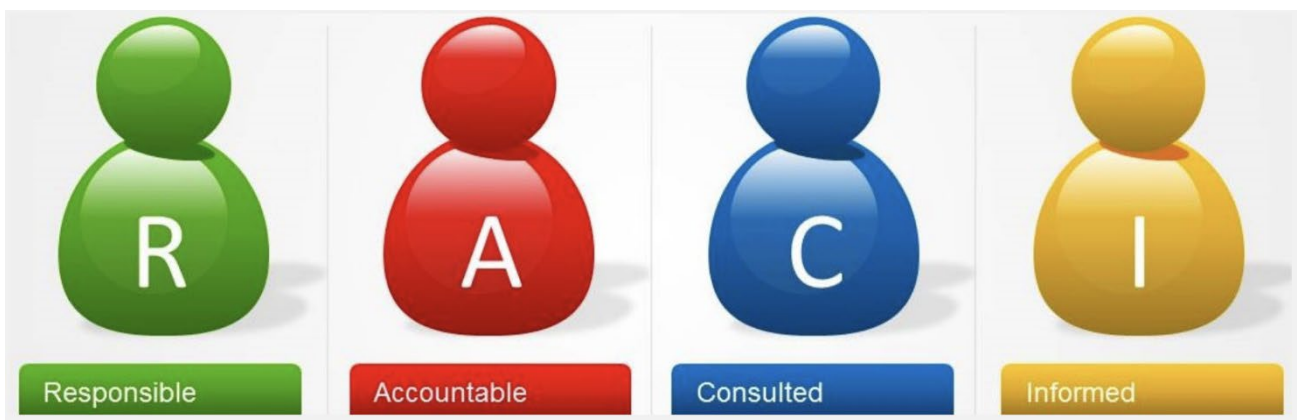
				<p>are organising a Doncaster providers workshop to look at mitigation of this risk take place on 4th December 2023.</p> <ul style="list-style-type: none"> • Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCG.
IL12	<p>Cancer – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.</p>	5 x 4 = 20		<ul style="list-style-type: none"> • Breast waiting times are being monitored through the Regional Incident management team meetings. • Mutual aid has been fully explored through regional team. • However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.
IL03	<p>Strike Action across health and social care workforce - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.</p>	5 x 4 = 20		<p>Effective incident planning of services local discussion about derogations services that should continue during strike.</p>
IL13	<p>78/104 Week Waits - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.</p>	5 x 4 = 20		<ul style="list-style-type: none"> • Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.

IL17	<p>Continuing Health Care - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.</p>	<p>4 x 4 = 16</p>		<p>Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.</p>
IL09	<p>Medication Supply - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.</p>	<p>5 x 3 = 15</p>		<ul style="list-style-type: none"> • To communicate deployment of serious shortage protocols • An additional mitigation/ response is a co-ordinated sharing of out-of-stock information across MO lead by Barnsley Place and tactical level response being developed in the event of a sudden shortage. • To raise with the system control centres the possibility of dealing stock from hospitals. • Release advice about alternatives and how they can be used. • To raise with NHS region.
IL07 - R	<p>Urgent and Emergency Care (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.</p>	<p>5 x 3 = 15</p>		<ul style="list-style-type: none"> • Note Contract led by West Yorkshire ICB. • South Yorkshire ICB executive represented on the Y&H Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and YAS • Good engagement and representation from YAS at place and SY UEC Alliance Board.

				<ul style="list-style-type: none"> • 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
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5. RACI

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.

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
- Formal 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 July 2024 at 09:00

Is your report for Approval / Consideration / Noting			
<ul style="list-style-type: none"> • For Consideration - An item of business that requires discussion by the Committee prior to agreement of a formal decision or a general policy steer to the executive officers 			
Recommendations / Action Required			
Members are asked to:			
<ul style="list-style-type: none"> • Review the collated SY ICB Risk Register and Issues Log for Quarter 2; and • Support the ongoing development of the BAF, Risk Register and Issues log. 			
Board Assurance Framework			
This report provides assurance against the following corporate priorities on the Board Assurance Framework (<i>place ✓ beside all that apply</i>):			
Priority 1 - Improving outcomes in population health and health care.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓
In addition, this report also provides evidence against the following corporate goals (<i>place ✓ beside all that apply</i>):			
Goal 1 – Inspired Colleagues: To make our organisation a great place to work where everyone belongs and makes a difference.			✓
Goal 2 – Integrated Care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.			✓
Goal 3 – Involved Communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision making.			
Are there any potential Risk Implications? (Including reputational, financial etc)?			
There are no risk implications.			
Are there any Resource Implications (including Financial, Staffing etc)?			
There are no financial implications for this paper but notwithstanding some of the risk areas will have financial implications for the ICB.			
Are there any Procurement Implications?			
There are no procurement implications.			
Have you carried out an Equality Impact Assessment and is it attached?			
Not applicable			
Have you involved patients, carers, and the public in the preparation of the report?			
There has been no Patient or public involvement in the development of the BAF, RR or Issues Log but stakeholders/risk owners are being contacted for conversations about their risk profile and this will continue in a structured way during each cycle of updates.			
Appendices			
<ul style="list-style-type: none"> • There are no appendices attached to this cover paper. Access to the digital systems is via the links within the executive summary. 			

