

Quoracy:



Agenda					
Title of Meeting:	Rotherham Place Board: ICB Business				
Time of Meeting:	10.45am – 11.30am				
Date of Meeting:	Wednesday 21 August 2024				
Venue:	John Smith Room, Rotherham Town Hall				
Chair:	Chris Edwards				
Contact for Meeting:	Lydia George: <u>lydia.george@nhs.net</u> / Wendy Commons: <u>wcommons@nhs.net</u>				
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:					
Oueree "	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) Indep	pendent 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
	Standard Items			
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: Lung Health Checks – JP - Sep/Oct CHC Review/Co-design Update – AR - Sept Standing Items Place Performance Report (monthly) Risk Register (monthly for information) Place Prescribing Report (Sept) Quality, Patient Safety and Experience Dashboard (Bi-monthly) Quarterly Medical Director Update (Oct) 			

	 Quarterly Medical Director Update (Oct) 	
	Date of Next Meeting:	
10	Wednesday 18 September 2024 at 10:45am at	
	Committee Room 2, Rotherham Town Hall	

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



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

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	Next Month Predicted						
Cancer Waits: 62 days	85%	•							
Diagnostics	1%	•	•	•	•				
Referral to treatment	92%								
Cancelled Operations	0	•							
Cancer Waits: 31 days	96%	•	•						



0%

May-23

Jul-23

Aug-23

Jun-23

Oct-23

Sep-23

Nov-23

Dec-23

Jan-24

Feb-24

Mar-24

Apr-24

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. Apr-24 May-24 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Jun-24 6 Week Waiting List Actual Performance Target 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 100% 80% 60% 40% 20% 0% Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24 May-24 Jun-24 -IAPT - Total waiting less than six weeks Target IAPT 18 Week Wait The 18 week waits position for the service as at end June was 99.2%. Perform ting the 95% standard for 18 weeks Jul-23 Aug-23 Sep-23 Oct-23 No Dec-23 Jan-24 Feb-24 Mar-24 Apr-24 May-24 Jun-24 18 Week Waiting List Actual 99.8% 99.7% 100.0% 100.0% 100.0% 100.1% 100.0% 100.0% 100.0% 99.6% 99.6% Target Performance 95% 95% 95% 95% 95% 95% 95% 95% 95% 95% 95% 95% 100 99% 98% 97% 96% 95% 94% 93% 92% Nov-23 Dec-23 Jul-23 Aug-23 Sep-23 Oct-23 Jan-24 Feb-24 Mar-24 Apr-24 May-24 Jun-24 - Target IAPT Supporting Narrative Local comparison (published data May 24) shows the following benchmark position against Rotherham Place 99% Barnslev – 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 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24 Apr-24 Sep-23 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 96% 81.7% 87.6% 83.6% 81.1% 87.7% 78.2% 88.3% 86.1% 84.9% 82.2% 85.1% 79.8% days of a decision to treat for all cancer patients 62-dav treatment standard commence treatment within 62 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% days of being referred or consultant upgrade 62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% - Actua ----- Target



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	Over 65	Over 78	Over 104	
Provider	Iotai	Weeks	Weeks	Weeks	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%)	
All Providers	38343	1021 (100%)	68 (100%)	3 (100%)	0 (0%)	

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

% Patients on incomplete referral to treatment pathways waiting no more than 18 weeks)					
100.0%													
80.0% -													
60.0% -	+	+			+			+	+	+			
40.0% -													
20.0% -													
0.0%							1						~
Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-	23 Jan	-24 F€	eb-24 i	Mar-24	Apr-24	May-24	Jun-24	
							RTT Incomp	lete Pathwa	ys within 18	Weeks	Tar	get	
	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 specialties 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.



Diagnostic Waiting Times Provisional performance in June of 7.5% exceeds the <1% standard.

