



# Agenda

Title of Meeting:	<b>Rotherham Place Board: ICB Business</b>
Time of Meeting:	10.45am – 11.30am
Date of Meeting:	Wednesday 21 August 2024
Venue:	<b>John Smith Room, Rotherham Town Hall</b>
Chair:	<b>Chris Edwards</b>
Contact for Meeting:	Lydia George: <a href="mailto:lydia.george@nhs.net">lydia.george@nhs.net</a> / Wendy Commons: <a href="mailto:wcommons@nhs.net">wcommons@nhs.net</a>

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

Item	Business Items	Time	Pres by	Encs
1	Rotherham Place Performance Report	10 mins	Jude Wildgoose	Enc 1
2	Rotherham Place Committee Annual Report 2023/24	10 mins	Chris Edwards	Enc 2
3	Amended Place Board Terms of Reference for ICB Business	5 mins	Chris Edwards	Enc 3
4	ICB Board Assurance Framework, Risk Register and Issue Log (Rotherham Place) – <i>for information</i>	5 mins	Chris Edwards	Enc 4
5	Feedback from Rotherham Place Executive Team	5 mins	Claire Smith	Enc 5
<b>Standard Items</b>				
6	Minutes and Action Log from 17 July 2024 Meeting	5 mins	Chair	Enc 6i & 6ii
7	Communication and Promoting Consultations and Events		All	Verbal
8	Risks and Items for Escalation to ICB Board		Chair	Verbal
9	Future Agenda Items: <ul style="list-style-type: none"> <li>• Lung Health Checks – JP - Sep/Oct</li> <li>• CHC Review/Co-design Update – AR - Sept</li> </ul> Standing Items <ul style="list-style-type: none"> <li>• Place Performance Report (monthly)</li> <li>• Risk Register (monthly for information)</li> <li>• Place Prescribing Report (Sept)</li> <li>• Quality, Patient Safety and Experience Dashboard (Bi-monthly)</li> <li>• Quarterly Medical Director Update (Oct)</li> </ul>			
10	Date of Next Meeting: <b>Wednesday 18 September 2024 at 10:45am at            Committee Room 2, Rotherham Town Hall</b>			

## GLOSSARY

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



**South Yorkshire**  
Integrated Care Board

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

**August 2024**

### Rotherham Place Delivery Dashboard - August 2024

Performance Comparison - Rotherham Place/FT v National

May 2024

	Target	Place/Trust	National	Number Achieving Nationally	Rotherham Performance
Diagnostic	1%	5.08%	22.07%	0 out of 106	5th out of 106
RTT	92%	61.41%	59.08%	0 out of 106	31st out of 106
IAPT 6 Week Wait*	75%	99.00%	92.70%	103 out of 106	8th out of 106

\*IAPT Figures are as at April 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 - August 2024**

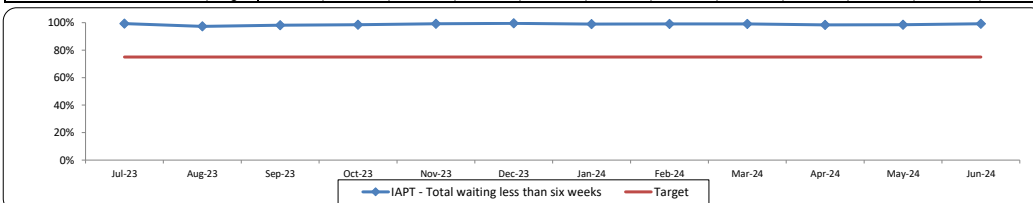
**IAPT 6 Week Wait**

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 June was 99.2%. This is above the standard of 75%. May performance was 98.5%.

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

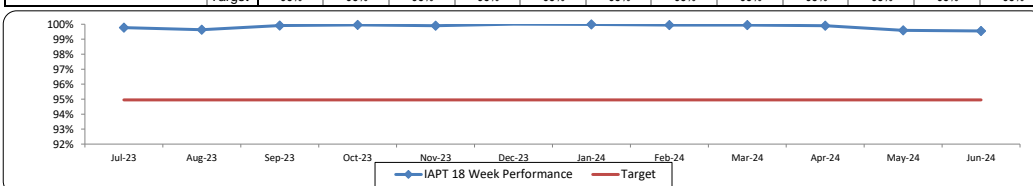
		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
6 Week Waiting List Performance	Actual	99.3%	97.3%	98.2%	98.5%	99.3%	99.5%	99.0%	99.1%	99.1%	98.3%	98.5%	99.2%
	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%



**IAPT 18 Week Wait**

The 18 week waits position for the service as at end June was 99.2%. Performance is consistently meeting the 95% standard for 18 weeks.

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



**IAPT Supporting Narrative**

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

Barnsley – 98%

Doncaster – 85%

Sheffield – 98%

National – 92.2%

**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%.

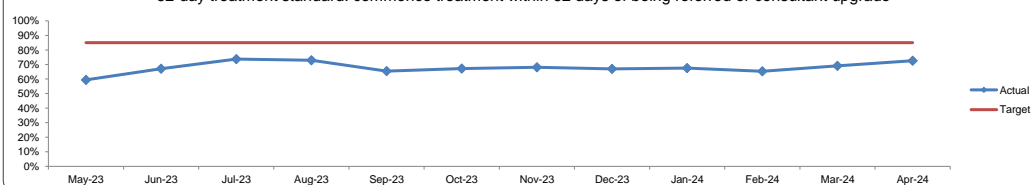
In April the 62 day referral to treatment target did not meet the national standard of 85%, with performance at 72.6% for Rotherham Place. An Improvement on March's performance of 69.1%.

	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%

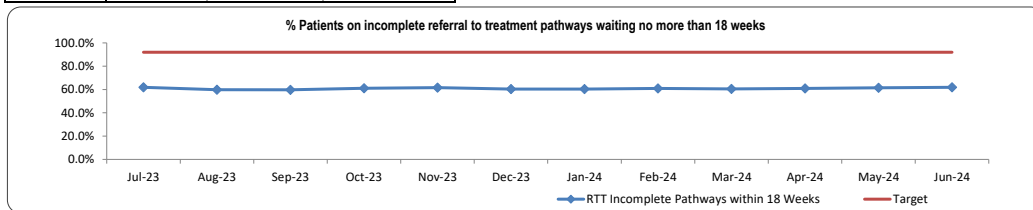
62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade



### Rotherham Place Delivery Dashboard - August 2024

Referral to Treatment					
RTT Incomplete Pathways did not meet the 92% standard in June at 61.9% based on provisional data. The position for May was 61.4%.					
In June there were 1021 waiters over 52 weeks, 68 over 65 weeks, 3 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	28732	657 (64%)	0 (0%)	0 (0%)	0 (0%)
Barnsley Hospital NHS Foundation Trust	37	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	1145	32 (3%)	6 (9%)	1 (33%)	0 (0%)
Sheffield Teaching Hospitals NHS Foundation Trust	6245	262 (26%)	50 (74%)	1 (33%)	0 (0%)
Sheffield Children'S NHS Foundation Trust	1090	56 (5%)	8 (12%)	1 (33%)	0 (0%)
Other provider	1094	14 (1%)	4 (6%)	0 (0%)	0 (0%)
<b>All Providers</b>	<b>38343</b>	<b>1021 (100%)</b>	<b>68 (100%)</b>	<b>3 (100%)</b>	<b>0 (0%)</b>

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



	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
RTT Incomplete Pathways within 18 Weeks	92%	61.9%	59.8%	59.8%	61.1%	61.7%	60.3%	60.4%	61.0%	60.5%	61.0%	61.4%	61.9%
RTT Incomplete Pathways over 52 Weeks	0	918	1079	1146	1095	1023	1010	1038	994	963	1034	1020	1021
RTT Incomplete Pathways over 65 Weeks	0	151	220	210	179	149	177	187	151	58	80	93	68
RTT Incomplete Pathways over 78 Weeks	0	21	9	14	6	8	12	18	11	5	8	2	3
RTT Incomplete Pathways over 104 Weeks	0	3	0	0	0	0	0	0	1	1	0	0	0

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

	% Over 13 Weeks	Mar-24	Apr-24	May-24	Jun-24	Target
All specialities - total incomplete	49.5%	60.5%	61.0%	61.4%	61.9%	92%
Cardiology	49.4%	62.0%	62.7%	63.3%	63.5%	92%
Cardiothoracic Surgery	28.0%	77.9%	90.3%	87.8%	85.3%	92%
Dermatology	33.1%	74.6%	77.7%	78.6%	82.0%	92%
Ear, Nose & Throat (ENT)	65.1%	47.7%	46.7%	46.3%	45.7%	92%
Gastroenterology	41.9%	72.3%	75.1%	72.4%	71.9%	92%
General Medicine	17.6%	100.0%	100.0%	84.6%	94.1%	92%
General Surgery	52.4%	53.1%	52.4%	55.4%	57.2%	92%
Geriatric Medicine	9.1%	96.4%	86.4%	95.1%	97.3%	92%
Gynaecology	53.0%	55.8%	56.4%	57.0%	57.8%	92%
Neurology	60.0%	46.0%	46.0%	47.1%	47.1%	92%
Neurosurgery	51.9%	52.8%	54.3%	58.0%	60.1%	92%
Ophthalmology	38.3%	69.3%	72.7%	73.1%	73.5%	92%
Other - Medical Services	39.9%	74.1%	74.5%	75.2%	72.8%	92%
Other - Mental Health Services	0.0%	-	-	-	-	92%
Other - Paediatric Services	45.6%	73.6%	73.2%	69.9%	69.6%	92%
Other - Surgical Services	40.6%	70.5%	68.8%	69.8%	71.3%	92%
Other - Other Services	25.6%	87.4%	86.1%	84.3%	83.6%	92%
Plastic Surgery	59.5%	54.1%	54.0%	53.0%	49.5%	92%
Rheumatology	13.8%	90.6%	85.0%	90.6%	93.0%	92%
Thoracic Medicine	15.4%	83.8%	88.9%	91.7%	92.4%	92%
Trauma & Orthopaedics	60.5%	48.1%	47.6%	48.7%	48.7%	92%
Urology	43.3%	70.2%	72.2%	71.5%	70.6%	92%

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

Total Incomplete 18 Week Pathways - 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
Number of Pathways	38333	39284	39890	39422	37289	37169	36316	36702	37078	37848	37649	38343
Mar-19 Number of Pathways	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819	16819
Difference	21514	22465	23071	22603	20470	20350	19497	19883	20259	21029	20830	21524

#### RTT Supporting Narrative

Latest provisional data for June shows 18 specialities under the 92% standard, with just General Medicine (94.1%), Geriatric Medicine (97.3%), Rheumatology (93%) and Thoracic Medicine (92.4%) meeting the standard.

Rotherham Place performance benchmarks as follows against other places in South Yorkshire for RTT Incomplete waits in June (61.9%): Barnsley – 71.1% / Doncaster – 59.2% / Sheffield – 62.6% / South Yorkshire – 63.2%

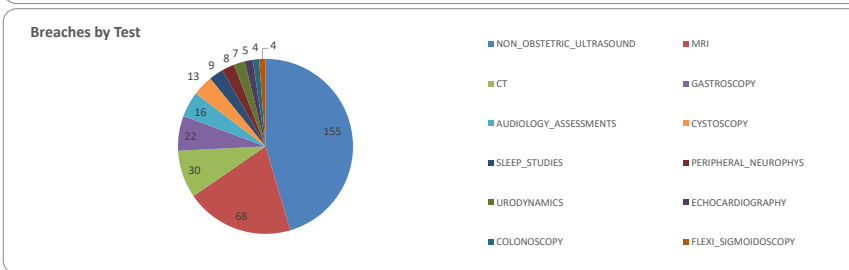
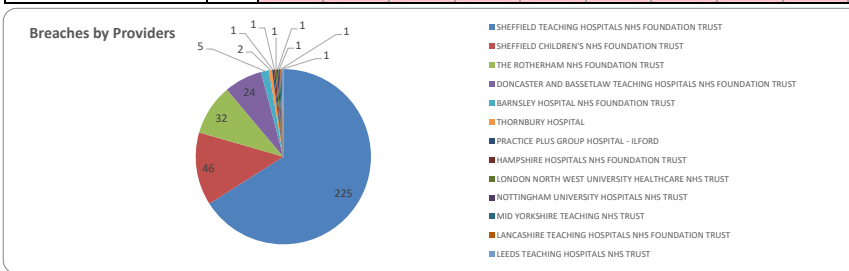
In addition to performance against the 18 week waiting time, a comparison of the current waiting list size compared to March 19 has been provided for information.

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 - August 2024

Diagnostic Waiting Times	
Provisional performance in June of 7.5% exceeds the <1% standard.	
341 Breaches occurred in June:	
32 (9%) at The Rotherham NHS Foundation Trust (4 Flexi Sigmoidoscopy, 5 Sleep Studies, 10 Gastroscopy, 4 Colonoscopy, 9 Cystoscopy)	
5 (1%) at Barnsley Hospital NHS Foundation Trust (5 Audiology Assessments)	
24 (7%) at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (5 Echocardiography, 1 MRI, 10 Audiology Assessments, 2 Non Obstetric Ultrasound, 6 Peripheral Neurophys)	
225 (66%) at Sheffield Teaching Hospitals NHS Foundation Trust (2 Peripheral Neurophys, 4 Cystoscopy, 41 MRI, 29 CT, 1 Sleep Studies, 148 Non Obstetric Ultrasound)	
46 (13%) at Sheffield Children's NHS Foundation Trust (1 CT, 1 Audiology Assessments, 25 MRI, 3 Sleep Studies, 10 Gastroscopy, 6 Urodynamics)	
9 (3%) at Other Providers (1 Urodynamics, 2 Gastroscopy, 1 MRI, 5 Non Obstetric Ultrasound)	

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



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

June-24 Provisional










Treatment function	Total	6Wks+	6Wks+ Waits %
Magnetic Resonance Imaging	785	68	8.7%
Computed Tomography	588	30	5.1%
Non-obstetric ultrasound	1519	155	10.2%
Barium Enema	0	0	-
DEXA Scan	137	0	0.0%
Audiology - Audiology Assessments	360	16	4.4%
Cardiology - echocardiography	153	5	3.3%
Cardiology - electrophysiology	0	0	-
Neurophysiology - peripheral neurophysiology	34	8	23.5%
Respiratory physiology - sleep studies	166	9	5.4%
Urodynamics - pressures & flows	16	7	43.8%
Colonoscopy	244	4	1.6%
Flexi sigmoidoscopy	87	4	4.6%
Cystoscopy	133	13	9.8%
Gastroscopy	345	22	6.4%
<b>Total Diagnostics</b>	<b>4567</b>	<b>341</b>	<b>7.5%</b>

### Rotherham Place Delivery Dashboard - August 2024

Eliminating Mixed Sex Accommodation													
There were 0 breaches of this standard in May 2024													

	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
Number of mixed sex accommodation breaches (commissioner)	0%	0	2	0	0	0	0	0	4	0	0	0	0

Incidence of C.diff													
Performance for Rotherham Place overall in June was 11 cases. 8 cases in June occurred at Rotherham FT. In the YTD there have been a total of 40 cases.													
Rotherham FT performance for June is 6 cases and 27 in the YTD.													