Board Assurance Framework, Corporate Risk Register & Corporate Issues Log

Version : Live
Meeting Date: 17/07/2024

REPORT FOR: Rotherham Place Board

BAF	Consequences / Severity				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood					
Rare 1					
Unlikely 2	2.2, 2.4, 4.13.1, 4.13.2	2.3.1, 2.6	1.4.1, 1.6.3, 1.9.2, 1.10, 3.6	2.1.	
Possible 3	3.1	3.4, 4.6, 4.12	1.1, 1.1.1, 1.2, 1.3, 1.7, 2.5, 2.9, 3.5	2.13	0.1.2
Likely 4			3.9		0.1.1, 4.3
Almost Certain 5					0.2

CORPORATE RISK REGISTER	Consequences / Severity				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood					
Rare 1					
Unlikely 2		SY106, SY125	SY079, SY107, SY130		
Possible 3	SY004, SY017	SY019, SY049, SY062, SY078, SY103	SY006, SY016, SY044, SY082, SY112	SY021, SY108, SY113, SY123	SY131
Likely 4	SY011		SY040, SY061, SY063, SY066, SY069, SY091, SY107	SY028, SY115, SY116, SY117, SY124, SY128, SY132	SY042
Almost Certain 5					

ISSUES LOG	Consequences / Severity				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Likelihood					
Rare 1					
Unlikely 2					
Possible 3				IL19	IL08, IL09
Likely 4				IL17	IL03, IL07, IL12, IL13
Almost Certain 5					IL18