341 Breaches occured in June:

32 (9%) at The Rotherham NHS Foundation Trust (4 Flexi Sigmoidoscopy, 5 Sleep Studies, 10 Gastroscopy, 4 Colonoscopy, 9 Cystoscopy)

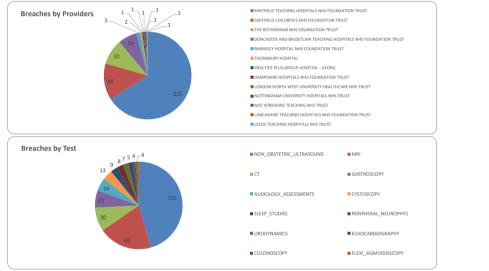
5 (1%) at Barnsley Hospital NHS Foundation Trust (5 Audiology Assessments)

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%
Total Diagnostics	4567	341	7.5%



				Eliminati	ng Mixed	Sex Acco	mmodatic	on					
There were 0 breaches of this stan	idard 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-2
Number of mixed sex accomodation breaches (commissioner)	0%	0	2	0	0	0	0	0	4	0	0	0	0
					Incidend	e of C.dif	f						
Performance for Rotherham Place	overall	in June wa	as 11 cases.	. 8 cases in	June occu	rred at Rot	nerham FT	. In the YTE) there hav	e been a to	tal of 40 ca	ISES.	
Rotherham FT performance for Ju	ne is 6 d	cases and 2	27 in the YT	D.									
Apr-24	Ma	ay-24	Jur	1-24	1								
Place c.diff													
RFT c.diff	(
MRSA	(
				/	1								
					Cancelled	Operatio	ns						
Data for Quarter 4 2019-20 to Qua	rter 2 20	121-22 was	a not collect) and the n	and to relea	ase canacit	v across th	NHS to si	innort the
response.	1101 2 20	JZ 1 ZZ WU				1103 1111035	(00110-15) and the h		use oupdon	y across in		appoir air
caponae.													
		Transf	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		Target	2021/22	2021/22	2021/22	2022/23	2022/23	2022/23	2022/23	2023/24	2023/24	2023/24	2023/2

	Wheelchairs for Children											
ne 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%



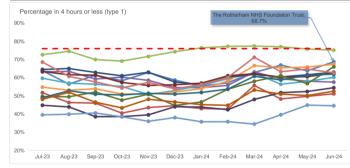
Percentage in 4 hours or less (type 1) TRFT have now reverted to reporting the A&E 4 hour wait standard.

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%
TRFT Plan		50.0%	55.0%	55.0%	60.0%	60.0%	65.0%	65.0%	70.0%	76.0%	0.0%	0.0%	0.0%
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 Trust	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%



Cambridge University Hospitals NHS Foundation Trust
 Chelsea And Westminster Hospital NHS Foundation Trust
 Frimley Health NHS Foundation Trust
 Imperial College Healthcare NHS Trust
 Mid Yorkshire Hospitals NHS Foundation Trust
 Mid Yorkshire Hospitals NHS Foundation Trust
 North Tees And Hartlepool NHS Foundation Trust
 University Hospitals Dorset NHS Trust
 University Hospitals Durise INHS Trust
 University Hospitals Durise INHS Foundation Trust
 University Hospitals University National Health Service Trust
 University Hospitals University National Health Service Trust
 University Hospitals University National Health Service Trust
 West Suffok NHS Foundation Trust
 West Suffok NHS Foundation Trust
 Target



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

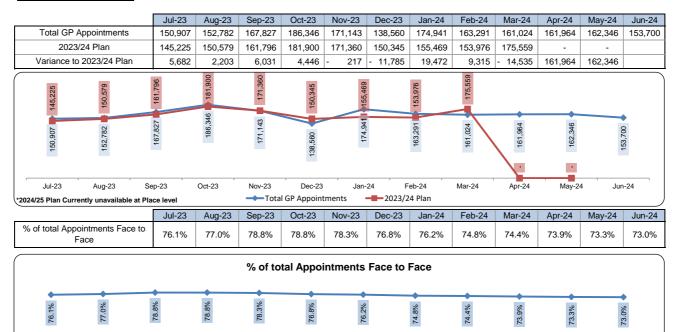
Feb-24

Mar-24

Apr-24

May-24

Jun-24





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) -	0	0	0	0	Actual
MRSA (Commissioner)	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) -	0	0	0	0	Actual
MRSA (Provider) - RFT	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) -	16	13	11	40	Actual
C.Diff (Commissioner)	0	0	0	0	Plan
Incidence of healthcare associated infection (HCAI) -	11	10	6	27	Actual
C.Diff (Provider) - RFT	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 - conte	nt 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	ТВС
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 possible. Latest month is Provisional.	from April 23 on	wards: therefore c	lirect comparison	to data prior to Apr	il 2023 is not
Virtual Ward					
Place	holder - conte	nt TBC			
Looked After Children					
Place	holder - conte	nt TBC			