	Apr-24	May-24	Jun-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	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	Q1 2024/25
Percentage of equipment delivered within 18 weeks	92%	100.0%	100.0%	98.7%	99.1%	97.9%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%



**Rotherham Place Delivery Dashboard - August 2024**

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

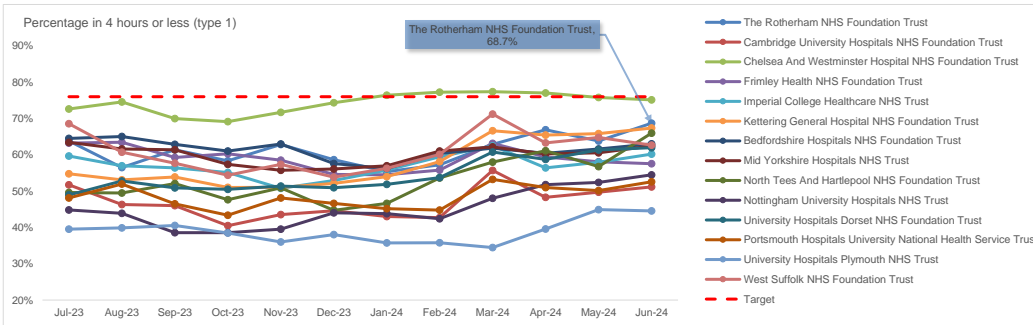
TRFT have now reverted to reporting the A&E 4 hour wait standard.

Data has only started being published from June 2023. The position as of June 2024 was 68.7%

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

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

	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
The Rotherham NHS Foundation Trust	76%	63.8%	56.5%	61.4%	58.3%	62.8%	58.7%	55.4%	57.2%	62.9%	66.9%	63.8%	68.7%
<b>TRFT Plan</b>		<b>50.0%</b>	<b>55.0%</b>	<b>55.0%</b>	<b>60.0%</b>	<b>60.0%</b>	<b>65.0%</b>	<b>65.0%</b>	<b>70.0%</b>	<b>76.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
Cambridge University Hospitals NHS Foundation Trust	76%	51.7%	46.3%	46.0%	40.5%	43.6%	44.6%	43.0%	42.7%	55.7%	48.3%	49.7%	51.2%
Chelsea And Westminster Hospital NHS Foundation Trust	76%	72.6%	74.6%	70.0%	69.1%	71.7%	74.4%	76.4%	77.2%	77.4%	77.0%	75.8%	75.1%
Frimley Health NHS Foundation Trust	76%	63.2%	63.5%	59.3%	60.3%	58.5%	54.6%	54.5%	55.8%	63.2%	59.4%	58.1%	57.6%
Imperial College Healthcare NHS Trust	76%	59.7%	57.0%	56.4%	55.1%	50.8%	52.9%	55.8%	59.4%	62.5%	56.4%	58.0%	60.2%
Kettering General Hospital NHS Foundation Trust	76%	54.8%	53.1%	53.9%	51.0%	51.0%	52.1%	54.0%	58.1%	66.6%	65.5%	65.8%	67.4%
Bedfordshire Hospitals NHS Foundation Trust	76%	64.5%	65.0%	62.9%	61.0%	63.0%	57.6%	56.2%	60.4%	61.8%	60.4%	61.6%	63.0%
Mid Yorkshire Hospitals NHS	76%	63.4%	61.6%	61.4%	57.4%	55.7%	56.1%	57.0%	61.0%	62.2%	60.2%	60.6%	62.4%
North Tees And Hartlepool NHS Foundation Trust	76%	49.6%	49.5%	52.1%	47.6%	50.9%	44.7%	46.6%	53.6%	58.0%	61.1%	56.8%	66.0%
Nottingham University Hospitals NHS Trust	76%	44.8%	43.9%	38.6%	38.6%	39.5%	44.0%	43.8%	42.4%	48.0%	51.8%	52.4%	54.5%
University Hospitals Dorset NHS Foundation Trust	76%	48.9%	52.8%	50.9%	50.5%	51.4%	50.9%	51.9%	53.7%	60.8%	58.7%	61.4%	62.0%
Portsmouth Hospitals University National Health Service Trust	76%	48.1%	51.9%	46.5%	43.4%	48.1%	46.6%	45.2%	44.8%	53.2%	51.0%	50.2%	52.6%
University Hospitals Plymouth NHS Trust	76%	39.5%	39.9%	40.5%	38.5%	36.0%	38.0%	35.7%	35.8%	34.5%	39.6%	44.9%	44.5%
West Suffolk NHS Foundation Trust	76%	68.6%	60.7%	57.7%	54.4%	57.4%	53.8%	56.3%	60.1%	71.2%	63.3%	64.8%	62.7%



## Rotherham Place Delivery Dashboard - August 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 7 minutes 56 seconds for category 1 calls in July for Rotherham Place. The position in June was 8 minutes 10 seconds.		
15 Minute Turnaround for The Rotherham NHS Foundation Trust in July was 53% a decrease from June performance at 57%.		
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)

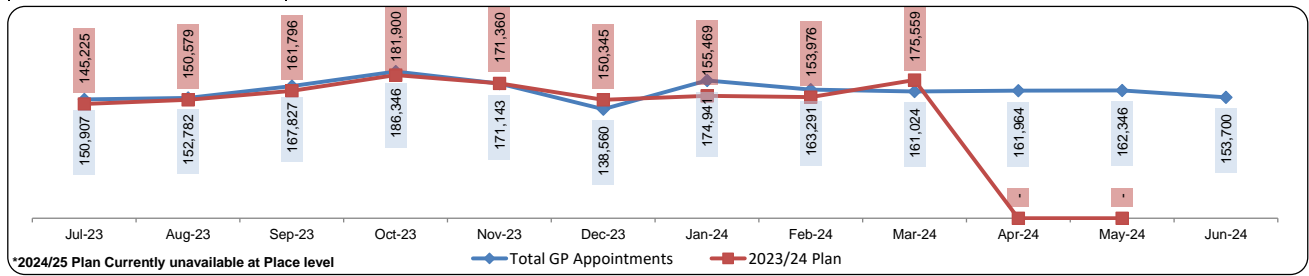
	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Cat 1 Mean	00:08:17	00:08:05	00:08:56	00:09:18	00:08:54	00:08:23	00:08:17	00:08:17	00:07:42	00:07:57	00:08:10	00:07:56
Cat 2 Mean	00:24:22	00:24:53	00:26:30	00:35:04	00:39:52	00:34:09	00:30:19	00:26:51	00:18:45	00:24:28	00:22:51	00:21:51
Cat 3 90th Percentile	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	02:31:55
Cat 4 90th Percentile	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	03:14:01

### Handovers at TRFT

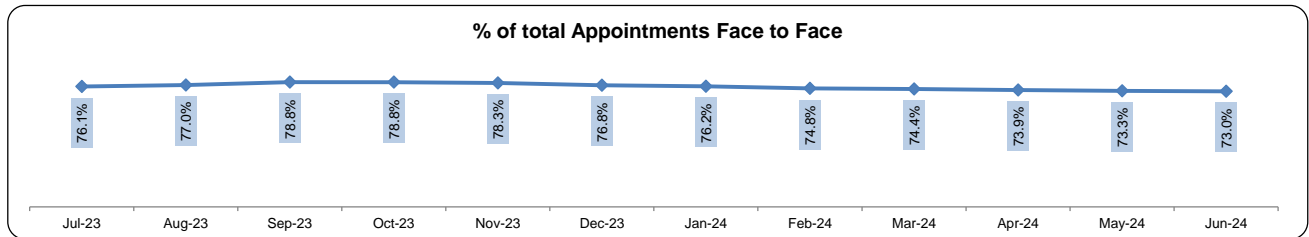
	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
% Handovers WITHIN 15 minutes	64.8%	68.2%	53.8%	56.9%	49.6%	41.1%	41.6%	46.2%	52.5%	50.1%	57.0%	53.0%
% Handovers OVER 30 minutes	13.7%	7.7%	13.6%	9.4%	18.7%	31.6%	25.8%	21.6%	16.2%	16.7%	9.9%	11.3%
% Handover OVER 60 minutes	5.8%	1.4%	5.0%	1.0%	6.4%	15.9%	11.3%	7.1%	4.6%	4.6%	1.2%	3.4%
Number of ambulance handovers OVER 60 minutes (RFR)	114	28	105	22	144	348	236	166	98	108	27	76

### GP Appointments

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Total GP Appointments	150,907	152,782	167,827	186,346	171,143	138,560	174,941	163,291	161,024	161,964	162,346	153,700
2023/24 Plan	145,225	150,579	161,796	181,900	171,360	150,345	155,469	153,976	175,559	-	-	
Variance to 2023/24 Plan	5,682	2,203	6,031	4,446	- 217	- 11,785	19,472	9,315	- 14,535	161,964	162,346	



	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
% of total Appointments Face to Face	76.1%	77.0%	78.8%	78.8%	78.3%	76.8%	76.2%	74.8%	74.4%	73.9%	73.3%	73.0%



## 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	Mar-24	Apr-24	May-24	Jun-24	Target
Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence	86.50%	86.70%	88.20%	89.10%	66.70%
Protecting People From Avoidable Harm	Apr-24	May-24	Jun-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)	16	13	11	40	Actual
	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) - C.Diff (Provider) - RFT	11	10	6	27	Actual
	0	0	0	0	Plan
Mental Health: Monthly Indicators	Apr-24	May-24	Jun-24	2024/25 YTD	Target
Improved Access to Psychological Services-IAPT: People entering treatment against level of need (YTD)	2.1%	3.8%	5.2%	5.2%	27.80%
Improved Access to Psychological Services-IAPT: People who complete treatment, moving to recovery	51.92%	52.91%	45.83%	50.23%	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)	Feb-24	Mar-24	Apr-24	May-24	Target
Number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)	4880	4910	4465	4455	4250
Perinatal Access (No. of Women)	Feb-24	Mar-24	Apr-24	May-24	Target
Perinatal Access showing the number of people in contact with Specialist Perinatal Mental Health Community Services (12 month Rolling)	230	230	225	225	TBC
Discharges follow up in 72 hours	Feb-24	Mar-24	Apr-24	May-24	Target
% Discharges from adult acute beds followed up within 72 hours in the reporting period	82%	83%	69%	76%	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)	Feb-24	Mar-24	Apr-24	May-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)	2720	2915	2950	3005	TBC
Learning Disability Annual Health Checks	Jan-24	Feb-24	Mar-24	Apr-24	May-24
Checks	174	158	154	83	86
Register	1781	1781	1781	1781	1781
Trajectory	125	125	125	56	56
2 Hour Urgent Community Response	Feb-24	Mar-24	Apr-24	May-24	Target (from Dec-22)
% of 2-hour UCR referrals that achieved the 2-hour standard (TRFT)	71%	72%	75%	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**

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ACS Admissions		Feb-24	Mar-24	Apr-24	May-24	Jun-24
Number of Ambulatory Care Sensitive Admissions	Actual	312	321	339	361	306
	Target	240	240			
Discharges to Usual Place of Residence		Feb-24	Mar-24	Apr-24	May-24	Jun-24
% Discharged to Usual Place of Residence	Actual	96.0%	95.7%	95.2%	95.0%	96.1%
	Target	94.0%	94.0%			



# Review of Year (2023/24 Committee Annual Report)

Rotherham Place Committee

21 August 2024

<b>Author(s)</b>	Michelle Oakes, Business Support Manager - Governance Carol Henderson, Business Coordinator - Governance
<b>Sponsor Director</b>	Mark Janvier, Director of Corporate Governance and Board Secretary
<b>Purpose of Paper</b>	
The purpose of this paper is to provide the Committee with an opportunity to review the work and activities it has undertaken during the reporting period 01 April 2023 to 31 March 2024.	
<b>Key Issues / Points to Note</b>	
<p>Appendix A contains a draft Committee Annual Report for the Rotherham Place Committee.</p> <p>Appendix B contains the Committee's workplan for 2023/24.</p> <p>It is good practice for Committees to reflect on their activities and provide assurance to the Accountable Officer and the ICB Board that the Committee has discharged its delegated functions set out in its Terms of Reference. This has also been reflected in recent Internal Audit reviews of the ICB's Corporate Governance processes.</p> <p>The data used in the report mirrors the information that has been coordinated for the 2023/24 ICB Annual Report and Annual Governance Statement.</p>	
<b>Is your report for Approval / Consideration / Noting</b>	
For consideration.	
<b>Recommendations / Action Required</b>	
<p>Members are asked to:</p> <ul style="list-style-type: none"><li>• Review and consider any amendments to the report.</li><li>• Review and contribute, where applicable, to the 'Chair's Conclusions' section of the report.</li><li>• Approve the report, however, should members feel that significant amendments</li></ul>	

are needed then a further and final version will need to be brought back for approval by the Committee before being presented to a future meeting of the ICB Board.

### Board Assurance Framework

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

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

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

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

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

None

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

None

### Are there any Procurement Implications?

None

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

NA

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

NA

### Appendices

The following documents are appended to this cover paper:  
 Appendix A - 2023/24 Rotherham Place Committee Annual Report – FINAL DRAFT V2  
 Appendix B – 2023/24 Rotherham Place Committee Work planner





# Rotherham Place Committee

## Annual Report 2023/24

### 1. Introduction

- 1.1 The Integrated Care Board (ICB) was legally established on 1 July 2022. The ICB has an agreed [Constitution and Governance Handbook](#).
- 1.2 Each of the four Places that make up NHS South Yorkshire (Barnsley, Doncaster, Rotherham and Sheffield) have established ICB Place Committees as part of their arrangements to consider ICB Business. Their function is to support the ICB in delivering its statutory and/or corporate functions as delegated in the Scheme of Reservation and Delegation around regulation and control, strategy and planning, partnership working, staffing and human resources and risk management.
- 1.3 The Rotherham Place Committee (ICB Business) is a statutory sub-committee of the ICB Board and is accountable to the Board.
- 1.4 The purpose of this report is to provide assurance to the Accountable Officer and the ICB Board that the Committee has discharged its delegated functions set out in its Terms of Reference.
- 1.5 The Committee's main purpose is to support the ICB in delivering its statutory and/or corporate functions as set out in paragraph 5 of the Committee's Terms of Reference and to actively participate in the Rotherham Place Partnership in accordance with the Place Agreement and the Constitution of the ICB.