Ref	How is the Board Assured that	Accountable Officers	Delegated to	Principal Oversight Committees that must be in the Governance Structure (Board, Sub-committee, Place Committee, SLE, QSO)	RACI	Source of Risk	Link to Risk Register/Issues Log	1st Line of Defence - Risk Ownership/ Front Line	2nd Line of Defence - Risk Management/ Corporate Oversight Functions	3rd Line of Defence - External and internal audit, CIC Regulator, COC, Monitor.	Risk Appetite	Control/Assurance Gap	Residual Score	Assurance Level	Rationale for assurance level	ACTIONS	Potential audit area		
								e.g. operational processes, project risk and control activity, business level monitoring	e.g. Finance, IT, Business Support, HR and Payroll	e.g. Monitor compliance and provide independent challenge and assurance		What additional actions need to be taken to manage this risk (including timescales) or what additional assurance do we need to seek?						What would be required to reduce the risk?	
Objective 1: Improve Outcomes in Population Health and Healthcare - Executive Leads - Chief Medical Officer/Chief Nurse												Risk Appetite 9	Risk Appetite 9						
1.1.1 - R	The ICB is maintaining quality, services and outcomes through Improvement and transformation	Chris Edwards (Rotherham Place Director)		GIPE Supported by SY ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY114, SY115, SY116, SY117, SY124, SY028, SY082, SY107, SY040, SY096, SY127.	Rotherham Health and Care Place Plan details plans and is overseen by the Rotherham place board and the Health and Wellbeing board. Plan is also signed off by all statutory partners, VWR and Connect Healthcare	Rotherham Place Board receives monthly performance and quality reports. Rotherham place leadership team meets weekly	Quarterly performance meetings between Rotherham place and SYCB. RMBC health Select committee engage on issues as appropriate									
1.3 - R	The local healthcare system is sustainable, accessible and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.	Chris Edwards (Rotherham Place Director)		Place Committee System Leaders Executive	Accountable	South Yorkshire Joint Forward Plan / BAF 2023	SY031, SY082, SY028, SY099, SY040, 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 - EPRI - NHS England/SY ICB Assurance MOU	ICB Place Committees Operational Executive Board Sub Committee review	- Local HWBBs - NHSE Single Oversight Framework - NHSE Assurance process	3x4 = 12		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 Reduction programme. Change Programme implementation Q2 & Q3. Transition to new Operating Model Q4.	Place Delegation Arrangements and Effectiveness		
1.5	The ICB is taking a prevention focussed population health approach and addressing health inequalities in all that we do	David Crichton (Chief Medical Officer)		Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY044	System Delivery Group Population Health and Health Inequalities SY Prevention Programme SY Digital, Data and Technology										Becoming population health led - Becoming prevention led - primary prevention and peer support at neighbourhood level, prevention campaign. Connecting research opportunities with focus on maximising the focus and effort to maximise impact.	
1.6.1 - R	Children and Young People (0-25) services are effective (General Services)	Will Cleary Gray (Director of Strategy and Partnerships)	Helen Swanton	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040	SY Children and Young People Alliance. Provider Contract management, Quality Assurance and Performance Information and Service Development Meetings. Thematic Partnership Oversight Meetings e.g. SEMH Strategic Group, Best Start Steering Group, CIC Physical and Emotional Health Group, SEND Partnership Board, Preparation for Adulthood Board etc.	Place Board and Place Plan and performance reporting. Rotherham Safeguarding Children's Board, Health and Wellbeing Board, Children and Young People's Partnership Board.	Y&H Network. NHSE. Ofsted/ COC including SEND Inspection Framework/ ITAL.								Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs	
1.6.2	Children and Young People (0-25) services are effective (Safeguarding and SEND)	Cathy Winfield (Chief Nursing Officer)		Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040	SY Children and Young People Alliance										Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs	
1.6.3	Children and Young People (0-25) services are effective (Mental Health, LD and Autism) Specifically for mental health this includes: - Implementation of Mental Health Support Teams in Schools - A comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults. - The 95% CYP Eating Disorder referral to treatment time standards and the proportion of CYP waiting 4 weeks or less to start receiving help achieved - 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions - Delivery of the CYP Inpatient transformation plan (led by specialised collaborative) - CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice	Wendy Lowder (Director of Barnsley Place)	Kelly Glover	Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY040	- Development and implementation of effective system-wide and Place Operational Plans to deliver LTP BSS planning objectives. - Effective delivery management processes at place including internal ICB escalation and system level oversight - Effective patient experience and engagement processes to support delivery undertaken by VCSE partner - Focus on delivering the ambitions of the Integrated Care Strategy and 5 year ICB Plan with a focus on early intervention and prevention	ICB Place Committees - MILDOSA SDG - Senior Leadership Executive Operational Executive Board	- NHSE Assurance process	3x3 = 9		Medium				ICB level and Place level oversight of deliverables and adherence to access and waiting times standards Implementation of 2x MHSTs in 2024/25 Review and refresh of LTP for CYP in 2024/25 as place supported by the system, with involvement from CYP Review of CYP LDA programme to ensure alignment Interdependencies with Provider Collaborative delivery of all-age eating disorder reconfiguration and ASD/ADHD workstream		
1.7	The ICB has a programme of work in place to strengthen and accelerate our focus on prevention and early identification that has a focus on where it can have the most impact in improving outcomes: i) on the four main modifiable risk factors of smoking, healthy weight (diet and physical activity), alcohol and hypertension ii) improved management of long term conditions which are the main causes of premature mortality in South Yorkshire (cardiovascular and respiratory) in order to delay and prevent co-morbidity from occurring.	David Crichton (Chief Medical Officer)	David Lautman / Lisa Wilkins	Pop Health and Health Inequalities SDG, Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY044	To give clear oversight Prevention and LTC papers detailing progress against JFP priorities will be tabled at Pop Health and HI SDG and Board. This work is led by the Prevention and Public Health Team (Medical Directorate) and the Population Health Team for LTC (Strategic and Partnerships) as a joint function mapped against the Joint Forward Plan. NHS planning Guidance and the Integrated Care Partnership's strategy. In 24/25 we are expecting the publication of a National Major Conditions Strategy which will further guide this work. The programme of work is delivered in number of different ways. Some work is led and undertaken by the team, in others it is co-ordinated or support by team and led by others. Physical Health and Prevention Programmes are further supported by the Clinical Programmes team at NHSE NEY Regional Team.	-x4 Place Partnership Committees - SY SDG Population Health and Hrs	- NEY NHSE Regional meetings (NEY Prevention Board and NEY Physical Health Board)	3 x 3 = 9		Medium					Reporting progress on focussed on the priorities that will have the biggest impact in the below areas. - Primary prevention - modifiable risk factors (smoking, healthy weight and physical activity, alcohol) - Early identification of LTCs, Diabetes, CVD, respiratory, increase the prevention detection and management - Optimal models of care, multi morbidity rehab - Support for self-management - support and tools for people	