<u>BCF</u>

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





Review of Year (2023/24 Committee Annual Report)

Rotherham Place Committee

21 August 2024

Author(s)	Michelle Oakes, Business Support Manager - Governance Carol Henderson, Business Coordinator - Governance					
Sponsor Director	Mark Janvier, Director of Corporate Governance and Board Secretary					
Purpose of Paper						
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.						
Key Issues / Points	to Note					
Appendix A contains Committee.	a draft Committee Annual Report for the Rotherham Place					
Appendix B contains	the Committee's workplan for 2023/24.					
Accountable Officer a functions set out in it	r Committees to reflect on their activities and provide assurance to the and the ICB Board that the Committee has discharged its delegated s Terms of Reference. This has also been reflected in recent Internal ICB's Corporate Governance processes.					
	report mirrors the information that has been coordinated for the Report and Annual Governance Statement.					
Is your report for Ap	oproval / Consideration / Noting					
For consideration.						
Recommendations / Action Required						
Members are asked to:						
• Review and cons	 Review and consider any amendments to the report. 					
 Review and contr the report. 	ibute, where applicable, to the 'Chair's Conclusions' section of					

• Approve the report, however, should members feel that significant amendments

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

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

Goal 1 – Inspired Colleagues: To make our organisation a great place to work where everyone belongs and makes a difference

Goal 2 – Integrated Care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.

Goal 3 – Involved Communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision making.