### 2. Committee Conduct

- 2.1 The ICB has a published declarations of interest register which is publicly available on the [website](#). Declarations from Committee members are included in the published register.
- 2.2 The Committee met 10 times in public during 2023/24. The meetings held on 20 September 2023 and 17 January 2024 were not quorate.
- 2.3 The Committee last reviewed its Terms of Reference on 1 July 2022. There was no review of the Terms of Reference during the reporting period.
- 2.4 The Committee must be chaired by the Place Executive Director. The Membership of the Committee and their attendance for the reporting period is set out in the table below:

Role	Name	Attendance
<b>MEMBERS</b>		
Executive Place Director Rotherham (Chair)	Chris Edwards	90%
Deputy Place Director Rotherham	Clare Smith	90%
Independent Non-Executive Member, ICB	Shahida Siddique	90%
Chief Nurse, Rotherham Place	Sue Cassin/Andrew Russell / Julie Warren Sykes	50%
Chief Medical Officer, Rotherham Place	Jason Page	80%
Chief Finance Officer, Rotherham Place	Wendy Allott	60%

### 3. Committee Effectiveness Review

3.1 The ICB Board reviewed and considered all the ICB Committees effectiveness and remits as part of a wider governance review at their development session held on 7 June 2023.

### 4. Summary of Business Transacted

4.1 The Committee has transacted the following ICB business during the reporting period:

#### Strategy and Planning:

- Reviewed, considered, discussed and noted:
  - Place performance reports.
  - Place Prescribing Reports.
  - Quality, Patient Safety and Experience Dashboards.
  - Quarterly updates from Rotherham Place Medical Director.
  - Updates from Rotherham Place Medicines Management Team.
  - An update on the comprehensive plan put in place for flu and COVID-19 vaccinations in Rotherham Place over the winter period.
- Received the Joint Capital Resource Use Plan and noted that all NHS South Yorkshire ICB areas had received the capital requested.

#### Risk Management:

- Reviewed, considered and discussed the ICB's Board Assurance Framework (BAF), Corporate Risk Register (CRR) and Issues Log, supported its ongoing development, and confirmed risks and score ratings for Rotherham Place.

In executing the responsibilities of its Terms of Reference, the Committee also transacted the following business as a Partner of the Rotherham Place Partnership Board:

- Approved the Rotherham Partnership Plan for 2023-25.
- Supported the refresh of the Rotherham All Age Strategy for 2024-2027, noting that an action plan would be produced.
- Supported the Anchor Institution Action Plan.
- Supported the approach for the urgent and community care social prescribing project and acknowledged the importance of continuing investment into the voluntary sector.
- Received the Place Plan Priorities Close Down Report and agreed all partners would share it with own organisations.
- Agreed recommendations relating to the Care Quality Commission's (CQC) Assurance of Local Authorities.
- Were assured by the opportunity to receive and review the detail of Rotherham's winter Plan.

- Agreed risks and items for escalation to Rotherham's Health and Wellbeing Board.
- Received, discussed and noted:
  - Highlights from Rotherham Place Partnership organisations.
  - Updates on the financial position including the risks to delivery of financial plans across the system.
  - Updates from the Director of Public Health.
  - Workforce and Organisational Development updates.
  - An update on progress with the refresh of the Prevention and Health Inequalities action plan, noting the risks and challenges around maintaining momentum around population health management with capacity challenges and pressures.
  - An update on targeted lung health checks.
  - Progress updates on Rotherham's Digital Inclusion Programme.
  - Updates from the Strategic Estates Group on the six Rotherham estates workstreams.
  - Feedback from South Yorkshire Integrated Care Partnership Board meetings.
  - Communications and engagement updates including noting plans for the existing Rotherham Health App and supporting the promotion of the NHS App.
  - The Child and Adolescent Mental Health Annual Report for 2022/23.
  - An update on the South Yorkshire Learning Disabilities and Autism (LDA) programme and priorities for 2023/24, noting the challenges and risks to provision of services.
  - An update on the transfer of Rotherham's Neurorehabilitation service from The Rotherham Foundation Trust to Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) from 1 August 2023
  - Examples of successes and achievements in Rotherham including:
    - An article in The Guardian had highlighted that Rotherham has a high rate of over 80% of patients with a dementia diagnosis, which was well above the national target and reflected the excellent work being undertaken across their older people's services as a whole.
    - Rotherham Place Medicines Optimisation Team supported by the Mental Health commissioner were awarded Silver for their anti-depressant review project.
    - Rotherham had been the best performer nationally in December for diagnostic waits.
    - Positive partnership working that was taking place on finances and estates including the creation of diagnostic and clinical spaces in the town centre, including shared use of Rotherham Metropolitan Borough Council (RMBC) office accommodation, asset availability in Wickersley for a new surgery and the completion of Olive Lane by the end of 2024.
    - RDaSH colleagues had taken part in 'Wear it Green' mental health awareness day visiting Rotherham market specialist bazaar.
    - A walk and talk session for World Mental Health Day, attendance at the Rotherham Show to raise awareness of mental health and learning disability services in Rotherham and the support available.
    - Rotherham Crisis Team meeting with the S62 Community Together project volunteers to improve understanding of each other's services and improve joint working across statutory and voluntary sector services.

- An update on progress with the development of Rotherham Town Centre.
- An update on maternity, children and young people, noting that the Children and Young People's Partnership Board had been redeveloped to provide opportunity for voice and influence, with their priorities aligned to the bold ambitions of the ICP.
- An update on the Department of Health's delivery plan for recovering primary care access, noting a number of risks and challenges to this, which included continuing COVID-19 vaccine booster programmes, staff resource and morale, increasing demand and complexity and digital inclusion.
- The 'thinking ahead' approach to Proactive Care (also known as anticipatory care), noting the details of the model being piloted
- Home Office PREVENT guidance and the subsequent actions for NHS South Yorkshire ICB.
- Rotherham Safeguarding Adults Board Annual Report for 2022/23 and supported the message about promoting true partnership working and embedding safeguarding into all aspects of working life to help protect the vulnerable.

## 5. Chair Conclusions

- 5.1 Building on the existing strong partnership arrangements across health and care the Rotherham Place Board has had a successful start. We have seen a few changes in our membership during 2023/24 and I extend a warm welcome to the new staff who joined during the period as well as fond goodbyes to those who left.

As a result of the establishment of the Integrated Care Systems in July 2022, Rotherham Place Partners built on the existing governance arrangements which had been in place since 2017. Subsequently the Rotherham Place Board has two key roles; responsibility for delivery of the Rotherham Place Plan; and its functions as the Rotherham ICB Committee.

The ethos of how we work together to deliver the best for Rotherham people remains the guiding principle for all partners, but also the recognition of the significant opportunities to be gained by working together across South Yorkshire.

The success of the Rotherham ICB Place Committee therefore sits firmly on the foundations of the excellent partnership work that exists within Rotherham across all our partners, and our success directly links to the to the hard work of our staff.

We have made excellent progress this year, and I'd like to personally thank every team member for their energy, commitment and consistency in driving our priorities forward and their strong commitment to partnership working.

Whilst we will undoubtedly continue to face challenges, we also have some exciting developments planned for the forthcoming year and I look forward to working with you all in continuing to make Rotherham a great place to live and work.

**Approved By:** Rotherham Place Committee

**Date:** 21 August 2024

NHS South Yorkshire ICB

Rotherham Place Committee Work Plan 2023/24

Details	Lead	Frequency	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral	date	Item deferred Y/N date deferred to and reason for deferral		
<b>Standing Agenda Items</b>																												
Housekeeping	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Welcome and Introductions	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Apologies for Absence	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Confirmation of Quoracy	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Declarations of Interests, Sponsorship, Gifts and Hospitality	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Chair's Opening Remarks	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Agree Minutes of Previous Meeting	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Review and Agree Matters Arising / Action Log	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Key Items for highlighting / escalation to the Board	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Items of Any Other Business	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
Date and Time of Next Meeting	Chair	each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y		
<b>Core Business (aligned with the duties and accountabilities within the Committee's Terms of Reference)</b>																												
<b>Risk Management:</b>																												
Board Assurance Framework and Risk Register		each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	But reviewed at RPET	19.07.23	Y	August Can	N	But reviewed at RPET	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y
<b>Governance:</b>																												
Review Terms of Reference - REVIEWED AND AGREED JULY 22		annually	19.04.23		17.05.23		June Cancelled			19.07.23		August Cancelled		20.09.23		18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24		
Review of meeting effectiveness - NOT MADE AWARE OF REQUIREMENT UNTIL 2024		annually	19.04.23		17.05.23		June Cancelled			19.07.23		August Cancelled		20.09.23		18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24		
Committee Self Assessment - NOT MADE AWARE OF REQUIREMENT UNTIL 2024		annually	19.04.23		17.05.23		June Cancelled			19.07.23		August Cancelled		20.09.23		18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24		
<b>Assurance Reports:</b>																												
Place Performance report		each meeting	19.04.23	Y	17.05.23	Y	June Cance	N	But reviewed at RPLT	19.07.23	Y	August Can	N	But reviewed at RPLT	20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y
Quality, Patient Safety and Experience Dashboard Report		every other meeting	19.04.23	Not due	17.05.23	Y	June Cance	N		19.07.23	Y	August Can	N		20.09.23	Y	18.10.23	N	15.11.23	Y	20.12.23	Not due	17.01.24	Y	21.02.24	Not due	20.03.24	Y
Place Prescribing Report		quarterly	19.04.23	Not due	17.05.23	Y	June Cance	N		19.07.23	Not due	August Can	Y		20.09.23	Not due	18.10.23	N	15.11.23	Y	20.12.23	Not due	17.01.24	Not due	21.02.24	Y	20.03.24	Not due
Update from Medical Director (COMMENCED JULY)		quarterly	19.04.23	Not due	17.05.23	Not due	June Cance	N		19.07.23	Y	August Can	N		20.09.23	Not due	18.10.23	MD annual leave	15.11.23	Y	20.12.23	Not due	17.01.24	Deferred due to	21.02.24	Y	20.03.24	Not due
<b>Items for Approval:</b>																												
Policies for which the Committee is responsible (as and when required)		ad hoc	19.04.23		17.05.23		June Cancelled			19.07.23		August Cancelled		20.09.23		18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24		
Committee Annual Report including attendance levels (timed to support finalisation of the accounts and the Annual Governance Statement) NOT MADE AWARE OF REQUIREMENT UNTIL 2024		annually	19.04.23		17.05.23		June Cancelled			19.07.23		August Cancelled		20.09.23		18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24		
Committee Annual Workplan		annually	19.04.23	Y	17.05.23	Y	June Cancelled			19.07.23	Y	August Cancelled		20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y	
Meeting Dates for the next Financial Year		annually	19.04.23	Y	17.05.23	Y	June Cancelled			19.07.23	Y	August Cancelled		20.09.23	Y	18.10.23	Y	15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y	
<b>Ad Hoc Reports</b>																												
Joint Capital Resource Use Plan			19.04.23	Y	17.05.23		June Cancelled			19.07.23		August Cancelled		20.09.23	Y	18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24		
Vaccination Update																												
Rotherham Place Performance Report 10 mins CS Enc 1.2 NHS																												
Response to Home Office PREVENT Guidance - for information																												
Rotherham Safeguarding Adults Board Annual Report – for information																												



***Rotherham Place Governance:***

***Amended Place Board Terms of Reference: ICB Committee Business***

<b>Lead Executive</b>	<b>Chris Edwards</b> , Deputy Chief Executive and Rotherham Place Director (NHS South Yorkshire ICB, Rotherham Place)
<b>Lead Officer</b>	<b>Lydia George</b> , Transformation and Partnership Portfolio Manager - Rotherham Place

<b>Purpose</b>
To inform members of amendments to the terms of reference for the Rotherham Place Board when carrying out ICB Business as a committee of NHS South Yorkshire Integrated Care Board (part 3 of the attached).
<b>Background</b>
On 1 July 2022 the NHS South Yorkshire Integrated Care Board (ICB) was established pursuant to the Health and Care Act 2022, and the Place Board terms of reference were updated to reflect the changes and agreed in July 2022.  In practice, the Place Board carries out a dual role and the terms of reference were written to reflect these two roles:  1. Rotherham Place Board when carrying out Partnership Business (part 2 of the terms of reference); and 2. Rotherham Place Board when carrying out ICB Business as a committee of the NHS South Yorkshire ICB (part 3 of the terms of reference), of which this paper refers to.
<b>Analysis of key issues and of risks</b>
In February 2024 Place Board received draft updated terms of reference, final versions were then approved at the April 2024 meeting.  In May and July Place Board members approved the addition of representatives from both the Rotherham Hospice and Rotherham Healthwatch as participants at Place Board meetings.  For completeness members are receiving the terms of reference as agreed in April 2024 amended to reflect those changes.
<b>Approval history</b>
<ul style="list-style-type: none"> <li>April 2024</li> </ul>
<b>Recommendations</b>
Members are asked to note the amendments as set out above to the terms of reference for the Place Board Partnership ICB Committee Business (part 3).



## ROTHERHAM PLACE PARTNERSHIP PLACE BOARD AND ICB COMMITTEE

### Terms of Reference

<b>Version</b>	<b>2.6</b>
<b>Implementation Date</b>	<b>1<sup>st</sup> July 2022, revised 10<sup>th</sup> April 2024 and 21<sup>st</sup> July 2024</b>
<b>Review Date</b>	<b>Approved by Rotherham Place Board (Partnership and ICB) 17<sup>th</sup> April 2024</b> <b>Minor amendments made July 2024 as agreed at 17<sup>th</sup> July 2024 Place Board</b>
<b>Approved By</b>	<b>ICB Board</b>
<b>Approval Date</b>	<b>(TBC)</b>

### VERSIONS

<b>Date</b>	<b>Version</b>	<b>Comments</b>	<b>Author</b>
<b>13 June 2022</b>	<b>1</b>	Initial draft for feedback	<b>Hill Dickinson</b>
<b>23 June 2022</b>	<b>2</b>	Amendments following feedback from ICB on ICB committee element	<b>Hill Dickinson</b>
<b>24 June 2022</b>	<b>2.1</b>	Amendments to Place Board TORs re Participants	<b>Hill Dickinson</b>
<b>6 July 2022</b>	<b>2.2</b>	Amendments to ICB Committee TORs in Part 3 to reflect final TORs approved by ICB Board on 1/7/22 Amendments to job titles and membership/participation in Part 1 / Part 2	<b>Hill Dickinson</b>
<b>15 July 2022</b>	<b>2.3</b>	To add the list of participants in Part 3	<b>LG</b>
<b>9 November 2022</b>	<b>2.3</b>	To add final names to membership and to address RMBC comments	<b>Hill Dickinson</b> <b>LG</b>
<b>11 February 2024</b>	<b>2.4</b>	Review, dates updated and name of primary care collaborative board updated	<b>LG</b>
<b>10 April 2024</b>	<b>2.5</b>	Amendment to section 10 of Part 3 (Place Committee) in relation to Quoracy. Number of individuals increased from 3 to 4 to bring the number in line with the requirement that 60% of the membership is present for a meeting to be quorate	<b>LG</b>
<b>10 April 2024</b>	<b>2.5</b>	Amendment to section 18 of Part 3 (Place Committee) in relation to Reporting in that the ICB Place Committee's annual report, including a summary of attendance levels for members and attendees, will be submitted to both the ICB Audit Committee and ICB Board, timed to support finalisation of the ICB's annual report, accounts and Governance Statement.	<b>LG</b>
<b>10 April 2024</b>	<b>2.5</b>	Amendment of job titles for SY ICB staff	<b>LG</b>
<b>17 April 2024</b>	<b>2.5</b>	Amendment to joint chair from Chief Executive of Rotherham Metropolitan Borough Council to the Strategic Director, Adult Care, Housing and Public Health	<b>LG</b>
<b>21 July 2024</b>	<b>2.6</b>	Following amendments: <ul style="list-style-type: none"> <li>• Job title from TRFT Deputy Chief Executive to Managing Director</li> <li>• Addition of Rotherham Hospice and Rotherham Healthwatch representatives on both partnership and ICB Committee as participants</li> </ul>	<b>LG</b>

## 1. Structure of these Terms of Reference

These terms of reference are divided into three sections:

- Part 1: Background;
- Part 2: Terms of reference for the Rotherham Place Board when carrying out Partnership Business (defined below); and
- Part 3: Terms of reference for the Rotherham Place Board when carrying out ICB Business (defined below) as a committee of NHS South Yorkshire Integrated Care Board.