1.8 - R	Primary care services are effective in Place.	Chris Edwards (Rotherham Place Director)		System Leadership Executive Group supported by: Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY070, SY069, SY061	Place Primary Care meetings: Primary Care Delivery Group chaired by Deputy Place Director, decisions record and may go through Place Executive Team (meets weekly) where appropriate. Oversight by Rotherham PLACE board	Operational Executive	Annual update to Health Select committee									
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.	Dr David Crichton (Chief Medical Officer)		Place Committees	Accountable	South Yorkshire Joint Forward Plan / BAF 2023	SY021, SY042, SY010, SY061, SY044, SY114	- PHM SDG - Digital Research Innovation (DRI) SDG - JCS Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong relationship with Healthwatch - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and PLACE Delivery Plans - Integrated Care Partnership Strategy - Population Health Needs Assessment - Joint Forward Plan - ICP strategy and comprehensive public engagement on population needs. SY Digital strategy to develop PHM digital tech and implementation across SY (both for direct patient care and service planning purposes).	SY Population Health SDG and 360 HI Innovation SDG. Outcomes framework and Dashboard - Integrated Care Strategy - x 4 Place Partnership Committees	360 Internal Audit on HIs completed with considerations, action plan developed and owned by Pop H SDG was presented at QPPE 88, Action plan progress to be presented to QPPE 90. Internal audit undertaken - NHSE Assurance Framework - COC	4x3=12		Medium				- Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board - Robust ICB 5-year Joint Forward plan - agreed at July board 2023 - Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake - 360 Internal Audit HI completed May 23. Audit and PHM SDG action plan presented to August QPPE. HI internal audit to be included in the internal audit ICB annual Plan.		
2.7.1 - R	The ICB works collaboratively with partners to improve health, care and reduce inequalities	Chris Edwards (Rotherham Place Director)		Place Committee	Accountable	South Yorkshire Joint Forward Plan	SY001, SY079, IL02	Rotherham Health and Care Place Plan details plans and is overseen by the Rotherham place board and the Health and Wellbeing board. Plan is also signed off by all statutory partners, VWR and Connect Healthcare	Rotherham Place ICB board sub committee	Rotherham HWBB									
2.12 - R	Integrated services supporting people in the community are working well	Chris Edwards (Rotherham Place Director)		ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	IL17	Rotherham Health and Care Place Plan details plans and is overseen by the Rotherham place board and the Health and Wellbeing board. Plan is also signed off by all statutory partners, VWR and Connect Healthcare	Rotherham Place ICB board sub committee	Rotherham HWBB								Integrated neighbourhood team development Community services transformation Urgent community response Palliative and end of life care	
Objective 3: Enhance Productivity and Value for Money - Executive Lead - Chief Finance Officer												Risk Appetite 9	Risk Appetite 9						
3.9	The ICB effectively uses of digital and data to better understand and enable transformation of productivity and VM in health and care delivery	Will Cleary Gray (Director of Strategy and Partnerships)	Kieran Baker	ICB Board IG Group (Covering Cyber, Digital and Data Security, Clinical Safety) Place Committees GIPE	Accountable	South Yorkshire Joint Forward Plan	SY044, SY061	ICB Data and Insight Strategy ICS Digital Strategy Digital, Research and Innovation SDG	Digital, Data and Technology Delivery Oversight Group	360 Audit - Data Strategy 360 Audit - Data Quality and Performance Management Implementation of Eclipse Vista across all South Yorkshire Places	2x2=4			Medium			Delivery of the target minimum viable product for SCR within the next two financial years. Delivery of the SY Data Platform to support population health management by June 2024. Inclusion of qualitative (public) insight into the SY Data Platform by Q3 24-25. Development of a pathways costing model by June 2024 to support identification of productivity opportunities. To implement Eclipse across all GPs in South Yorkshire by Q2 2024		
3.10	The ICB is improving digital inclusion to ensure optimal use of digital and data solutions for our citizens and wider population	Will Cleary Gray (Director of Strategy and Partnerships)	Kieran Baker	ICB Board IG Group (Covering Cyber, Digital and Data Security, Clinical Safety) Place Committees GIPE	Accountable	South Yorkshire Joint Forward Plan	SY044, SY061	ICB Data and Insight Strategy ICS Cyber Strategy Digital, Research and Innovation SDG	Digital, Data and Technology Delivery Oversight Group	NHSE NEY Digital Transformation Programme Primary Care Alliance SY Digital Inclusion Audit	2x2=4			Medium			Establish SY Digital Inclusion working group and delivery plan by June 2024. Co-design and deliver a system wide coordinated approach to the use of digital communication across South Yorkshire by 2025		
Objective 4: Help the NHS Support Broader Social and Economic Value - Executive Lead, Director of Strategy & Partnerships												Risk Appetite 9	Risk Appetite 9						
4.9 - R	Our work with people and communities is effective	Chris Edwards (Rotherham Place Director)		Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY010	ICB Involvement Team & wider network Places, Provider Collaboratives and Alliances	Rotherham Place ICB board sub committee	HWBB								Put the voices of people and communities into decision making Embed mechanisms to enable citizen involvement to play a key role in the system focus on tackling health inequalities Work with people and communities on the priorities identified in JFP	
4.11 - R	Our work with local authority is effective	Chris Edwards (Rotherham Place Director)		ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY124	Rotherham PLACE partnership is co-chaired by ICB RMBC. Plans are signed off by both organisations. HWBB strategy signed off by both organisations. Senior joint posts across key work areas. Health attend Rotherham Partnership Board chaired by RMBC Chief Exec and attend Health Scrutiny routinely.	Rotherham Place ICB board sub committee	HWBB								Support and strengthen our partnership arrangements in our places and our SY Integrated Care Partnership	