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

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

 \checkmark





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 <u>Constitution and Governance Handbook.</u>
- 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 <u>website</u>. 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
MEMBERS		
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 antidepressant 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 deferment	date	Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment		Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment	date	Item deferred Y/N date deferred to and reason for deferment
Standing Agenda Items																										
Housekeeping	Chair		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		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		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		15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y
Confirmation of Quoracy	Chair		19.04.23	Y	17.05.23	Y	June Cance	N	19.07.23		August Can	N	20.09.23	Y	18.10.23		15.11.23	Y	20.12.23		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		20.09.23	Y	18.10.23		15.11.23	Y	20.12.23	Y	17.01.24	Y	21.02.24	Y	20.03.24	Y
Chair's Opening Remarks Agree Minutes of Previous Meeting	Chair Chair	each meeting each meeting	19.04.23	Y	17.05.23		June Cance June Cance	N	19.07.23	Y	August Can August Can	N	20.09.23	Ý	18.10.23		15.11.23 15.11.23	Y Y	20.12.23	Y	17.01.24	Y	21.02.24	Y Y	20.03.24	Y Y
Review and Agree Matters Arising / Action Log	Chair	each meeting	19.04.23	Y	17.05.23	ř V	June Cance	N	19.07.23	Ť Y	August Can August Can	N	20.09.23	ř Y	18.10.23		15.11.23	ř Y	20.12.23	Y	17.01.24	Y	21.02.24	ř Y	20.03.24	ř Y
	Chair	each meeting	19.04.23	I V	17.05.23	, i	June Cance	IN N	19.07.23	Y	August Can August Can	N	20.09.23	I V	18.10.23		15.11.23	T V	20.12.23	· ·	17.01.24	v v	21.02.24	I V	20.03.24	I V
Key items for highlighting / escalation to the Board Items of Any Other Business	Chair	each meeting	19.04.23	Y	17.05.23	ř V	June Cance	N	19.07.23		August Can August Can	N	20.09.23	Y Y	18.10.23		15.11.23	ř Y	20.12.23	Y	17.01.24	Y	21.02.24	ř Y	20.03.24	Ý Y
Date and Time of Next Meeting	Chair	each meeting each meeting	19.04.23	Y Y	17.05.23	Ť V	June Cance	N	19.07.23	Y I	August Can August Can	N	20.09.23	Y	18.10.23		15.11.23	Y Y	20.12.23	Y	17.01.24	Y Y	21.02.24	Ť Y	20.03.24	ř V
Date and time of Next Meeting	onan	each meeting	13.04.23		17.00.20		Julie Galice	N N	13.07.23		August Can	14	20.03.25		10.10.25		13.11.23		20.12.23		17.01.24		21.02.24		20.03.24	
Core Business (aligned with the duties and accountabilities within the Committee's Terms of Reference)																										
Risk Management:																										
Board Assurance Framework and Risk Register		each meeting	19.04.23	Y	17.05.23	Y	June Cance	N But review ed at RPET	19.07.23	Y	August Can	N But review ed 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
-																										
Governance:									10.08.00						10.10.00						120101					
Review Terms of Reference - REVIEWED AND AGREED JULY 22 Review of meeting effectiveness - NOT MADE AWARE OF		annually annually	19.04.23		17.05.23		June Cance	lled	19.07.23		August Can	celled	20.09.23		18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24	
REQUIREMENT UNTIL 2024		,	19.04.23		17.05.23		June Cance	lled	19.07.23		August Can	celled	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		annually																								
REQUIREMENT UNTIL 2024			19.04.23		17.05.23		June Cance	lled	19.07.23		August Can	celled	20.09.23		18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24	
									1												_					
Assurance Reports:																										
Place Performance report		each meeting	19.04.23	Y	17.05.23	Y	June Cance	N But review ed at RPLT	19.07.23	Y	August Can	N But review ed 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	Notdue	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	Notdue
Update from Medical Director (COMMENCED JULY)		quarterly	19.04.23	Notdue	17.05.23	Not due	June Cance	N	19.07.23	Y	August Can	N	20.09.23	Not due		MD annual leave		Y	20.12.23	Not due	17.01.24	Defered due to I	21.02.24	Ý	20.03.24	Not due
		1												-												
Items for Approval:					1		1						1	1	1				1		1		1			1
Policies for which the Committee is responsible (as and when required)		ad hoc	19.04.23		17.05.23		June Cance	lled	19.07.23		August Can	celled	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		annually																								
Statementi NOT MADE AWARE OF REQUIREMENT UNTIL 2024			19.04.23		17.05.23		June Cance	lled	19.07.23		August Can	celled	20.09.23	1	18.10.23		15.11.23		20.12.23	1	17.01.24	1	21.02.24		20.03.24	
Committee Annual Workplan		annually	19.04.23	Y	17.05.23	Y	June Cance		19.07.23	Y	August Can		20.09.23	Y	18.10.23		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 Cance		19.07.23	Ý	August Can		20.09.23	Ŷ	18.10.23		15.11.23	Y	20.12.23	Ý	17.01.24	Ŷ	21.02.24	Ŷ	20.03.24	Ŷ
Ad Hoc Reports																										
Joint Capital Resource Use Plan			19.04.23	Y	17.05.23		June Cance	lled	19.07.23		August Can	celled	20.09.23		18.10.23		15.11.23		20.12.23		17.01.24		21.02.24		20.03.24	
Vaccination Update														Y												
otherham Place Performance Report 10 mins CS Enc 1 2 NHS														1									1			
Response to Home Office PREVENT Guidance - for information Rotherham Safeguarding Adults Board Annual Report – for information															1				-	Y	-	1				





Rotherham Public Place Board: ICB Committee Session – 21 August 2024

Rotherham Place Governance:

Amended Place Board Terms of Reference: ICB Committee Business

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

Purpose

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).

Background

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.

Analysis of key issues and of risks

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.