### PART 1: BACKGROUND

1. The organisations referred to in these terms of reference are Partners in the Rotherham Place Partnership ("**Place Partnership**"). Representatives of the Partners have come together as the Rotherham Place Board ("**Place Board**") to enable the delivery of integrated population health and care services in Rotherham, as set out in more detail below. The Partners have entered into a Place Agreement setting out their commitment to delivery of the Rotherham vision, objectives, and principles (as documented in the Place Agreement).
2. The Place Board in practice carries out two roles:
  - Firstly, the Place Board is responsible for aligning decisions on strategic policy matters made by Place Partners that are relevant to the achievement of the Rotherham Place Plan, in accordance with its terms of reference in Part 2. Where applicable, the Place Board may also make recommendations on matters that it has been asked to consider on behalf of a constituent Partner in the Place Partnership. Where the Place Board has been asked to consider matters on behalf of a Partner, the Partner organisation remains responsible for the exercise of its functions and nothing that the Place Board does shall restrict or undermine that responsibility. This work is referred to as "**Partnership Business**".
  - Secondly, the Place Board sits as the Rotherham ICB Committee ("**ICB Place Committee**"), which is a committee of the NHS South Yorkshire Integrated Care Board ("**ICB**"). The ICB Place Committee is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation & Delegation. When the Place Board sits as the ICB Place Committee it has delegated authority from the ICB Board to make decisions about the use of ICB resources in Rotherham in line with its remit, and otherwise support the ICB as set out in its terms of reference in Part 3 with the membership as set out in paragraph 7 below. The decisions reached by the ICB Place Committee are decisions of the ICB, in line with the ICB's Scheme of Reservation & Delegation "**ICB Business**". When sitting as the Rotherham ICB Committee, members must comply with ICB policies and procedures.
3. As far as possible in accordance with their organisation's governance arrangements, the Partners that are statutory bodies will seek to exercise their respective statutory functions within the Place Board governance structure insofar as such functions relate to Partnership Business (in the case of the other statutory Partners) or ICB Business (in the case of the ICB) and are within the scope of these arrangements. This will be enabled:
  - For other Partners that are statutory bodies, through those organisations (at their discretion) granting delegated authority for decision making to specific individuals (for example a Place Board member) or to specific committees or other structures established by Partner organisations meeting as part of, or in parallel with, the Place Board.
  - For the ICB, through the Place Board sitting as the ICB Place Committee, as outlined above
4. For Partners that are not statutory bodies, it is expected that as far as possible the individuals attending meetings of the Place Board will be authorised to take the decisions under consideration on behalf of their organisation.
5. It is expected that in many cases, ICB Business, or any other reserved statutory decisions taken by individuals on behalf of their statutory organisations, will be able to be conducted at meetings of the Place Board, as a result of either individual Partner representatives exercising delegated authority or



through the ICB Place Committee making the decision as a committee. Other representatives of Partner organisations will be attendees at the Place Board at such times subject to the management of any conflicts of interest.

6. Whether decisions are taken under Part 2 and Part 3, or only Part 2 or Part 3 of these terms of reference, the aim will be to ensure that decisions reflect applicable national and local priority objectives and strategies and are taken in accordance with the collaborative principles for the Place Partnership.
7. Membership and attendance at the Place Board differs according to whether or not the Place Board is undertaking Partnership Business or ICB Business in accordance with the relevant terms of reference. The table below sets out the status of individual representatives in each case for ease of reference:

<b>Nominated Representative (Role/Title)</b>	<b>Organisation</b>	<b>Status for Partnership Business</b>	<b>Status for ICB Business</b>
Executive Place Director / Deputy Chief Executive ICB	NHS South Yorkshire Integrated Care Board	Joint Chair	Chair
Chief Executive <i>quarterly attendance</i>	Rotherham Metropolitan Borough Council	Member	Participant
Strategic Director, Adult Care, Housing and Public Health	Rotherham Metropolitan Borough Council	Joint Chair	Participant
Director of Public Health	Rotherham Metropolitan Borough Council	Member	Participant
Chief Executive	The Rotherham NHS Foundation Trust (TRFT)	Member	Participant
Managing Director	The Rotherham NHS Foundation Trust (TRFT)	Member	Participant
Chief Executive	Voluntary Action Rotherham	Member	Participant
Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)	Member	Participant
Medical Director	Connect Healthcare Rotherham CIC	Member	Participant
Director of Children's Services	Rotherham Metropolitan Borough Council	Participant	Participant
Chair	Rotherham Health and Wellbeing Board	Participant	Participant
Service Manager	Healthwatch Rotherham	Participant	Participant
Chief Executive Officer	Rotherham Hospice	Participant	Participant
Director of Partnerships Rotherham Place	NHS South Yorkshire Integrated Care Board	Participant	Member
Director of Nursing for Doncaster and Rotherham Places	NHS South Yorkshire Integrated Care Board	Participant	Member
Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board, Chair of Rotherham Primary Care Collaborative Board and vice Chair of Rotherham Health and Wellbeing Board	Participant	Member
Director of Financial Transformation (Rotherham)	NHS South Yorkshire Integrated Care Board	Participant	Member
Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board	Participant	Member

**ROTHERHAM PLACE BOARD**

**PART 2: PLACE BOARD – TERMS OF REFERENCE FOR PARTNERSHIP BUSINESS**

1	<b>Name of committee</b>	The Rotherham Place Board (the “ <b>Place Board</b> ”).
2	<b>General</b>	<p>In these terms of reference the following capitalised terms are given the meaning set out in the NHS South Yorkshire Integrated Care Board (“<b>ICB</b>”) Constitution as updated from time to time, unless the context otherwise requires:</p> <p>Constitution</p> <p>ICB</p> <p>Standing Order or Standing Orders</p> <hr/> <p>Other capitalised terms have the meaning set out below:</p> <p>“Chair” means the chair of the Place Board</p> <p>“Executive Place Director” means that individual appointed by the ICB to oversee and help develop the Place Partnership</p> <p>“ICB Business” has the meaning set out in Part 1</p> <p>“ICB Place Committee” means the committee of the ICB for the Rotherham Place</p> <p>“ICB Policies” means any policy, process or procedure formally adopted by the ICB</p> <p>“Member” refers to a member of the Place Board as listed in paragraph 6</p> <p>“Participant” refers to a participant of the Place Board as listed in paragraph 7</p> <p>“Partner” refers to a partner organisation in the Place Partnership which is also a party to the Place Agreement</p> <p>“Partnership Business” has the meaning set out in Part 1</p> <p>“Place Agreement” means the Place Agreement entered into by the Partners for the transformation and better integration of health and care services for the population of Rotherham</p> <p>“Place Board” means the Place Board as described in the Place Agreement that also sits as the ICB Place Committee as described in the ICB Constitution</p> <p>“Place Partnership” means the partnership of organisations described in the Place Agreement</p> <p>“Terms of Reference for ICB Business” means the terms of reference set out in Part 3</p> <p>“Working Days” means a weekday that is not a bank holiday in England.</p>

3	<b>Reports to</b>	The Place Board reports to the boards of the Partners in relation to Partnership Business. This is done through each Partner representative sitting on the Place Board reporting back to their respective employing/ host organisation.
4	<b>Purpose</b>	<p>In relation to Partnership Business, the Place Board provides the strategic and collective leadership for the Place Partnership to deliver the ambitions of the Place Partnership and the Rotherham Place Plan. The Place Board is the forum where all Partners across health and care in Rotherham come together to formulate, agree and implement strategies for implementing the Rotherham Place Plan. The Place Board works across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and better working relationships between all health and care organisations in the Rotherham health and care community.</p> <p>The Place Board shall operate in accordance with the vision, objectives and principles set out in the Place Agreement for the transformation and better integration of health, care, support and community services for the population of Rotherham.</p>
5	<b>Remit and responsibilities</b>	<p>When conducting Partnership Business, the Place Board has responsibility for:</p> <ul style="list-style-type: none"> <li>• Leading the Rotherham Place Board.</li> <li>• Promoting and encouraging commitment to the Place Plan and “Place Board Principles” set out in the Place Agreement amongst all partner organisations;</li> <li>• Formulating, agreeing and implementing strategies for implementing the Place Plan;</li> <li>• Overseeing the implementation of the Place Agreement and all related contracts in terms of delivering the Rotherham Place Plan in line with the Place Board Principles.</li> <li>• Reviewing performance of the partners against the Rotherham Place Plan and determining strategies to improve performance or rectify poor performance.</li> <li>• Ensuring a proactive approach to establishing the health and social care needs of Rotherham citizens and to react to the changes within the health and social care agenda.</li> <li>• Operating cost of care effectively in the context of the Rotherham health and social care financial circumstances.</li> <li>• Realising cost saving opportunities through system redesign to meet the Rotherham wide efficiency challenge, ensuring impact assessments are completed where appropriate to assess any adverse impact in regard to patient safety and experience.</li> <li>• Providing a forum for parties to resolve disagreement relating to the Rotherham Place Plan.</li> <li>• In undertaking its role, considering recommendations from the Rotherham Place Leadership Team in respect of the operation of the Rotherham Place Board and the delivery of the services.</li> <li>• Reporting to the partner organisations and the Health and Wellbeing Board on progress against the Rotherham Place Plan.</li> <li>• Overseeing the development and implementation of the Place Plan, driving progress in implementation and seeking to overcome any barriers to implementation</li> <li>• Liaising where appropriate with national stakeholders (including NHS England) to communicate the views of the Place Board on matters relating to integrated care in Rotherham.</li> <li>• Operating as the key link between the Place Board and the ICB and work with the ICB to help shape its development, in conjunction with the Place Board’s development. This may include nominating Place Board representatives to sit on governance groups at ICB level, as necessary.</li> </ul>

6	<b>Members</b>	<p>Members contribute to discussion, participate in aligned decision making and are accountable for decisions made.</p> <p>The Members of the Place Board are:</p> <p><u>NHS South Yorkshire ICB</u> Rotherham Executive Place Director / Deputy Chief Executive ICB (Joint Chair)</p> <p><u>Rotherham Metropolitan Borough Council (RMBC)</u> Chief Executive <i>(to attend on a quarterly basis)</i> Strategic Director, Adult Care, Housing and Public Health (Joint Chair) Director of Public Health</p> <p><u>The Rotherham NHS Foundation Trust (TRFT)</u> Chief Executive Managing Director</p> <p><u>Voluntary Action Rotherham (VAR)</u> Chief Executive</p> <p><u>Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)</u> Chief Executive</p> <p><u>Connect Healthcare Rotherham CIC</u> Medical Director</p> <p>Each Partner will ensure that the Member from their organisation:</p> <ul style="list-style-type: none"> <li>• Is appointed to attend and represent their organisation on the Place Board with such authority as is agreed to be necessary in order for the Place Board to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar);</li> <li>• Has equivalent delegated authority to the designated officers of all other member organisations comprising the Place Board (as confirmed in writing and agreed between the Partner organisations); and</li> <li>• Understands the dual role of the Place Board as described in Part 1 of these terms of reference, and the limits of their responsibilities and authority in respect of the Place Board when dealing with Partnership Business and ICB Business (to the extent they are a member of both).</li> </ul>
7	<b>Participants</b>	<p>The following individuals will be invited to attend each meeting of the Place Board as Participants. Participants attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not participate in decision making.</p> <p>The Participants of the Place Board when discussing Partnership Business are:</p> <ul style="list-style-type: none"> <li>• Chair Rotherham Health and Wellbeing Boar, RMBC</li> <li>• Director of Partnerships Rotherham Place, ICB</li> <li>• Director of Financial Transformation (Rotherham), ICB</li> <li>• Independent Non-Executive Member, SY ICB</li> <li>• Director of Nursing for Doncaster and Rotherham Places, ICB</li> <li>• Medical Director, Rotherham Place, ICB</li> <li>• Director of Children's Services, RMBC</li> <li>• Chief Executive Officer, Rotherham Hospice</li> <li>• Service Manager, Rotherham Healthwatch</li> </ul> <p><b>In attendance</b></p> <ul style="list-style-type: none"> <li>• Transformation and Partnerships Lead, Rotherham Place, ICB</li> <li>• Head of Communications, NHS ICB</li> </ul>

		The Chair may invite such other Participants to attend any meeting of the Place Board as the Chair considers appropriate.
8	<b>Deputies</b>	With the permission of the Chair, Members of the Place Board may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.
9	<b>Chair</b>	The meetings will be run alternately by the Joint Chairs of the Place Board (as noted in paragraph 6 above). In the event of both of the Joint Chairs being unable to attend all or part of the meeting, another Member of the Partnership Board shall chair the meeting.
10	<b>Quoracy</b>	<p>No Partnership Business shall be transacted unless the following are present as a minimum:</p> <p>a) one Member from each of the ICB and RMBC; and  b) two Members from any of the following Partners: TRFT, VAR, RDASH or Connect Healthcare Rotherham CIC.</p> <p>For the sake of clarity:  a) No person can act in more than one capacity when determining the quorum.  b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.</p> <p>Members of the Place Board 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.</p>
11	<b>Conduct meetings of</b>	The Place Board is not a separate legal entity or a committee of any of the Partners when considering Partnership Business, therefore it is unable to take decisions separately from its constituent Members or bind any one of them; nor can one Partner organisation 'overrule' another on any matter. The Place Board will operate as a place for discussion of Partnership Business with the aim of reaching consensus to make recommendations and proposals to the boards of Partner organisations, unless the Members have the requisite delegated authority from their Partner organisations to make the relevant decision.
12	<b>Frequency of meetings</b>	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Place Board determines otherwise and amends these terms of reference accordingly.
13	<b>Urgent decisions</b>	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Place Board determines otherwise and amends these terms of reference accordingly.
14	<b>Admission of the press and public</b>	The Place Board may meet in private to consider Partnership Business. However, if it is also considering ICB Business then press and public will be admitted in accordance with the terms of reference for ICB Business.
15	<b>Declarations of interest</b>	The rules set out in the Terms of Reference for ICB Business shall apply, unless the Place Board determines otherwise and amends these terms of reference accordingly.
16	<b>Support to the Place Board</b>	The arrangements set out in the Terms of Reference for ICB Business shall apply unless the Place Board determines otherwise and amends these terms of reference accordingly.