Ref	Place/ICB	Domain	Link to BA/FR	Issue Description	Lead/owner	Impact	Score	RACI	Mitigation / Treatment	Lead Issue owner	Source of Issue	Date Issue assessed	Due for review	Overdue?	Responsibility	Progress / Update	Date for assessment	Lead/owner	Lead/owner	Date Issue Added to R.	Days Open	Comments
618	ICB	1.2,5,7,8	No link to BA/FR or Risk	Doncaster Reproductive (DR): Backlog Maintenance - Recent incidents at DR including a fire at the recently emp. 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.	Wl Cleary Gray (Director of Strategy and Partnerships)	5	10	Responsible	Risk summit held with local partners. Put improved electrical infrastructure. Urgent remedial work and replacement of lifts. Multi-agency workshop on 08 October 2023 involving all DR trusts. Ambulance Service and NICE. NICE approved project manager to oversee development of lifts DR work Plan. Doncaster Place Team are completing. Doncaster providers working to look at mitigation of this risk later plan on 08 December 2023. Weekly planning to look at mitigation of this risk being provided by NICE leads to NICE.	Wl Cleary Gray (Director of Strategy and Partnerships)	LMP Risk Register	08/11/2023 01/02/2024 15/02/2024 13/06/2024 17/06/2024 20/06/2024	45475	-4	Alisa Loughton / Hilena Charitas	Work with local partners. Put improved electrical infrastructure. Urgent remedial work and replacement of lifts. Multi-agency workshop on 08 October 2023 involving all DR trusts. Ambulance Service and NICE. NICE approved project manager to oversee development of lifts DR work Plan. Doncaster Place Team are completing. Doncaster providers working to look at mitigation of this risk later plan on 08 December 2023, and a system workshop to start the work activities.	Weekly	Local Health Resilience Partnership	Audit and Risk Committee	45236	176	EPBR Manager out to recruitment
619	ICB	1.2,4,6	BAF 2.2 (SVS), SVS, SV079	Stroke Action across health and social care providers - Industrial action following union ballots across health and care impacting on all emergency services that impact on the ability to safely deliver urgent and emergency care pathways.	Wl Cleary Gray (Director of Strategy and Partnerships)	5	4	Accountable	Effective incident planning of services. Local discussion about emergency services that should continue during strikes.	Wl Cleary Gray (Director of Strategy and Partnerships)	DR ICB RR 0106	19/12/2023 16/01/2023 02/02/2023 14/02/2023 02/02/2024 29/02/2024 29/05/2024	45471	-10	Chief People Officer Christine Dy / Chief Nursing Officer Cathy Wintour / Director of Strategy and Partnerships Wl Cleary Gray	Industrial Action period occurred in December 2023 and January 2024, which the CB continued. Awaiting further notification of planned industrial action. Impact on CB programmes and action plans agreed accordingly. EPBR Manager commenced post on the 4 March 2024. Awaiting the implications of the industrial action in primary care.	Monthly	Operational Executive	Audit and Risk Committee	44913	406	EPBR Manager left organization on 29 December 2023. Recruitment for replacement completed and successful candidate commencing on 4 March 2024. Interim arrangements through existing team members.
612	ICB	1.2,5,6	BAF 1.1, BAF 1.2 SV026	Cancer - Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology services that could result in potential harm to patients.	Emma Letimer (Sheffield Place Director)	5	4	Accountable	Short waiting times are being monitored through the Regional Incident Management System. Mutual aid has been fully explored through regional teams. However, capacity issues are reflected regionally and nationally. Some capacity has been established through redeployment.	Emma Letimer (Sheffield Place Director)	CCO Due Diligence Assurance Letters	05/12/2023 02/02/2023 22/02/2023 29/02/2023 19/02/2023 03/02/2023 01/08/2023 05/08/2023 05/12/2023 29/04/2024	45441	-40	Alisa Incepo	STHT continue to have regular Tier 1 discussions to review the backlog position. Additional capacity being secured through redeployment. Agreement set. Discussion will continue and waiting times covered to pre-incident. Regular STHT meetings will continue until waiting times return to pre-incident levels. Additional capacity will be established to support the increasing management with redeployment. STHT requirements provide regular communications across providers and through each director in CB to ensure all parties signified on the current information in the report. There has been significant progress on the target to eliminate three waits, however, ongoing industrial action poses a threat to this. Trusts are prioritising the delivery of safe clinical services being delivered and also reviewing the role of non-urgent care services. As of 01 Nov 2023 patients waiting over 78 weeks (1 at BHF, 29 at DR), 47 at SCF and 11 at DR). There has been a significant reduction in patients waiting over 78 weeks at DR. DR continues to be supported by NICE and national engagement.	Monthly	Cancer Alliance	Quality, Performance, Patient Involvement, Experience	44900	416	Listed to be impacted by next period of industrial action. Cancer Board scheduled for 13/04, update to be provided following this meeting.
613	ICB	5,6	BAF 1.1, BAF 1.2 SV026	78+ Old Week Waits - The system has not responded to patient needs with individual trust efforts to recover their elective lists.	Chris Edwards (Petherton Place Director)	5	4	Accountable	Elective recovery plan overview at system level with individual trust efforts to recover their elective lists.	Chris Edwards (Petherton Place Director)	Sarah Bayles	02/05/2023 01/08/2023 19/08/2023 11/09/2023 02/10/2023 10/10/2023 01/12/2023 10/12/2023 05/02/2024 13/02/2024 19/02/2024	45461	Not overdue	Cathy Haswell / Sarah Bayles	Discussions regarding setting up a large continuing care transformation group. Risk Reviews and the four pillars. Immediate actions being taken to address the structures, recruitment and agency to mitigate risks, insight into future Workforce structures and models. No Change in risk identified. 29/04/24 - CHC work group established with Talk and Portfolio Leaders. Next steps to develop clear work plan. No change in risk.	Monthly	Doncaster Place Committee	Quality, Performance, Patient Involvement, Experience	45048	310	Listed to be impacted by next period of industrial action
617	ICB	5,6,8	SV105	Continuing Health Care - Current risk across ICB is in relation to capacity to deliver secondary care services identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential harm to patients and reduced quality of care.	Cathy Wintour	4	4	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 groups continuing care.	South Yorkshire CB Chief Nurse formal meeting. SVICB Place Directors and CHC and Place Executive Team meeting	02/05/2023 01/08/2023 19/08/2023 11/09/2023 02/10/2023 10/10/2023 01/12/2023 10/12/2023 05/02/2024 13/02/2024 19/02/2024	45476	-5	Andrew Russell	Discussions regarding setting up a large continuing care transformation group. Risk Reviews and the four pillars. Immediate actions being taken to address the structures, recruitment and agency to mitigate risks, insight into future Workforce structures and models. No Change in risk identified. 29/04/24 - CHC work group established with Talk and Portfolio Leaders. Next steps to develop clear work plan. No change in risk.	Monthly	All Place Committees	Quality, Performance, Patient Involvement, Experience	45187	225	Score currently being reviewed as issue is greater in some areas over others	
617	All places	5,6	BAF 1.1	Urgent and Emergency Care (Including 119/99) - This 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.	Dr David Chinn (Chief Medical Officer)	5	3	Consulted	Good engagement and representation from VAS of places and UEC. Alliance Board.	Dr David Chinn (Chief Medical Officer)	DR ICB RR 0104B	05/12/2023 02/02/2024 19/11/2023 09/01/2024 09/01/2024 21/02/2024 13/03/2024 13/04/2024 06/05/2024 20/05/2024 19/06/2024 26/06/24	45503	Not overdue	Barnsley Jamie Wiles / Doncaster Alisa Loughton / Rotherham Claire Smith (South West) / Sheffield Jay Atkinson / Marie Redburn / Heather	Barnsley - Good engagement from all partners including VAS on Barnsley UEC Board UEC Plan in place to ensure delivery of requirements set out in the UEC Recovery Plan and Winter Planning Guidance and currently being reviewed to ensure 2024/25 planning requirements are reviewed and agreed and programme management aligned to support delivery of requirements to support Treatment Pathways including the impact of meeting the needs of people with Emergency and Urgent Care needs. Doncaster - Good engagement from VAS on Doncaster UEC.	Monthly	All Place Committees	Quality, Performance, Patient Involvement, Experience	44900	416	Barnsley - Continues to see fluctuations in performance (26/5/24 - 02). Doncaster - Good engagement from VAS on Doncaster UEC Board and active participation in the UEC workstreams, which have been reviewed and streamlined for 24-26. Improvements since March in ED 4-hour standard have continued, although there has been challenging of times, ambulance handover times remain challenging. Place focus on ensuring alternatives to ED are appropriately accessed and the proportion of patients in hospital with no criteria for intake is reduced. Sheffield from all workstreams are shared at the Doncaster UEC Board monthly, along with associated measures. Rotherham - Rotherham continue to be challenged in meeting the national on UEC measure (26/5/24 - 02). Sheffield - Type 1 A-E Performance continues to be challenging (26/5/24 - 02).
619	ICB	5,6	BAF 1.1	Medication Safety - 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.	Dr David Chinn (Chief Medical Officer)	5	3	Accountable	To communicate deployment of various shortage protocols as additional mitigator response to an organized sharing of out of stock information across MOs locally. Barnsley Place and national level response being developed in the event of a medicine shortage. In line with the system control centres the possibility of dealing with stock from hospitals. Release advice about alternative medicine they can be used to ease with NICE regions.	Dr David Chinn (Chief Medical Officer)	Pharm CCO Risk Management Processes	13/04/2023 02/05/2023 03/07/2023 18/08/2023 21/09/2023 01/10/2023 09/10/2023 21/02/2024 13/03/2024 06/05/2024 20/05/2024 19/06/2024 26/06/2024	45503	Not overdue	Alisa Milneux (Chief Pharmacy Officer)	Additional national medicines shortages have been reported. The most significant is GLP-1 medicines for Diabetes. Communication has been shared with relevant clinicians and patients are being identified, reviewed and prioritised for alternative treatment. The latest national medicines shortage of supply medicines for ADHD which has been communicated to prescribers. A number of other medications are intermittently in short supply.	Monthly	All Place Committees	Quality, Performance, Patient Involvement, Experience	45029	323	This is a fluid topic with new alerts of medication shortages. Proposed a paper presented to QPPE in September

Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Initial Risk			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				RACI	Likelihood	Impact								
RPP001	Mental Health Services	Rotherham	1,2,5,6,8	1.2.2.1,2.2	There is a risk that the reconfiguration of RDaSH Rehabilitation Pathways may increase demand for acute services through increased delays in the whole pathway (leading to a possible increase in ODA placements)	3	4	12	0	RDASH to present to the Place Leadership Team (Nov 2023) evidence and service benefit/impact review of the decision to reconfigure rehabilitation pathways to decrease bed base whilst increasing community offer. Place partners to feedback and support in review of pathway design in order to mitigate risks across the to patients and partners	Claire Smith SYICB (Place Partnership)	Rotherham PET	2	2	4	6.10.23	Claire Smith Deputy Place Director (Rotherham)	Dec-23	Monthly	Place Leadership Team		
RPP002	Diabetes Pathway	Rotherham	1,2,5,6,8		There is a risk that patients with diabetes in Rotherham are not managed effectively or equitably leading to additional pressure on primary and secondary care services.	4	4	16	Accountable	There has been ongoing work to try and support better pathways in primary and secondary care - this has been difficult to effect change and more recently a paper was taken to our PET to agree additional short term (2yr) funding of resource across place to lead transformation. There is a T&F group established and once in post this resource will drive our key priorities which have already been identified and are part of our PLACE priorities and agreed with TRFT	Claire Smith SYICB (Place Partnership)	Rotherham PET	2	2	4	01/11/2023	Claire Smith Deputy Place Director (Rotherham) Stuart Lakin (Rotherham)	Monthly	mm,	Place Leadership Team		
RPP003	Mental Health Services inc. LD/Autism/ CAMHS	Rotherham	1,2,5,6,8		Trauma Resilience Service - There is a risk of funding being unavailable from March 2025 onwards. Previous funding was received from Health and Justice since 2017/18 to support the Rotherham response to the findings of the Alexis Jay report in 2014. If external funding ceases there is a risk to the longevity of the service leaving a reduced service offer to those who have suffered exploitation. This could also result in adverse media attention. The Stovewood 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 11/08/2023	Andrew Russell / Claire Smith	Six Monthly	Rotherham Place Executive Meeting / Stovewood Strategic Coordination Group	Quality, Performance, Involvement, Experience	30/06/2023	
RPP004	Financial position and required savings/efficiencies across Place	Rotherham	1,2,3,4,5,6,7,8		Financial Position across Place Partners - there is a risk that the significant financial challenge across Place Partners leads to organisational decisions on service delivery (including reduction or cessation 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 Allott SYICB Chief Finance Officer	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	6.10.23	Wendy Allott / Claire Smith	Monthly	Monthly	Place Leadership Team		
RPP005	Mental health review (RMBC lead)	Rotherham	1,2,3,4,5,6,7,8		There are both financial & capacity (including clinical capacity) risks across Place partners related to the proposed changes to the Mental health pathways for adult social care, there is also a risk of impact to patients outcomes if the transition isn't managed appropriately across partners	4	4	16	Accountable	Rotherham Place Leadership team took a presentation on the proposed changes and impact, reports going through RMBC governance to Cabinet in Dec 23 and through partners governance, There is a commitment across partners to minimise impact and to ensure that the transition is phased to support the ability of Place to deal with the proposed changes collaboratively	Claire Smith SYICB (Place Partnership) Kirsty Littlewood AD RMBC Julie Thornton RDASH	Rotherham Place Leadership Board & Rotherham Place Executive Team	2	2	4	1.11.23	Claire Smith Deputy Place Director (Rotherham) / Kirsty Littlewood AD RMBC	Monthly	Monthly	Place Leadership Team	01/11/2023	
RPP006	Infection Prevention and Control (IPC) Provision	Rotherham			There is a risk that Rotherham Place does not have sufficient resources in place to support Infection Prevention and Control initiatives across community settings. This may result in increased risk of infections within care settings and also a reduced ability to respond to incidents and emerging risk within the Rotherham Health and Care System.	4	4	16	Accountable	Discussions are underway across the Partnership to understand the potential options around resource. A paper describing the challenge, risks and options has been prepared by the Director of Public Health with support from the ICB.	Chris Edwards (Executive Place Director Rotherham) / Claire Smith SYICB (Place Partnership) & Andrew Russell Chief Nurse	Rotherham Place Leadership Board & Rotherham Place Executive Team	4	4	16	01/02/2024	Andrew Russell/Claire Smith	Monthly	Monthly	Place Leadership Team	01/02/2024	
RPP 008 (NEW)	MHRA bed alert	Rotherham	1,3,5,6,8		There is a risk of injury or death from entrapment or falls from medical beds, toilets, bed rails, bed grab handles and lateral turning devices, as alerted by the medicines and healthcare product regulatory agency.	2	4	8	Accountable	Each impacted organisation in Rotherham to complete and maintain mitigating actions stated by the MSRA. These are to risk assess all patients who are using this equipment, prioritising those with atypical anatomy and updating when clinical conditions change; update policies and procedures; develop and implement a training plan; review medical device management systems; implement maintenance and servicing schedules;	Mediquip: Community Occupational Therapy; Kirsty Littlewood/Jodie Roberts Hospice: Mat Cottle Shaw TRFT Therapy and nursing; Jodie Roberts Care Homes: Owners/Directors	Rotherham Place Leadership Team	3	3	9	28/05/2024	Claire Smith	Monthly	Monthly	Place Leadership Team	01 06 24	
RPP 0009 (NEW)	RDASH Care Home Liaison Team Acute staffing levels	Rotherham	1,2,6		If the RDaSH CHLT cannot address the acute staffing levels within it's Nursing team there will be an impact on its ability to meet demand with its clinical capacity. This will have a detrimental effect on its ability to provide responsive and effective care.	4	3	12	Accountable	Actions: To address the staffing issues through sickness management and recruitment. To support service delivery through mutual support from resources within the Care Group. Escalate the situation to PLACE partners to explore opportunities for mutual support. To pursue the LES proposal for shared care with Primary Care through the RBCC.	Claire Smith SYICB (Place Partnership) Julie Thornton RDASH	Rotherham Place Leadership Team	3	3	9	07/06/2024	Claire Smith SYICB (Place Partnership) Julie Thornton RDASH	Monthly	Monthly	Place Leadership Team	07/06/2024	