Approval history

• April 2024

Recommendations

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 P	ROTHERHAM PLACE PARTNERSHIP PLACE BOARD AND ICB COMMITTEE				
	Terms of Reference				
Version	2.6				
Implementation Date	1 st July 2022, revised 10 th April 2024 and 21 st July 2024				
Review Date	Approved by Rotherham Place Board (Partnership and ICB) 17 th April 2024				
	Minor amendments made July 2024 as agreed at 17 th July 2024 Place Board				
Approved By	ICB Board				
Approval Date	(TBC)				

VERSIONS					
Date	Version	Comments	Author		
13 June 2022	1	Initial draft for feedback	Hill Dickinson		
23 June 2022	2	Amendments following feedback from ICB on ICB committee element	Hill Dickinson		
24 June 2022	2.1	Amendments to Place Board TORs re Participants	Hill Dickinson		
6 July 2022	2.2	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	Hill Dickinson		
15 July 2022	2.3	To add the list of participants in Part 3	LG		
9 November 2022	2.3	To add final names to membership and to address RMBC comments	Hill Dickinson LG		
11 February 2024	2.4	Review, dates updated and name of primary care collaborative board updated	LG		
10 April 2024	2.5	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	LG		
10 April 2024	2.5	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.	LG		
10 April 2024	2.5	Amendment of job titles for SY ICB staff	LG		
17 April 2024	2.5	Amendment to joint chair from Chief Executive of Rotherham Metropolitan Borough Council to the Strategic Director, Adult Care, Housing and Public Health	LG		
21 July 2024	2.6	 Following amendments: Job title from TRFT Deputy Chief Execuive to Managing Director Addition of Rotherham Hospice and Rotherham Healthwatch representatives on both partnership and ICB Committee as participants 	LG		

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:

Nominated Representative (Role/Title)	Organisation	Status for Partnership Business	Status for ICB Business
Executive Place Director / Deputy Chief Executive ICB	NHS South Yorkshire Integrated Care Board	Joint Chair	Chair
Chief Executive quarterly attendance	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	Name of committee	The Rotherham Place Board (the " Place Board ").
2	General	In these terms of reference the following capitalised terms are given the meaning set out in the NHS South Yorkshire Integrated Care Board (" ICB ") Constitution as updated from time to time, unless the context otherwise requires:
		Constitution
		ICB
		Standing Order or Standing Orders
		Other capitalised terms have the meaning set out below:
		"Chair" means the chair of the Place Board
		"Executive Place Director" means that individual appointed by the ICB to oversee and help develop the Place Partnership
		"ICB Business" has the meaning set out in Part 1
		"ICB Place Committee" means the committee of the ICB for the Rotherham Place
		"ICB Policies" means any policy, process or procedure formally adopted by the ICB
		"Member" refers to a member of the Place Board as listed in paragraph 6
		"Participant" refers to a participant of the Place Board as listed in paragraph 7
		"Partner" refers to a partner organisation in the Place Partnership which is also a party to the Place Agreement
		"Partnership Business" has the meaning set out in Part 1
		"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
		"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
		"Place Partnership" means the partnership of organisations described in the Place Agreement
		"Terms of Reference for ICB Business" means the terms of reference set out in Part 3
		"Working Days" means a weekday that is not a bank holiday in England.

3	Reports to	The Place Board reports to the boards of the Partners in relation to Partnership
v		Business. This is done through each Partner representative sitting on the Place Board reporting back to their respective employing/ host organisation.
4	Purpose	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.
		set out in the Place Agreement for the transformation and better integration of health, care, support and community services for the population of Rotherham.
5	Remit and responsibilities	When conducting Partnership Business, the Place Board has responsibility for:
		 Leading the Rotherham Place Board. Promoting and encouraging commitment to the Place Plan and "Place Board Principles" set out in the Place Agreement amongst all partner organisations; Formulating, agreeing and implementing strategies for implementing the Place Plan; 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. Reviewing performance of the partners against the Rotherham Place Plan and determining strategies to improve performance or rectify poor performance. 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. Operating cost of care effectively in the context of the Rotherham health and social care financial circumstances. 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. Providing a forum for parties to resolve disagreement relating to the Rotherham Place Plan. 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. Reporting to the partner organisations and the Health and Wellbeing Board on progress against the Rotherham Place Plan. Overseeing the development and implementation of the Place Plan, driving progress in implementation and seeking to overcome any barriers to implementation 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. Operating as the key link between the Place Board and the ICB and work with the
		in Rotherham.Operating as the key link between the Place Board and the ICB and work with the