17	<b>Authority</b>	<p>The arrangements set out in the Terms of Reference for ICB Business shall apply in relation to:</p> <ul style="list-style-type: none"> <li>• investigations</li> <li>• commissioning of reports and surveys</li> <li>• obtaining legal or other independent professional advice</li> </ul> <p>unless the Place Board determines otherwise and amends these terms of reference accordingly.</p> <p>In addition, if the Place Board agrees additional requirements regarding the above, those requirements must be complied with.</p> <p>The Place Board has the sub-committees set out in the Terms of Reference for ICB Business.</p> <p>The Place Board is authorised to create and dissolve permanent workstreams and time limited task and finish groups as are necessary to fulfil its responsibilities. When doing so, the Place Board must set a clear scope and where appropriate deadline for completion for the workstream or group.</p> <p>Such workstreams or groups shall not be able to take decisions on behalf of the Place Board and shall not be formal sub-committees of the Place Board.</p>
18	<b>Reporting</b>	<p>The Place Board shall report to the boards/ senior management of Partner organisations in respect of Partnership Business. It does this through Members reporting back to their organisations.</p> <p>The Place Board shall also report to the Health and Wellbeing Board for Rotherham.</p> <p>The Place Board will receive for information updates on the work of any of its task and finish groups or workstreams.</p>
19	<b>Conduct of the Place Board</b>	<p>Members of the Place Board will abide by the 'Principles of Public Life' (The Nolan Principles).</p> <p>The Place Board shall undertake an annual self-assessment of its own performance against these terms of reference. This self-assessment shall form the basis of an annual report from the Place Board to the Rotherham Health and Wellbeing Board.</p>
20	<b>Amendments</b>	<p>Any amendment to these terms of reference is Partnership Business. Any changes to these terms of reference must be approved by the Place Board.</p>
21	<b>Review date</b>	<p>These terms of reference shall be reviewed annually.</p>



**ROTHERHAM PLACE BOARD**

**PART 3: PLACE BOARD – TERMS OF REFERENCE FOR ICB PLACE COMMITTEE (ICB BUSINESS)**

1	<b>Name of committee</b>	The Rotherham Place Board (the <b>Place Board</b> ) is established as and operates as a committee of the NHS South Yorkshire Integrated Care Board (“ <b>ICB</b> ”), in accordance with the ICB’s Constitution, Standing Orders and Scheme of Reservation and Delegation when it is considering ICB Business (the “ <b>ICB Place Committee</b> ”).
2	<b>General</b>	<p>These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of the ICB Place Committee and may only be changed with the approval of the ICB Board. The ICB Place Committee has no executive powers, other than those specifically delegated in these terms of reference.</p> <p>In these Terms of Reference the following capitalised terms are given the meaning set out in the NHS South Yorkshire Integrated Care Board Constitution as updated from time to time, unless the context otherwise requires:</p> <ul style="list-style-type: none"> <li>• Constitution</li> <li>• ICB</li> <li>• Standing Order or Standing Orders</li> </ul> <p>Other capitalised terms have the meaning set out below:</p> <p>“<b>Chair</b>” means the chair of the ICB Place Committee</p> <p>“<b>ICB Business</b>” matters which are delegated to the ICB Place Committee in line with its purpose at paragraph 4 by the ICB for determination by the ICB Place Committee</p> <p>“<b>ICB Policies</b>” means any policy, process or procedure formally adopted by the ICB</p> <p>“<b>Member</b>” refers to a member of the ICB Place Committee as listed in paragraph 6</p> <p>“<b>Participant</b>” refers to a participant of the ICB Place Committee as listed in paragraph 7</p> <p>“<b>Place Agreement</b>” means the Rotherham Place Agreement entered into by the Partners (including the ICB) for the transformation and better integration of health and care services for the population of Rotherham</p> <p>“<b>Place Board</b>” means the place board as described in the Place Agreement that also sits as the ICB Place Committee when conducting ICB Business</p> <p>“<b>Working Days</b>” means a weekday that is not a bank holiday in England</p> <p>The ICB is part of the South Yorkshire Integrated Care System, which has four core purposes:</p> <ul style="list-style-type: none"> <li>• improve outcomes in population health and healthcare</li> <li>• tackle inequalities in outcomes, experience and access</li> <li>• enhance productivity and value for money</li> <li>• help the NHS support broader social and economic development.</li> </ul>

		<p>The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:</p> <ul style="list-style-type: none"> <li>• improving the health of children and young people</li> <li>• supporting people to stay well and independent</li> <li>• acting sooner to help those with preventable conditions</li> <li>• supporting those with long-term conditions or mental health issues</li> <li>• caring for those with multiple needs as populations age</li> <li>• getting the best from collective resources so people get care as quickly as possible.</li> </ul>
3	<b>Reports to</b>	The ICB Board
4	<b>Purpose</b>	The ICB Place Committee will support the ICB in delivering its statutory and/or corporate functions as set out in paragraph 5.
5	<b>Remit and responsibilities</b>	<p>The role of the ICB Place Committee will be to actively participate in the Rotherham Place Partnership in accordance with the Place Agreement, and in accordance with the Constitution of the ICB.</p> <p>The ICB Place Committee is responsible for the following:</p> <p><b>Regulation and Control</b></p> <ul style="list-style-type: none"> <li>• Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.</li> </ul> <p><b>Strategy and Planning</b></p> <ul style="list-style-type: none"> <li>• Agree a plan to meet the health and healthcare needs of the Rotherham population, having regard to the ICS integrated care strategy and Rotherham health and wellbeing strategies.</li> <li>• Ensure consultation, involvement and engagement on place plans is undertaken where appropriate</li> <li>• Engagement with Health Overview and Scrutiny Committee.</li> <li>• Develop Annual Plan for Delivery of Place Health &amp; Wellbeing Strategy and ICP Strategy</li> <li>• Ensure provision of Health Care Services for Place Population.</li> <li>• Agree Place-based delivery plans.</li> <li>• Allocate resources to deliver the plan in Rotherham, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital).</li> <li>• Approve the operating structure in Rotherham.</li> <li>• Develop joint working arrangements with partners in place that embed collaboration and integration as the basis for delivery within the ICB plan.</li> </ul>



		<ul style="list-style-type: none"> <li>• Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities including: <ul style="list-style-type: none"> <li>○ convening and supporting providers at Place to lead major service transformation programmes to achieve agreed outcomes.</li> <li>○ support the development of primary care networks (PCNs) as the foundations of out-of- hospital care and building blocks of place-based partnerships. Including through investment in PCN management support, data and digital capabilities, workforce development and estates.</li> <li>○ 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.</li> </ul> </li> <li>• Agree place action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.</li> <li>• Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money in place and support wider goals of development and sustainability.</li> </ul> <p><b>Partnership working</b></p> <ul style="list-style-type: none"> <li>• Agree joint working arrangements at Place that embed collaboration and integration as the basis for delivery of the Place Plan.</li> </ul> <p><b>Staffing and human resources</b></p> <ul style="list-style-type: none"> <li>• Delivery of implementation in Rotherham of people priorities.</li> </ul> <p><b>Risk management</b></p> <p>Make arrangements to implement in place ICB risk management arrangements.</p>
6	<b>Members</b>	<p>The Members of the ICB Place Committee when undertaking ICB Business are:</p> <ul style="list-style-type: none"> <li>• Executive Place Director, ICB (Chair)</li> <li>• Director of Partnerships Rotherham Place, ICB</li> <li>• Director of Nursing for Doncaster and Rotherham Places</li> <li>• Medical Director, Rotherham Place, ICB</li> <li>• Director of Financial Transformation (Rotherham)</li> <li>• Independent Non-Executive Member, ICB</li> </ul> <p>The Chair of the ICB must approve the appointment of any Member of the ICB Place Committee and may remove any Member of the ICB Place Committee, acting always in accordance with the ICB Constitution.</p>

7	<b>Participants</b>	<p>The following individuals will be invited to attend each meeting of the ICB Place Committee as Participants. Participants attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote. The Participants of the ICB Place Committee when undertaking ICB Business are:</p> <ol style="list-style-type: none"> <li>1. Rotherham Metropolitan Borough Council (RMBC) - Chief Executive</li> <li>2. Rotherham Metropolitan Borough Council (RMBC) - Strategic Director, Adult Care, Housing and Public Health</li> <li>3. Rotherham Metropolitan Borough Council (RMBC) - Director of Public Health</li> <li>4. The Rotherham NHS Foundation Trust (TRFT) - Chief Executive</li> <li>5. Voluntary Action Rotherham (VAR) - Chief Executive</li> <li>6. Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) - Chief Executive</li> <li>7. Connect Healthcare Rotherham CIC - Medical Director</li> <li>8. Rotherham Health and Wellbeing Board (RH&amp;WBB) - Chair</li> <li>9. The Rotherham NHS Foundation Trust (TRFT) – Managing Director</li> <li>10. Rotherham Metropolitan Borough Council (RMBC) - Director of Children's Services</li> <li>11. Rotherham Hospice – Chief Executive Officer</li> <li>12. Rotherham Healthwatch – Service Manager</li> </ol> <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. The Chair may invite such other Participants to attend any meeting of the ICB Place Committee as the Chair considers appropriate.</p>
8	<b>Deputies</b>	<p>With the permission of the Chair, Members of the ICB Place Committee 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 but may not vote.</p> <p>The decision of the Chair regarding authorisation of nominated deputies is final.</p>
9	<b>Chair</b>	<p>The meetings will be run by the Chair of the ICB Place Committee (as noted in paragraph 6 above). If the Chair is absent or is disqualified from participating by a conflict of interest, a member of the ICB shall be chosen by the members present, or by a majority of them, and shall preside. In the event of the Chair being unable to attend all or part of the meeting, another Member of the ICB Place Committee shall chair the meeting.</p>
10	<b>Quoracy</b>	<p>No business shall be transacted unless at least 60% of the membership (which equates to a minimum of 4 individuals) and including the following are present:</p> <p style="padding-left: 40px;">(1) Executive Place Director and (2) Independent Non-Executive Member</p> <p>For the sake of clarity:</p> <ol style="list-style-type: none"> <li>a) No person can act in more than one capacity when determining the quorum.</li> <li>b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.</li> </ol> <p>Members of the ICB Place Committee 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</p>

11	<b>Conduct meetings of</b>	<p>In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the ICB Place Committee will have one vote, the process for which is set out below:</p> <ul style="list-style-type: none"> <li>a. All members of the ICB Place Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, Members of the ICB Place Committee are set out at paragraph 6; Participants and observers do not have voting rights.)</li> <li>b. Absent Members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.</li> <li>c. For the sake of clarity, any additional Participants and Observers (as detailed within Section 5.6. of the Constitution) will not have voting rights. A resolution will be passed if more votes are cast for the resolution than against it.</li> <li>d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.</li> <li>e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.</li> </ul>
12	<b>Frequency of meetings</b>	<p>The ICB Place Committee will meet monthly in common with the Place Board. The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the ICB Place Committee.</p> <p>One third of the members of the ICB Place Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting, If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the ICB Place Committee Members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all Members of the ICB Place Committee specifying the matters to be considered at the meeting.</p> <p>In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.</p>
13	<b>Urgent decisions</b>	<p>In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the ICB Place Committee to meet virtually. Where this is not possible the following will apply:</p> <ul style="list-style-type: none"> <li>a) The powers which are delegated to the ICB Place Committee may allow for an urgent decision be exercised by the Chair subject to every effort having made to consult to consult with as many members as possible in the given circumstances.</li> <li>b) The exercise of such powers shall be reported to the next formal meeting of the ICB Place Committee for formal ratification, where the Chair will explain the reason for the action taken, and the ICB Audit Committee for oversight.</li> </ul>

14	<b>Admission of the press and public</b>	<p>In accordance with Public Bodies (Admission to Meetings) Act 1960 all meetings of the ICB at which public functions are exercised will be open to the public. This includes the Place Board where it is discussing ICB Business as the ICB Place Committee.</p> <p>The ICB Place Committee may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.</p> <p>The chair of the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the ICB Place Committee's business shall be conducted without interruption and disruption.</p> <p>As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.</p> <p>Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the ICB Place Committee.</p> <p>A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it electronically at least 7 calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.</p> <p>The agenda and papers for meetings will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.</p>
15	<b>Declarations of interest</b>	<p>If any Member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.</p>
16	<b>Support to the ICB Place Committee</b>	<p>Administrative support will be provided to the ICB Place Committee by officers of the ICB. This will include:</p> <ul style="list-style-type: none"> <li>• Agreement of the agenda with the Chair, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward;</li> <li>• Maintaining an on-going list of actions, specifying Members responsible, due dates and keeping track of these actions;</li> <li>• Sending out agendas and supporting papers to Members five working days before the meeting.</li> <li>• Drafting minutes for approval by the Chair within five working days of the meeting and then distribute to all attendees following this approval within 10 working days; and</li> <li>• An annual work plan to be updated and maintained on a quarterly basis.</li> </ul>

17	<b>Authority</b>	<p>The ICB Place Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the ICB Place Committee.</p> <p>The ICB Place Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.</p> <p>The ICB Place Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the ICB Place Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.</p> <p>The ICB Place Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The ICB Place Committee may not delegate powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.</p>
18	<b>Reporting</b>	<p>The ICB Place Committee shall submit its minutes to each formal ICB Board meeting.</p> <p>The Chair shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.</p> <p>The ICB Place Committee's minutes will be published on the ICB website once ratified.</p> <p>The ICB Place Committee shall submit an annual report, including a summary of attendance levels for members and attendees, to both the ICB Audit Committee and the ICB Board, timed to support finalisation of the ICB's annual report, accounts and Governance Statement.</p> <p>The ICB Place Committee will receive for information the minutes of other meetings which are captured in the ICB Place Committee work plan e.g. sub-committees.</p>
19	<b>Conduct of the ICB Place Committee</b>	<p>All Members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.</p> <p>Members of the ICB Place Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.</p> <p>The Place Board (including the ICB Place Committee) shall agree an annual delivery plan with the ICB Board.</p> <p>The ICB Place Committee shall undertake an annual self-assessment of its own performance against the annual work plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the ICB Place Committee.</p> <p>Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.</p>
20	<b>Amendments</b>	<p>These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of the ICB Place Committee and may only be changed with the approval of the ICB Board.</p>
21	<b>Review date</b>	<p>These terms of reference shall be reviewed annually.</p>



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

Rotherham Place Board

**21 August 2024**

<b>Author(s)</b>	Ruth Nutbrown – Assistant Director of Business Management - Governance Alison Hague – Business Manager – Corporate Affairs and Risk Roni Foster-Ash – Business Support Manager - Corporate Abby Sharp – Business Support Officer – Risk
<b>Sponsor Director</b>	Mark Janvier – Director of Corporate Governance & Board Secretary Will Cleary-Gray, Executive Director of Strategy & Partnerships
<b>Purpose of Paper</b>	
For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which had been presented by exception on the 8 August 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.	
<b>Key Issues / Points to Note</b>	
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.	
<b>Executive Summary</b>	
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"> <li>• ICB-Wide Corporate Risks / Issues with a Score of 12 or above (threshold for ICB Board).</li> <li>• 'All Place' based risks / issues where each Place has individual responsibility for update, review and action.</li> <li>• Risks / issues in which Place Teams have to provide assurance.</li> </ul>	
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.	
<b>Board Assurance Framework</b>	
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.