Feedback from Rotherham Place Executive Team for noting at Rotherham Place ICB Committee

17 July 2024

RPET Meeting Date	Item Discussed	Outcome	Date reported to Rotherham ICB Committee
30.05.24	Quality Insight Work	<p>Members received an update on progress with the Quality Insight work. The following key areas will sit across the South Yorkshire Quality and Safeguarding Teams, under one large team headed by ICB Chief Nurse:</p> <ul style="list-style-type: none"> • CHC - all age, including Section 117 (eventually) and specialist placements • SEND, Looked After Children and Care Leavers • Safeguarding • Quality 	17.07.24
30.05.24	Financial Plan Discussion	Members received an update on the Rotherham Place draft 2024-25 financial plan. The plan had been calculated bottom up from 2023/24 forecast outturn.	17.07.24
27 06 24	RPET Terms of Reference (TOR)	<p>The TOR for RPET had been refreshed in line with the Rotherham ICB Place Committee TOR to which they report to.</p> <p>The TOR will go to the Rotherham Place ICB Committee for approval.</p>	17.07.24
27 06 24	Proposals for Case Management & Transition to Proactive Care	<p>RPET received a further report in relation to the transition of the Local Enhanced Services (LES) for Case Management to the national Proactive Care model specified by the PCN Contract Designated Enhanced Services (DES).</p> <p>Noting that PCNs have been supported to develop a collaborative framework in line with the parameters as set out in the DES. Discussions have taken place around engagement in the process to ensure PCNs are fully sighted.</p> <p>RPET supported the collaborative approach and confirmed agreement in principle for officers to proceed with implementation through further discussion with PCNs.</p>	17.07.24

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 19 June 2024
Venue:	The John Smith Room, Rotherham Town Hall
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Primary Care Representative, RPCCG Michael Wright, Deputy Chief Executive, The Rotherham NHS Foundation Trust Dr Anand Barmade, Medical Director, Connect Healthcare
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members Present:

Chris Edwards (**CE**), Chair, Executive Place Director, NHS SY ICB
 Dr Jason Page (**JP**), Medical Director, NHS SY ICB
 Claire Smith (**CS**), Deputy Place Director (Rotherham), NHS SY ICB
 Wendy Allott (**WA**), Director of Financial Transformation (Rotherham), NHS SY ICB
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

Participants:

Ben Anderson (**BA**), Director of Public Health, RMBC
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham
 Penny Fisher (**PF**), General Manager, Community, Rotherham NHS Foundation Trust
 Lydia George (**LG**), Transformation & Partnership Portfolio Manager, NHS SY ICB
 Gordon Laidlaw (**GL**), Head of Communications (Rotherham), NHS SY ICB
 Andrew Russell (**AR**), Director of Nursing (Doncaster & Rotherham Place), NHS SY ICB
 Ian Spicer (**IS**), Strategic Director – Adult Care, RMBC
 Jude Wildgoose (**JW**), Assistant Director – Transformation & Delivery (Rotherham), NHS SY ICB
 Govinder Bhogal (**GB**), Programme Director for Medicines Optimisation, NHS SY ICB

In Attendance:

Wendy Commons, Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
i18/6/24	<p>Place Performance Report</p>
	<p>JW gave highlights from this month's performance report.</p> <p>On performance comparison against the national position:</p> <ul style="list-style-type: none"> - Rotherham is in first position out of 106 trusts nationally on diagnostics performance - With RTT (referral to treatment times) we have maintained performance but are better than the national position and continue to work towards target - On IAPT 6 week waits – Rotherham is still overperforming at 99% against the 75% target with self-referral contributing to this performance. <p>Other highlights included:</p> <ul style="list-style-type: none"> ➤ IAPT 18wk wait – performance consistently meeting the 95% target ➤ Cancer waiting times: <ul style="list-style-type: none"> • the 28 day faster diagnosis target achieved target but showed a slight reduction in performance on the previous month • 31 day standard was not achieved but showed an upward trajectory • The 62 day referral to treatment target - not met the national standard but also continues on an upward trajectory ➤ Referral to treatment times incomplete pathways as already mentioned but provisional data showed a slight increase on last month's performance supporting narrative ➤ There were 1034 patients who had been waiting over 52 weeks which was an increase on last month ➤ There were 20 specialties under the 92% standard, with just general medicine meeting the standard. std with significant increases in cardio thoracic surgery and thoracic medicine ➤ There had been 212 breaches for Rotherham patients, which broken down showed 30 at Rotherham Hospital with others waiting to be seen elsewhere. ➤ There had been a reduction in the number of cancelled operations ➤ The target for A&E 4 hr waits was reported at 66.9% against 76% target. Rotherham continues to benchmark well against other pilot sites. ➤ Yorkshire Ambulance Service handover times decreased performance on the 15 minute handovers but there had been a slight increase in performance with the over 30 and 60 minute handovers. <p>Members noted performance this month.</p> <p>JW and BA had discussed how to update the performance report and include some of the more important measures. A small working group will be formed to undertake the work with changes being proposed to Place Board for agreement.</p> <p>CS would like to add in some community measures, reflecting the unplanned pathway and welcome input from PF on the group.</p>
i19/6/24	<p>Place Prescribing Report</p>
	<p>Govinder Bhogal joined the meeting to update members on quarter 3 medicines management activity.</p> <ul style="list-style-type: none"> - Gov advised that Rotherham has experienced cost growth of 6.25% which is lower than England. However item growth is still higher than the England average.

- No cheaper stock obtainable (NCSO) issues cost over £1m by December and this is not something that we can predict or plan for.
- The highest cost growth was on drugs for diabetes, closely followed by lipid regulating drugs. This should be viewed as positive in part as it reflects that we are treating more in line with NICE guidelines.
- Some previously NSCO drugs have come back into circulation which have assisted with cost reductions as well as a reduction in antidepressant cost due in part to the Rotherham antidepressant reviews.
- Good progress has been made with the prescribing incentive scheme and Qipp savings have progressed as planned and are on target.
- The medicines safety dashboard is also progressing well and has been made simpler to use and understand.
- Rotherham has led the way with the management of non PBR drugs resulting in £1.5m saved for the ICB system.
- Updates were noted around medicines management projects ie, hypertension and lipid modification, nutritional prescribing, infant feeds, woundcare, diabetes, heart failure, antidepressant prescribing and the care home hydration project were reviewed and the good progress noted.

CE thanked GB for the comprehensive quarterly update and the good work taking place by the medicines optimisation team.

JP commented that the report doesn't reflect, quantify or take account of the work saved for clinicians and other colleagues through the introduction of some of the projects which could be really powerful to be able to demonstrate.

Emphasising that cost rises and prevention work are important, BA asked whether there are any costs that were not what we were expecting. GB replied that fluctuations in drug costs are unpredictable but the medicines optimisation team undertakes horizon scanning as much as is possible.

i20/6/24	ICB Board Assurance Framework, Risk Register & Issues Log
<p>Members received the risk register, issues log and board assurance framework for information.</p> <p>Members specifically noted the risks for Rotherham. Discussion followed around a period of downtime experienced following the move of IT servers from Oak House. The uploading of Rotherham files and folders had affected Rotherham Place users and business continuity. CE will review the impact and assess the risk with ICB colleagues at Rotherham Place Executive Team and update Rotherham Risk Register accordingly.</p> <p style="text-align: right;">Action: CE</p> <p>Place Board noted the business assurance framework, risk register and issues log.</p>	
i21/6/24	Feedback from Rotherham Place Executive Team (RPET)
<p>Members noted the decisions made at RPET.</p>	
i22/6/24	Minutes and Action Log from 15 May 2024 Meeting
<p>The minutes from the May meeting were accepted as a true and accurate record.</p> <p>The action log was reviewed and up to date.</p>	

i23/6/24	Communication to Partners
None.	
i24/6/24	Risks and Items for Escalation
None.	
i25/6/24	Future Agenda Items:
Standing Items <ul style="list-style-type: none"> – Rotherham Place Performance Report (monthly) – Risk Register (Monthly for information) – Place Medicines Management Report (Quarterly – next due August) – Quality, Patient Safety and Experience Dashboard (Bi- monthly – next due July) – Quarterly Medical Director Update (July) – JP 	
i26/6/24	Date of Next Meeting
The next meeting will take place on Wednesday 17 July 2024 at Rotherham Hospice.	

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	Director of Financial Transformation, Rotherham	NHS South Yorkshire Integrated Care Board
Andrew Russell	Chief Nurse, Rotherham & Doncaster 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 Joanna Baker-Rogers	H&WB Board 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	Transformation & Partnership Portfolio Manager (Rotherham)	NHS South Yorkshire Integrated Care Board
Nicola Curley	Director of Children's Services	Rotherham Metropolitan Borough Council

Gordon Laidlaw	Head of Communications (Rotherham)	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care/Deputy Chief Exec	Rotherham Metropolitan Borough Council
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)

DRAFT

ROTHERHAM PLACE BOARD: ICB BUSINESS ACTION LOG - 01 April 2024 - 31 March 2025

Mtg Date	Item No.	Agenda Item Title	Action Description	By	Action Status	Comments
19-Jun-24	i20/06/24	Risk Register	Following a period of downtime experienced during the move of IT servers from Oak House, CE will review the impact and assess the risk with ICB colleagues at Rotherham Place Executive Team and update Rotherham Risk Register accordingly.	CE	Green	