C	Momboro	Members contribute to discussion, participate in cligated decision matrice and an
6	Members	Members contribute to discussion, participate in aligned decision making and are accountable for decisions made.
		The Members of the Place Board are:
		<u>NHS South Yorkshire ICB</u> Rotherham Executive Place Director / Deputy Chief Executive ICB (Joint Chair)
		Rotherham Metropolitan Borough Council (RMBC) Chief Executive <i>(to attend on a quarterly basis)</i> Strategic Director, Adult Care, Housing and Public Health (Joint Chair) Director of Public Health
		<u>The Rotherham NHS Foundation Trust (TRFT)</u> Chief Executive Managing Director
		<u>Voluntary Action Rotherham (VAR)</u> Chief Executive
		Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) Chief Executive
		Connect Healthcare Rotherham CIC Medical Director
		Each Partner will ensure that the Member from their organisation:
		 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); 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 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).
7	Participants	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.
		The Participants of the Place Board when discussing Partnership Business are:
		 Chair Rotherham Health and Wellbeing Boar, RMBC Director of Partnerships Rotherham Place, ICB Director of Financial Transformation (Rotherham), ICB Independent Non-Executive Member, SY ICB Director of Nursing for Doncaster and Rotherham Places, ICB Medical Director, Rotherham Place, ICB Director of Children's Services, RMBC Chief Executive Officer, Rotherham Hospice Service Manager, Rotherham Healthwatch
		 Transformation and Partnerships Lead, Rotherham Place, ICB Head of Communications, NHS ICB

		The Chair may invite such other Participants to attend any meeting of the Place Board as the Chair considers appropriate.
8	Deputies	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	Chair	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	Quoracy	No Partnership Business shall be transacted unless the following are present as a minimum:
		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.
		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.
		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.
11	Conduct of meetings	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	Frequency of meetings	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	Urgent decisions	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	Admission of the press and public	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	Declarations of interest	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	Support to the Place Board	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	Authority	 The arrangements set out in the Terms of Reference for ICB Business shall apply in relation to: investigations commissioning of reports and surveys obtaining legal or other independent professional advice unless the Place Board determines otherwise and amends these terms of reference accordingly. In addition, if the Place Board agrees additional requirements regarding the above, those requirements must be complied with. The Place Board has the sub-committees set out in the Terms of Reference for ICB Business. 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. 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.
18	Reporting	 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. The Place Board shall also report to the Health and Wellbeing Board for Rotherham. The Place Board will receive for information updates on the work of any of its task and finish groups or workstreams.
19	Conduct of the Place Board	Members of the Place Board will abide by the 'Principles of Public Life' (The Nolan Principles). 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.
20	Amendments	Any amendment to these terms of reference is Partnership Business. Any changes to these terms of reference must be approved by the Place Board.
21	Review date	These terms of reference shall be reviewed annually.





ROTHERHAM PLACE BOARD

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

1	Name of committee	The Rotherham Place Board (the Place Board) is established as and operates as a committee of the NHS South Yorkshire Integrated Care Board (" ICB "), in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation when it is considering ICB Business (the " ICB Place Committee ").
2	General	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.
		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:
		 Constitution ICB Standing Order or Standing Orders
		Other capitalised terms have the meaning set out below:
		"Chair" means the chair of the ICB Place Committee
		" ICB Business " 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
		"ICB Policies" means any policy, process or procedure formally adopted by the ICB
		"Member" refers to a member of the ICB Place Committee as listed in paragraph 6
		" Participant " refers to a participant of the ICB Place Committee as listed in paragraph 7
		" Place Agreement " 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
		" Place Board " means the place board as described in the Place Agreement that also sits as the ICB Place Committee when conducting ICB Business
		"Working Days" means a weekday that is not a bank holiday in England
		The ICB is part of the South Yorkshire Integrated Care System, which has four core purposes:
		 improve outcomes in population health and healthcare tackle inequalities in outcomes, experience and access enhance productivity and value for money help the NHS support broader social and economic development.