Table 1: BAF Risks, by score

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


1.7	<ul style="list-style-type: none"> <li>• 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;</li> <li>• on the four main modifiable risk factors of smoking, healthy weight (diet and physical activity), alcohol and hypertension,</li> <li>• 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</li> </ul>	3 x 3 = 9	Ramp up current programmes of work and look to identify additional measures to mitigate and improve life expectancy and preventable causes of mortality, especially for females but for all.
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"> <li>• Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board</li> <li>• Robust ICB 5-year Joint Forward plan - agreed at July board 2023</li> <li>• Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake</li> <li>• 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.</li> </ul>
1.1.1 – R	the ICB is maintaining quality, services and outcomes through Improvement and transformation	2 x 3 = 6	Awaiting details
1.8 – R	Primary care services are effective in Place	2 x 3 = 6	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. LMC officers meeting and





			attendance at CDs. Primary Care Place team fully recruited to supporting primary care.
2.7.1 – R	The ICB works collaboratively with partners to improve health, care and reduce inequalities	2 x 3 = 6	Awaiting details
2.12 – R	Integrated services supporting people in the community are working well	2 x 3 = 6	Awaiting details
4.9 – R	Our work with people and communities is effective	2 x 3 = 6	Awaiting details
4.11 – R	Our work with local authority is effective	2 x 2 = 4	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"> <li>• Delivery of the target minimum viable product for SCR within the next two financial years.</li> <li>• Delivery of the SY Data Platform to support population health management by June 2024</li> <li>• Inclusion of qualitative (public) insight into the SY Data Platform by Q3 24-25.</li> <li>• Development of a pathways costing model by June 2024 to support identification of productivity opportunities.</li> <li>• To implement Eclipse across all GPs in South Yorkshire by Q2 2024</li> </ul>
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"> <li>• Establish SY Digital Inclusion working group and delivery plan by June 2024.</li> <li>• Co-design and deliver a system wide coordinated approach to the use of digital communication across South Yorkshire by 2025</li> </ul>
1.6.1 – R	Children and Young People (0-25) services are effective (General Services)	Score to be applied	Awaiting details
1.6.2	Children and Young People (0-25) services are effective (Safeguarding and SEND)	Score to be applied	Awaiting details

### 3 CORPORATE RISK REGISTER - OVERVIEW

#### Initial vs Residual Scoring

 **15** (42.86%)  
have seen a decrease in score

 **18** (51.43%)  
have experienced no change to score

 **2** (5.71%) 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
0 (0%)	1 (2.86%)	0 (0%)	0 (0%)	2 (5.71%)	0 (0%)	32 (91.43%)

### 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
There are no risks which meet this criteria.					

### 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:



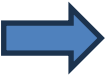
- Risks are routinely reviewed and owned at Place and give a clear picture of risks at Place; and that.
- The Place is satisfied that each identified risk is properly sized up (i.e. scored); and that.
- Places are satisfied that the right actions are in place to mitigate those risks back to the risk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



There are currently a total of **35** 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	<b>Service Delivery</b> - There is a risk that the number of transformation workstreams within Places are not delivered which will cause a non delivery of our plans of services population health improvement and potential funding gap.	<b>5 x 4 = 20</b>		<ul style="list-style-type: none"> <li>• Place Committee.</li> <li>• Partnership Agreements.</li> </ul>

SY028	<p><b>Oncology Workforce Challenges</b> – in recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and Lower Gastrointestinal service have been implemented locally to mitigate patient safety risks. Given the temporary nature of this solution further work will be required to identify the longer-term solution which is being led by the Cancer Alliance.</p>	<p>4 x 4 = 16</p>		<ul style="list-style-type: none"> <li>• National mitigation for recruitment on oncology workforce required.</li> <li>• Mutual aid requested through regional team with Incident Management Team established.</li> <li>• Sheffield Teaching Hospitals (STH) are establishing an Non-Surgical Oncology (NSO) insourcing model for breast services with Remedy to secure additional capacity.</li> </ul>
SY115	<p><b>Operational Recovery</b> - There is a risk that operational recovery for cancer services will be significantly hindered by further Industrial Action (IA)</p>	<p>4 x 4 = 16</p>		<ul style="list-style-type: none"> <li>• Continue to support local derogations in relation to cancer services if possible.</li> <li>• Cancer Alliance Board have requested work is undertaken to fully understand the impact of IA on cancer pathways and identify opportunities that could enhance mitigations as a result of further action</li> </ul>
SY116	<p><b>Operational Recovery</b> - There is a risk that Oral and maxillofacial surgery (OMFS) Consultant pressures for cancer services will lead to an increase and inequity</p>	<p>4 x 4 = 16</p>		<ul style="list-style-type: none"> <li>• Discussions ongoing with Doncaster Bassetlaw Hospital Foundation Trust</li> </ul>

	in waiting time leading to potential harm for patients with head and neck cancer.			(DBHFT) / Sheffield Teaching Hospitals (STH) to establish solution and ensure equity of waiting times. <ul style="list-style-type: none"> <li>• Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of OMFS services.</li> </ul>
SY117	<b>Paediatric Radiotherapy</b> - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals (LTH) beyond September 2023 with a lack of confirmed date for repatriation to Sheffield Teaching Hospitals (STH). There is a risk that the paediatric radiotherapy service will not be able to be returned.	4 x 4 = 16		<ul style="list-style-type: none"> <li>• NHSE Specialised commissioning leading discussions with LTH, Sheffield Childrens Hospital (SCH) and STH.</li> <li>• Current commitment to March '24 based on increased training commitment of the STH clinical oncologist</li> </ul>
SY124	National Trajectory for Learning Disability and Autism (LDA) Inpatients - There is a risk that the ICB will not meet the national trajectory for 24/25 based on no more than 30 inpatients per 1 million population, this is due to an increased number of admissions across all 4 places and a number of inpatients who are stuck in hospital with no clear discharge plans, this is also resulting in increased out of area placements being required which is having a significant impact on budgets due to the high cost packages involved with the spot	4 x 4 = 16		<ul style="list-style-type: none"> <li>• Regular Case Reviews with place and Programme Director to identify and unblock barriers to discharge</li> <li>• Expansion of Children and Young People Keyworker Programme – Prevent risk of admission, facilitate discharge</li> </ul>

	<p>purchased placements</p>		<p>promptly  Development of  Safe Place/Crisis  beds as part of  the crisis  response  pathway to  prevent  admission and  placement  breakdown</p> <ul style="list-style-type: none"> <li>• Development of  a Specialist  Autism Team  working  alongside  existing teams on  complex cases</li> </ul> <p>Links with both  Mental Health  Learning  Disabilities  Autism (MHLDA)  Provider  Collaboratives  who are leading  on some of the  identified  priorities which sit  under the  overarching  national Learning  Disabilities and  Autism (LDA)  programme</p> <ul style="list-style-type: none"> <li>• Expansion of  Forensic  Outreach Liaison  Services</li> </ul> <p>Delivery of SY  LDA Housing  Needs  Assessment  Implementation  of the Care  Education  Treatment  Review and  Dynamic Support  Register Policy to  ensure that  regular</p>
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				<p>independent reviews are taking place to enable discharge planning and implement ICB assurance and escalation processes to provide overall assurance that we are meeting the policy requirements</p>
<p>SY132</p>	<p><b>GP Action</b> - There is a risk of GP action during 2024/5 due to the British Medical Association's (BMA) General Practitioner Committee (England) being in dispute with NHS England in relation to the 2024/5 General Medical Services (GMS) contract for General Practice which may result in negative impact on the delivery of and access to Primary services</p>	<p>4 x 4 = 16</p>		<ul style="list-style-type: none"> <li>• We committed to continued dialogue – and discuss potential “themes” of action – e.g. shared care – that may allow us to plan accordingly with partners</li> <li>• We discussed that this may be seen as an opportunity to accelerate some of the transformation – particularly the primary / secondary care interface work</li> <li>• Inevitably Service Development Funding (SDF) was mentioned – as discussed we need to be open about this and really give some thought to prioritisation</li> </ul>

				<ul style="list-style-type: none"> <li>• Escalate Risk through NHSE regional and national channels.</li> <li>• Brief local MPs and seek support to resolve the dispute between BMA and Government.</li> </ul>
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The following changes to Rotherham Place Risk Portfolio have been made during the reporting period:

- SY004 – Risk reviewed and closed
- SY006 – Risk reviewed and closed
- SY124 – Risk reviewed, residual score increased
- SY125 – Risk reviewed and closed
- SY128 – Reviewed, no longer a risk for Rotherham



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
1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	9 (90%)

#### 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 4: Rotherham Place Issues - Overdue for review, by risk score


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





#### 4.2 Rotherham Issues Log – Corporate Issues



There are currently **10** 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 the Executive Summary.

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	<p><b>Doncaster Royal Infirmary (DRI) - Backlog Maintenance -</b> Recent incidents at DRI including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate of DRI. The issue has the potential to cause harm to patients, staff and visitors.</p>	<p>5 x 5 = 25</p>		<ul style="list-style-type: none"> <li>• Risk summit held with local partners.</li> <li>• Put improved electrical infrastructure.</li> <li>• Upgraded roofing and replaced windows.</li> <li>• Improve fire precautions.</li> <li>• Multi agency workshop on 9th October 2023 involving all SY trusts Ambulance Service and NHSE.</li> <li>• NHSE appointed project manager to oversee development of offsite SY wide Plan.</li> <li>• Doncaster Place Team are organising a Doncaster providers workshop to look at mitigation of this risk take place on 4th December 2023.</li> </ul>

				<ul style="list-style-type: none"> <li>• Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCG.</li> </ul>
IL12	<p><b>Cancer</b> – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.</p>	5 x 4 = 20		<ul style="list-style-type: none"> <li>• Breast waiting times are being monitored through the Regional Incident management team meetings.</li> <li>• Mutual aid has been fully explored through regional team.</li> <li>• However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.</li> </ul>
IL03	<p><b>Strike Action across health and social care workforce</b> - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.</p>	5 x 4 = 20		<p>Effective incident planning of services local discussion about derogations services that should continue during strike.</p>
IL13	<p><b>78/104 Week Waits</b> - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.</p>	4 x 4 = 16		<ul style="list-style-type: none"> <li>• Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.</li> </ul>
IL17	<p><b>Continuing Health Care</b> - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the Continuing Health Care (CHC) Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.</p>	4 x 4 = 16		<ul style="list-style-type: none"> <li>• 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.</li> <li>• Commencement of transformation project for all age continuing care.</li> </ul>

<p>IL09</p>	<p><b>Medication Supply -</b> There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.</p>	<p>5 x 3 = 15</p>		<ul style="list-style-type: none"> <li>• To communicate deployment of serious shortage protocols An additional mitigation/ response is a co-ordinated sharing of out of stock information across places and tactical level response being developed in the event of a sudden shortage.</li> <li>• To raise with the system control centres the possibility of dealing stock from hospitals,</li> <li>• Release advice about alternatives and how they can be used</li> <li>• To raise with NHS region.</li> </ul>
<p>IL07 - R</p>	<p><b>Urgent and Emergency Care</b> (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"> <li>• Note Contract led by West Yorkshire ICB.</li> <li>• South Yorkshire ICB executive represented on the Yorkshire &amp; Humber Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY) and Yorkshire Ambulance Service (YAS)</li> <li>• Good engagement and representation from YAS at place and South Yorkshire Urgent Emergency Care (SY UEC) Alliance Board.</li> <li>• System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and Operational Pressures Escalation Levels (OPEL) reporting guidance being consulted on and expected to be final in Autumn.</li> </ul>

				<ul style="list-style-type: none"> <li>• The governance arrangements are via the SY UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups.</li> <li>• Letter issued to Place Delivery Board from UEC Senior Responsible Officer (SRO) and Exec lead to request recovery plan to recover current operational attainment</li> </ul>
IL20	Places have fallen behind schedule in achieving their target savings. This is due to a number of factors: enhanced access and access PCN DES requirements; Community pharmacy contract and QOF metrics aimed to increase case finding (BP, AF) and to achieve targets for lipid modification, AF and BP; Retirement of SMRs in IIF; NCSO – this is not thought to be improving this year; cost of living leading to decreased willingness for patients to purchase self-care medication; MO redesign with held vacancies and disruption to BAU during the process; GP industrial action	5 X 3 = 15	NEW	<ul style="list-style-type: none"> <li>• CPO;</li> <li>• PDMOs</li> <li>• David Crichton,</li> <li>• S&amp;D leads,</li> <li>• Genna Miller</li> </ul>

### 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 9 August 2024 at 13:15.

Is your report for Approval / Consideration / Noting			
<ul style="list-style-type: none"> <li>• 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</li> </ul>			
Recommendations / Action Required			
Members are asked to:			
<ul style="list-style-type: none"> <li>• Review the collated SY ICB Risk Register and Issues Log for Quarter 2; and</li> <li>• Support the ongoing development of the BAF, Risk Register and Issues log.</li> </ul>			
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 ✓</i>			

beside all that apply):

<b>Goal 1 – Inspired Colleagues:</b> To make our organisation a great place to work where everyone belongs and makes a difference.	✓
<b>Goal 2 – Integrated Care:</b> To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.	✓
<b>Goal 3 – Involved Communities:</b> To work with our communities so their strengths, experiences and needs are at the heart of all decision making.	
<b>Are there any potential Risk Implications? (Including reputational, financial etc)?</b>	
There are no risk implications.	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
There are no financial implications for this paper but notwithstanding some of the risk areas will have financial implications for the ICB.	
<b>Are there any Procurement Implications?</b>	
There are no procurement implications.	
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	
Not applicable	
<b>Have you involved patients, carers, and the public in the preparation of the report?</b>	
There has been no Patient or public involvement in the development of the BAF, RR or Issues Log but stakeholders/risk owners are being contacted for conversations about their risk profile and this will continue in a structured way during each cycle of updates.	
<b>Appendices</b>	
<ul style="list-style-type: none"> <li>• BAF</li> <li>• IL</li> <li>• RR</li> </ul>	

# Board Assurance Framework, Corporate Risk Register & Corporate Issues Log

Version : Live

Meeting Date: 21/08/2024

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					IL07, IL08, IL09, IL20
Likely 4			IL19	IL17	
Almost Certain 5				IL03, IL12, IL13	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, CQC Registrar, CQC, 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?				
CONTROLS								INTERNAL ASSURANCE			EXTERNAL ASSURANCE			Initial Risk Score								
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)		QIPPE Supported by SY ICB Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY114, SY115, SY116, SY117, SY124, SY028, SY032, SY107, SY040, SY056, 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, VAR and Connect Healthcare	Rotherham Place Board reviews monthly performance and quality reports. Rotherham place leadership team meets weekly	Quarterly performance meetings between Rotherham place and SYICB. 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, SY052, SY026, SY096, 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 - EPRP - NHS England/SY ICB Assurance MOU	ICB Place Committees Operational Executive Board Sub Committee review	- Local HWBBS - NHSE Single Oversight Framework - NHSE Assurance process	3x3 = 12	- Ongoing, effective leadership in the development and implementation of Place Partnerships, collaborative working, and plan implementation - Subsidiary at Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Reduction programme - Ongoing focus on prevention of illness - Sufficient funding and workforce	Greater certainty of finances and resources to provide planned services - Effective and successful Organisational Redesign required by the National ICB Running Cost Reduction Programme.	3 x 3 = 9	Medium	- 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives - Complete review of all ICB Functions as part of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme implementation Q2 & Q3. Transition to new Operating Model Q4.						
1.6.1 - R	Children and Young People (0-25) services are effective (General Services)	Will Cleary Gray (Director of Strategy and Partnerships)	Heleen 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, CQC 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/ CQC including SEND Inspection Framework/ JTAI		Review Child Development Centre Development of an SEMH Framework.	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					Rotherham - Review Child Development Centre Development of an SEMH Framework. Sheffield - Transform family hubs, neuro diversity pathways, short breaks for disabled CYP. Inclusion locally model, SEND improvement, prep for adulthood. Doncaster - Start for life project, SEND Strategy, MH crisis, eating disorder.	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 SDS planning objectives - Effective delivery management processes at place including internal ICB escalation and system level oversight - Effective patient experience and engagement process to support delivery undertaken by VCSE partners - 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 MELDDA SDG Senior Leadership Executive Operational Executive Board	- NHSE Assurance process	3x3 = 9	ICB level review and refresh of Local Transformation Plans for CYP ICB level overview and escalation of progress against plan in terms of performance and delivery Rotherham - Review Child Development Centre Development of an SEMH Framework. Sheffield - Transform family hubs, neuro diversity pathways, short breaks for disabled CYP. Inclusion locally model, SEND improvement, prep for adulthood. Doncaster - Start for life project, SEND Strategy, MH crisis, eating disorder.	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs Full usage of targeted SDF	3x2 = 6	Medium	ICB level and Place level oversight of deliverables and adherence to access and waiting times standards Implementation of 2x MHS TAs 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 Critchton (Chief Medical Officer)	David Laughton / 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 JIP 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 HI's	- NEY NHSE Regional meetings (NEY Prevention Board and NEY Physical Health Board)	3 x 3 = 9	Management of LTC delivery transition to ICB as a result of changes to NHSE delivery of Clinical Networks for Respiratory and Cardiac.  Alignment of Respiratory plans to place transformation plans - all places have identified Respiratory Programmes of work (whole pathway including unplanned care) as a priority for 24/25 and are developing transformation plans. These plans will need to feed into this programme of work.	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 modality, rehab - Support for self management - support and tools for people	3 x 3 = 9	Medium							
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	SY078, 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 Critchton (Chief Medical Officer)		Place Committees	Accountable	South Yorkshire Joint Forward Plan / BAF 2023	SY021, SY042, SY010, SY051, SY044, SY114	- PHM SDG Digital Research Innovation (DRI) SDG - ICS Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong relationship with Healthwatch - Health & Wellbeing Board - local collaborative work to improve health outcomes and address health inequalities. - Place Strategy and PLACE Delivery Plans - Integrated Care Partnership Strategy - Population Health Needs Assessment - Joint Forward Plan - ICP strategy and comprehensive public engagement on population needs. SY Digital strategy to develop PHM infrastructure, i.e. shared data platform PHM digital tech and implementation across SY (both for direct patient care and service planning purposes).	SY Population health SDG and 360 HI audit action plan Digital Research and Innovation SDG. Outcomes framework and Dashboard - Integrated Care Strategy - x 4 Place Partnership Committees	360 Internal Audit on HIs completed with considerations, action plan developed and owned by Pop H SDG was presented at QIPPE 508. Action plan progress to be presented to QIPPE going forward - NHSE Assurance Framework - CQC	4x3=12	Sufficient resources required to undertake the work required to facilitate work that reduces health inequalities and inequity of access (investment £ and capacity / resources) - Health Care related inequalities are clearly reported, in equivalence with other ICB Duties - through pop health outcomes framework and dashboard (which is part of the ICBs IPR) - 360 internal audit HIs action plan and annual HI internal audit undertaken	- Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off July 2023 ICB Board - Robust ICS 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 QIPPE - HI internal audit to be included in the internal audit ICB annual Plan.	4 x 2 = 8	Medium							
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, VAR and Connect Healthcare	Rotherham Place ICB board sub committee	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, VAR and Connect Healthcare. Better Care Fund utilised appropriately with governance arrangements in place to promote integrated services in H&C - positive feedback from our submissions annually												
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 Place ICB board sub committee	Rotherham HWBBS		Grow virtual wards, UCR, Falls prevention Community based Palliative & EOLC review / respect Rotherham (allocative efficiency) - CHC	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 QIPPE	Accountable	South Yorkshire Joint Forward Plan	SY044; SY061	ICB Data and Insight Strategy ICB 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 NHSE NEY Digital Transformation Programme	2X2=4	SY ICS Digital, Data and Technology Workforce Plan Implementation of Eclipse Vista across all South Yorkshire Places	Development of analytical approach to population health management (Initiative 5 of the ICS Data and Insight Strategy) Improvement in scope and standardisation of Shared Care Records in South Yorkshire.	2 x 1 = 2	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 QIPPE	Accountable	South Yorkshire Joint Forward Plan	SY044; SY061	ICB Data and Insight Strategy ICB Digital Strategy ICB 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	ICS Digital Strategy refresh in 2024 Digital Services for Our Public Programme ICS Digital Inclusion Programme	Creating a standardised approach across all four places for supporting our South Yorkshire population navigate an increasingly digital society between 2024 and 2028	2 x 1 = 2	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 2028
Objective 4 - Help the NHS Support Broader Social and Economic Value - Executive Lead, Director of Strategy & Partnerships															
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 FLACE 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 report	Issue Description	Likelihood	Impact	Score	RACI	Mitigation /	Lead Issue owner	Source of Issue	Date Issue assessed	Date for review	Overdue?	Responsible	Progress / updates	Date for measurement	Days Open	Comments			
IL8	ICB	1.2.3.7.8	No linked BAF or Risk	Doncaster Royal Infirmary (DR) - Backing Maintenance - Recent incidents at DR including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate at DR. The issue has the potential to cause harm to patients, staff and visitors.	5	5	25	Responsible	Risk current threat with local partners Put improved electrical infrastructure Updated roofing and replaced windows. Improve fire precautions. Multi agency workshop on 9th October 2023 involving all ST trusts Ambulance Service and NHS. NHSE appointed project manager to oversee development of estate ST wider Plan. Doncaster Place Team are organising a Doncaster providers workshop to look at mitigation of the risk take place on 4th December 2023. Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCCO.	Will Cheary Gray (Director of Strategy and Partnerships)	LHRP Risk Register	06/11/2023 01/03/2024 15/03/2024 15/09/2024 17/05/2024 25/06/2024 18/07/2024 22/07/2024 29/07/2024	4500	4	Alisa Loughton / Helena Charlton	Put improved electrical infrastructure Updated roofing and replaced windows. Improve the precautions. Multi agency workshop on 9th October 2023 involving all ST trusts Ambulance Service and NHS. NHSE appointed project manager to support the Trust with development of their evacuation planning, and complement this with water system planning. Doncaster Place Team organised a Doncaster providers workshop to look at mitigation of the risk which took place on 4th December 2023, and a further system	Weekly	Local Health Resilience Partnership	Audit and Risk Committee	4526	200	EPFR Manager out to recruitment
IL3	ICB	1.2.4.6	BAF 2.7 SY03, SY02L, SY078	Stroke Action access health and social care pathways - Industrial action following union ballots access health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.	5	4	20	Accountable	Effective incident planning of services. Local discussion about logistical services that should continue during strike.	Will Cheary Gray (Director of Strategy and Partnerships)	SY ICB NH SY068	18/12/2022 16/01/2023 02/03/2023 14/06/2023 05/09/2023 05/09/2023 22/09/2024 28/09/2024 10/01/2024	4514	Not overdue	Chief People Officer Christine By Char Housing Officer - Cathy Winfield Director of Strategy and Pharmacy Will Cheary Gray	Industrial Action period occurred in December 2023 and January 2024, which the ICB coordinated. Having further notification of planned periods of industrial action impact on ICB programmes and delivery evaluated and actions agreed accordingly. EPFR Manager commenced post on the 4 March 2024. Awaiting the replications of the industrial action in primary care.	Monthly	Operational Executive	Audit and Risk Committee	4483	430	EPFR Manager left organisation on 29 December 2023. Recruitment for replacement completed and successful candidate commencing on 4 March 2024. Interim arrangements through existing team members.
IL12	ICB	1.2.5.6	BAF 1.1, BAF 1.2 SY028	Cancer - Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients	5	4	20	Accountable	Recent 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 affecting regional and nationally. Some capacity has been established through insourcing.	Emma Letimer (Sheffield Place Director)	CCO Dual Diligence Assurance Letters	05/12/2022 02/03/2023 22/03/2023 28/03/2023 19/04/2023 19/06/2023 02/07/2023 01/08/2023 05/09/2023 05/12/2023 29/04/2024 02/07/2024 22/07/2024	4526	Not overdue	Julia Jessop	Agreement (MT) discussion will continue and waiting times revert back to pre escalation. Regional MT meetings will continue and next waiting times revert to pre incident levels. Additional capacity will be established in August through the insourcing arrangement with Remedy. Staff requests to provide regular communications across providers and through exec director in ICB to ensure all parties signed on the current	Monthly	Cancer Alliance	Quality, Performance, Patient Involvement, Experience	4460	440	Little to be impacted by next period of industrial action. Cancer Board scheduled for 12/24, update to be provided following this meeting.
IL13	ICB	1.2.6	BAF 1.1, BAF 2.1	78/104 Week Waits - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputation. Storage not meeting national targets.	4	4	16	Accountable	Effective recovery plan assessed all system level with individual level efforts to recover their respective lists.	Chris Edwards (Rotherham Place Director)	Sarah Bayles	02/05/2023 01/08/2023 18/08/2023 11/09/2023 02/10/2023 11/10/2023 30/11/2023 15/12/2023 05/03/2024 13/05/2024 18/06/2024 22/07/2024	4526	Not overdue	Cathy Hovell / Sarah Bayles	78/104 Week Waits - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputation. Storage not meeting national targets. Significant progress on the target to eliminate 78week waits, however, ongoing industrial action poses a threat to this. Trusts are prioritising the delivery of safe clinical services during strikes but also optimising the use of non-striking staff for elective care where possible. An 80 bed and 578 providers had 536 patients waiting over 78 weeks (1 at BHFT, 28 at DRH, 47 at SCT and 111 at SH). There has been a significant reduction in patients waiting over 78 weeks at SH. SH continue to be supported by NHSE and national improvement leads via the Tier 1	Monthly	Doncaster Place Committee	Quality, Performance, Patient Involvement, Experience	4504	334	Little to be impacted by next period of industrial action
IL17	ICB	5.4.8	SY105	Continuing Health Care - Current risk across ICB is in relation to capacity to deliver statutory requirements identified within the CHC Framework. This is caused by recruitment and retention issues. This results in a potential delay for patients and reduced quality of care.	4	4	16	Accountable	Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.	Cathy Winfield	South Yorkshire ICB Chief Nurse formal meeting, SY ICB Place Directors and DUH and Place Executive Team meeting	29/08/2023 01/12/2023 01/02/2024 05/03/2024 29/04/2024 02/05/2024 22/07/2024	4526	Not overdue	Andrew Russell	Discussions regarding setting up a All age continuing care transformation group. Risk Retention and position is valued across the four places. Immediate actions being taken in relation to statutory recruitment and agency use to mitigate risks. Ingot work commenced and this will consider structure, workforce, contracts and models. No Change is risk identified. 28/4/24 - CHC work group established with Tull and Partners Leaders. Next step to develop clear work plan for change in risk	Monthly	All Place Committees	Quality, Performance, Patient Involvement, Experience	4517	249	Score currently being reviewed as issue is greater in some areas over others
IL07	All places	1.6.6	BAF 1.1	Urgent and Emergency Care (including 111/999) there continues to be significant pressure locally by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage to the ICB.	5	3	15	Consulted	None Contracted by West Yorkshire ICB. South Yorkshire ICB executive represented on the YAH Executive Leadership Board. Memorandum of Understanding in place between 3 ICBs (WV, HNY and SY) and YAS. Good engagement and representation from YAS in place and SY ICB Alliance Board. System Co-ordination Centre (SCC) manages the live risk and responds to patient access the system. New National Cost SCC (NCCS) reporting guidance being consulted on and expected to be final in Autumn.	Dr David Clifton (Chief Medical Officer)	SY ICB NH SY048	05/12/2022 02/03/2023 22/03/2023 28/03/2023 02/05/2023 06/06/2023 18/06/2023 01/08/2023 04/09/2023 15/10/2023 19/11/2023 08/12/2023 09/01/2024 02/02/2024 21/02/2024 11/03/2024 15/03/2024 06/05/2024 20/05/2024 19/06/2024 30/06/24 29/07/2024	4533	Not overdue	Barnsley/Jamie Wiles / Doncaster: Alisa Loughton / Rotherham: Claire Smith (Brighton) / Sheffield: Ian Atkinson / Ekte Rebeck/Muffett	statutory work engagement from all partners including YAS on Barnsley VAC Board. UCC Plan is in place to ensure delivery of requirements set in the UCC Recovery Plan and Winter Planning Guidance and is currently being reviewed in response to 2024/25 planning requirements. Specific areas of focus agreed and programme manager aligned to support delivery of improvements to Urgent Treatment Pathways including the mode of meeting the needs of people with Emergency and Urgent/Miscellaneous needs. Doncaster: Good engagement from YAS in 2023/24	Monthly	All Place Committees	Quality, Performance, Patient Involvement, Experience	4460	440	Barnsley Continues to see fluctuations in performance (20/9/24 - DC) Doncaster Performance metrics have been more challenging to date, reflecting the increase in ED presentations. Work is underway to further quantify the impact of plans for 24/25 and the local UCC Board focused on delivery of these plans Rotherham: Rotherham continue to be challenged in meeting the national 4hr UCC measure (20/9/24 - DC) Sheffield: Type 1 A+E Performance continues to be challenging (20/9/24 - DC)
IL09	ICB	3.6.6	BAF 1.1	Medication Supply - There is a risk that shortages of medicines due to increase in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.	5	3	15	Accountable	To communicate deployment of serious shortage protocols. An additional mitigation response is a co-ordinated sharing of out of stock information across places and tactical level response being developed in the event of a sudden shortage. Control centres the possibility of dealing stock from hospitals, discuss release about alternatives and how they can be used to ease with NHSE region.	Dr David Clifton (Chief Medical Officer)	Previous CCO Risk Management Processes	13/04/2023 02/05/2023 03/07/2023 18/08/2023 21/09/2023 16/10/2023 09/11/2023 21/02/2024 30/04/2024 20/05/2024 30/06/2024 22/07/2024	4526	Not overdue	Alisa Polynice (Chief Pharmacy Officer)	Additional national medicines shortages have been reported. The most significant is GLP-1 medicines for Diabetes. Communication have been shared with relevant clinicians and patients are being identified, reviewed and provided for alternative treatment. The latest national notification is shortage of supply medicines for ADHD which has been communicated out to prescribers. A number of other medications are intermittently in short supply.	Monthly	All Place Committees	Quality, Performance, Patient Involvement, Experience	4529	347	This is a fluid topic with new alerts of medication shortages. Proposed a paper is presented to QPM in September

IL20	ICB	2	7	<p>Plans have fallen behind schedule in achieving their target savings. This is due to a number of factors: enhanced access and access PCN DES requirements, Community pharmacy contract and QIP metrics aimed to increase case finding (BP, AF) and to achieve savings for small manufacturers, BP and BP. Retirement of DMRs in BP, MCO - this is not thought to be improving this year, cost of being leading to decreased willingness for patients to purchase self-care medication; MD redesign with herd vacancies and disruption to BAU during the process; GP industrial action</p>	5	3	15	0	<p>CPD, PDMs David Clifton, SMO leads, Gemma Miller</p>	David Clifton	Risk Register - SY23	45506	45537	Not overdue	Alex Molyneux	<p>Admission to care with industry in a vein to the one discussed at PPHO would allow us to access resource without including the costs or recruitment difficulties associated with them, at a risk of limited control. Once we can implement the shortfall increasing should be able to be stopped. A mitigation would then be to define any steps to temporarily increase the working times of those in the team who are willing to bring in locums to deliver greater throughput on the delivery side to make up the shortfall. A strong project management team keeping the focus on the key deliverables at the strategy will.</p>	Monthly	Medicines Management Optimisation Group	Quality Improvement Performance Patient Experience	45506	0	Raised as an issue following increase in score on Risk Register (SY23)
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Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Initial Risk			RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Residual Risk			Date risk assessed	Person Responsible for Updates	Progress / Update	Date for reassessment	Assurance	Oversight	Date added to RR	Commentary to Support Review
						Likelihood	Impact	Score					Likelihood	Impact	Residual Score								
RPP001	Mental Health Services	Rotherham	1,2,5,6,8	1.2.2.1,2.2	There is a risk that the reconfiguration of RDaSH Rehabilitation Pathways may increase demand for acute services through increased delays in the whole pathway (leading to a possible increase in OOA placements)	3	4	12	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. LDI/Asium/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 Stowood investigation into 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 / Stowood Strategic Coordination Group	Quality, Performance, Involvement, Experience	30/06/2023		
RPP004	Financial position and required savings/efficiencies across Place	Rotherham	1,2,3,4,5,6,7,8		Financial Position across Place Partners - there is a risk that the significant financial challenge across Place Partners leads to organisational decisions on service delivery (including reduction or ceasing provision) that impact 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 Partners 23-25 with clear Place Priorities. For 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, trolleys, 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 its 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 RIBC.	Claire Smith SYICB (Place Partnership) Julie Thornton RDASH	Rotherham Place Leadership Team	2	2	4	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**

**21 August 2024**

<b>RPET Meeting Date</b>	<b>Item Discussed</b>	<b>Outcome</b>	<b>Date reported to Rotherham ICB Committee</b>
11.07.24	<b>Rotherham Town Centre Development</b>	RPET received a paper providing an update on the proposed Town Centre development. RPET noted the update and that there would be further discussions at Place Board next week.	21.08.24
18.07.24	<b>Rotherham QWELL</b>	<p>RPET received a paper on the current contractual and service delivery position of Rotherham QWELL which is a mental health platform for adults.</p> <p>RPET were assured that procurement advice had been followed and therefore supported awarding the contract as per recommendations. CE, as Executive Place Director signed off the proposal under the scheme of delegation. The outcome of the report will be shared at the ICB Business Place Board for information purposes.</p>	21.08.24
18.07.24	<b>Dementia Carers Resilience Service</b>	<p>RPET received a paper informing that the current contract for the Dementia Carers Resilience Service is due to expire on 31 March 2025.</p> <p>RPET were assured that procurement advice had been followed and therefore supported the recommendations in the report. CE, as Executive Place Director, signed off the proposal under the scheme of delegation. The outcome of the report to be presented at the ICB Business Place Board for information purposes.</p>	21.08.24
18.07.24	<b>Rotherham Place Review 23/24</b>	<p>RPET received a report which set out the review of the work and activities of the Rotherham Place committee (ICB Business) during the reporting period 1 April 2023 to 31 March 2024.</p> <p>Members were asked to review the Chair's conclusion within the report, which Rotherham ICB committee were asked to provide. Members supported the comment and noted that the report would be received at the ICB Business Place Board in August.</p>	21.08.24

<b>Minutes</b>	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	10.45 – 11.30am
<b>Date of Meeting:</b>	Wednesday 17 July 2024
<b>Venue:</b>	Rotherham Hospice
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Primary Care Representative, RPCCG Dr Anand Barmade, Medical Director, Connect Healthcare Ian Spicer, Strategic Director – Adult Care, RMBC Ben Anderson, Director of Public Health, RMBC Gordon Laidlaw, Head of Communications (Rotherham), NHS SY ICB Wendy Allott, Director of Financial Transformation (Rotherham), NHS SY ICB Michael Wright, Managing Director, The Rotherham NHS Foundation Trust
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy:</b>	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

**Members Present:**

Chris Edwards (**CE**), Chair, Executive Place Director, NHS SY ICB  
 Dr Jason Page (**JP**), Medical Director, NHS SY ICB  
 Andrew Russell (**AR**), Director of Nursing (Doncaster & Rotherham Place), NHS SY ICB  
 Claire Smith (**CS**), Deputy Place Director (Rotherham), NHS SY ICB  
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

**Participants:**

Cllr Joanna Baker-Rogers (**JBR**), Joint Chair of Rotherham Health & Wellbeing Board, RMBC  
 Mat Cottle-Shaw (**MCS**), Chief Executive, Rotherham Hospice  
 Shafiq Hussain (**SH**), Chief Executive, Voluntary Action Rotherham  
 Lydia George (**LG**), Transformation & Partnership Portfolio Manager, NHS SY ICB  
 Kym Gleeson (**KG**), Healthwatch Manager, Rotherham Healthwatch  
 Jude Wildgoose (**JW**), Assistant Director – Transformation & Delivery (Rotherham), NHS SY ICB

**In Attendance:**

Sarah Muir, Women's Health Transformation & Delivery Manager, NHS SY ICB  
 Wendy Commons, Business Support Officer (Rotherham), NHS SY ICB

Item Number	Discussion Items
i27/7/24	<p><b>Place Performance Report</b></p>
	<p>JW advised that work is taking place to refresh the report's content, which will include prevention and health inequalities data. JW gave highlights from this month's performance report starting with the Place/Foundation Trust performance versus National:</p> <ul style="list-style-type: none"> <li>➤ There has been a decrease in diagnostics performance resulting in Rotherham being 3<sup>rd</sup> out of 106 trusts</li> <li>➤ Referral to treatment target performance has been maintained performance but continuing to work towards the 92% target</li> <li>➤ Overperformance continues against the IAPT 6 week wait target in terms of the national perspective. It was noted that self-referral is contributing.</li> </ul> <p>The 18-week wait position for the IAPT service at the end of May was consistently meeting 95% std.</p> <p>The 92% standard for referral to treatment incomplete pathways in 18 weeks at 61.4%. There were 1019 patients waiting over 52 weeks, 93 waiting over 65 weeks and 2 over 78 weeks. However, no patients had waited over 104 weeks.</p> <p>The only specialty that had met the target at 95.1% was geriatric medicine with recovery against target from last month for Rheumatology and Thoracic medicine.</p> <p>There had been a significant dip in performance in diagnostics which showed 263 breaches. TRFT had 14 breaches in May which was down from 30 last month showing an improving position.</p> <p>TRFT has reverted to reporting the A&amp;E 4 hour wait standard with the position against the challenging 76% target being reported as 63.8%. However, the Trust still continues to benchmark well against others that were in the A&amp;E pilot.</p> <p>Yorkshire Ambulance Service had reported a significant increase in the 15 minute handovers from 50.1% to 57% in May, although there had been a decrease in the number of handovers within 60 minutes from 4.6% to 1.5%.</p> <p>JW advised that appointments offered by Rotherham GPs had been 1.9m in the previous financial year and 1.2m in 2016 reflecting a 20% increase but still not meeting public expectations. Noting the potential collective action that could be taken by GPs following the BMA ballot results, the ICB is looking at mitigating actions and modelling likely impact. Place Board will receive more detail next month in the confidential session.</p> <p>JP queried the deterioration in performance around ultrasound. JW will look to add more narrative to future reports to give better context.</p> <p>Discussion returned to refreshing the performance report and the possibility of including some hospice performance data, particularly around end of life care. JW and LG will meet and discuss and develop with MCS.</p> <p style="text-align: right;"><b>Action: JW/LG/MCS</b></p> <p>Members noted performance this month.</p>
i28/7/24	<p><b>Quality, Patient Safety &amp; Experience Report</b></p>
	<p>AR presented the report highlighting areas of note:</p>

There have recently been convictions in relation to Operation Stovewood which has created some discussions on social media in local communities. Members were reassured that South Yorkshire Police (SYP) continues its investigations and prosecutions with further court proceedings expected. However, a change in the investigative approach will mean that the National Crime Agency will no longer adopt any new investigations under the Stovewood terms of reference. Going forward, these will be handled by SYP as part of their 'normal' business.

Capacity issues remain for RDaSH for beds for patients with complex needs and these are reflected across the board by partners, with out of area placements for rehabilitation remaining high. Work is being carried out collaboratively to look at provision within South Yorkshire but continues to be challenge.

A change in how organisations report and incidents are investigated was introduced in September 2023 and is known as the Patient Safety Incident Response Framework. Both TRFT and RDaSH have now implemented the new system. However stronger links need to be created with RDaSH to understand when investigations are taking place.

Healthcare associated infections (HCAI) continue to be a challenge.

Challenge remains around continuing healthcare resource and capacity to undertake assessments and dialogue continues. The quality of care oversight is measured on a 28-day standard and the position has been reported to NHS England which has resulted in increased scrutiny. Discussions are taking place around improvements are taking place.

Work with continuing healthcare teams has been instigated to review capacity and identify gaps. The report and actions will come through Place Board for assurance.

**Action: AR**

**i29/7/24**

**Rotherham Place Medical Director Update**

Dr Jason Page gave a summary of his current key work which included:

- Visiting and dealing with practices where there are performance/quality issues as highlighted in the Quality report
- Attending the NHS South Yorkshire ICB Event held for staff to bring us together and reconnect.
- Speaking and showcasing lung health checks at the NHS Confederation National Conference
- Undertaking work on our four Place high impact priorities of Diabetes, Respiratory, Frailty and ambulatory care
- Spoke at a recent Protected Learning Time Event for Rotherham Practices on substance abuse and alcohol
- Chairing Rotherham Primary Care Committee, inviting GPs and local specialists to meetings
- Promoting Rotherham through the Health and Wellbeing Board
- Planning vaccinations for Covid, flu, measles and pertussis
- Inputting into the integrated Medicines Optimisation Committee on decisions made on medicines for use across South Yorkshire
- Contributing to the investigations of serious incident events and working with the Trust on events and actions
- Inputting as a member of the Cancer Board

- Continuing work on Targeted Lung health checks (TLHC).

JP advised that the TLHC work in Rotherham is almost complete, following the introduction of a new provider who has worked at pace. He will bring a comprehensive update for members once work is fully completed and comprehensive data is available.

**i30/7/24**

**Rotherham Place Executive Team (RPET) Terms of Reference**

Members noted that in order to align governance with other areas of NHS SY ICB, the Rotherham Place Executive Team is a sub-committee of the ICB Business session of Rotherham Place Board (ICB Committee).

A log of decisions made by the Executive Place Director under his delegated responsibility and as supported by RPET will be presented at this meeting each month.

It was also noted that following changes to membership, Place Board terms of reference will be updated and presented next month for approval. The changes included Cllr Joanna Baker-Rogers replacing Cllr David Roche who retired recently and the decision taken today to include Kym Gleeson, Healthwatch Manager as a participant going forward.

**Action: LG**

**i31/7/24**

**ICB Board Assurance Framework, Risk Register & Issues Log**

Noted potential collective action for GPs and CHC Team capacity were included.

**i32/7/24**

**Feedback from Rotherham Place Executive Team (RPET)**

Members noted work considered and decisions made by Rotherham Place Executive Team for information.

**i33/7/24**

**Minutes and Action Log from 19 June 2024 Meeting**

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

The action log was reviewed and up to date.

**i34/7/24**

**Communication to Partners**

None.

**i35/7/24**

**Risks and Items for Escalation**

Potential collective Action by GPs – JP to update Health & Wellbeing Board of mitigating actions to be taken if necessary.

**i36/7/24**

**Future Agenda Items:**

- Place Annual Report (August)
- Change of title to ‘Communication and Promoting Consultations and Events’
- CHC Review of Capacity Report – AR – tbc
- Update Terms of Reference for ICB Business – LG – (August)
- Targeted Lung Health Checks Update – JP – (Sept/Oct)

**Standing Items**

- 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 Sept)
- Quarterly Medical Director Update (Oct) – JP

**i37/7/24**

**Date of Next Meeting**

The next meeting will take place on **Wednesday 21 August 2024** at Rotherham Town Hall.

**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)

**ROTHERHAM PLACE BOARD: ICB BUSINESS ACTION LOG (inc new actions from last month and any still outstanding from previous meetings)**

<b>Mtg Date</b>	<b>Item No.</b>	<b>Agenda Item Title</b>	<b>Action Description</b>	<b>By</b>	<b>Action Status</b>	<b>Comments</b>
17-Jul-24	i27/7/24	Place Performance Report	JW & LG to discuss incorporating hospice data (inc EoLC) into the refreshed report with MCS.	JW/LG /MCS	Green	
17-Jul-24	i28/7/24	Quality, Patient Safety & Experience Report	AR to report outcomes from review of CHC capacity to Place Board for assurance.	AR	Amber	Update on local work and CHC co-design work scheduled for September
17-Jul-24	i30/7/24	Terms of Reference	Place Board Terms of Reference will be amended to reflect changes in membership and will be placed on the agenda for approval next month.	LG	Green	