		
		The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:
		 improving the health of children and young people supporting people to stay well and independent acting sooner to help those with preventable conditions supporting those with long-term conditions or mental health issues caring for those with multiple needs as populations age getting the best from collective resources so people get care as quickly as possible.
3	Reports to	The ICB Board
4	Purpose	The ICB Place Committee will support the ICB in delivering its statutory and/or corporate functions as set out in paragraph 5.
5	Remit and responsibilities	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.
		The ICB Place Committee is responsible for the following:
		Regulation and Control
		• 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.
		Strategy and Planning
		 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.
		 Ensure consultation, involvement and engagement on place plans is undertaken where appropriate
		Engagement with Health Overview and Scrutiny Committee.
		 Develop Annual Plan for Delivery of Place Health & Wellbeing Strategy and ICP Strategy
		Ensure provision of Health Care Services for Place Population.
		Agree Place-based delivery plans.
		 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).
		Approve the operating structure in Rotherham.
		• Develop joint working arrangements with partners in place that embed collaboration and integration as the basis for delivery within the ICB plan.

Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities including:
 convening and supporting providers at Place to lead major service transformation programmes to achieve agreed outcomes.
 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.
 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.
• 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.
 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.
Partnership working
 Agree joint working arrangements at Place that embed collaboration and integration as the basis for delivery of the Place Plan.
Staffing and human resources
 Delivery of implementation in Rotherham of people priorities.
Risk management
Make arrangements to implement in place ICB risk management arrangements.
The Members of the ICB Place Committee when undertaking ICB Business are:
 Executive Place Director, ICB (Chair) Director of Partnerships Rotherham Place, ICB Director of Nursing for Doncaster and Rotherham Places Medical Director, Rotherham Place, ICB Director of Financial Transformation (Rotherham) Independent Non-Executive Member, ICB 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.

7	Participants	 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: Rotherham Metropolitan Borough Council (RMBC) - Chief Executive Rotherham Metropolitan Borough Council (RMBC) - Strategic Director, Adult Care, Housing and Public Health Rotherham Metropolitan Borough Council (RMBC) - Director of Public Health The Rotherham NHS Foundation Trust (TRFT) - Chief Executive Voluntary Action Rotherham (VAR) - Chief Executive Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) - Chief Executive Connect Healthcare Rotherham CICMedical Director Rotherham Health and Wellbeing Board (RH&WBB) - Chair The Rotherham NHS Foundation Trust (TRFT) – Managing Director Rotherham Metropolitan Borough Council (RMBC) - Director of Children's Services 11. Rotherham Hospice – Chief Executive Officer 12. Rotherham Healthwatch – Service Manager 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.
8	Deputies	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. The decision of the Chair regarding authorisation of nominated deputies is final.
9	Chair	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.
10	Quoracy	 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: (1) Executive Place Director and (2) Independent Non-Executive Member 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. 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

11	Conduct of	In line with the ICB's Standing Orders, it is expected that decisions will be reached by
	meetings	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:
		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.)
		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.
		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.
		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.
		e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.
12	Frequency of meetings	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.
		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.
		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.
13	Urgent decisions	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:
		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.
		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.

14	Admission of the press and public	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.
		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.
		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.
		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.
		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.
		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.
		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.
15	Declarations of interest	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.
16	Support to the ICB Place Committee	Administrative support will be provided to the ICB Place Committee by officers of the ICB. This will include:
		 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; Maintaining an on-going list of actions, specifying Members responsible, due dates and keeping track of these actions; Sending out agendas and supporting papers to Members five working days before the meeting.
		 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 An annual work plan to be updated and maintained on a quarterly basis.

21	Review date	These terms of reference shall be reviewed annually.
20	Amendments	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.
		Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.
		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.
		The Place Board (including the ICB Place Committee) shall agree an annual delivery plan with the ICB Board.
		Members of the ICB Place Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
19	Conduct of the ICB Place Committee	All Members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures.
		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.
		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.
		The ICB Place Committee's minutes will be published on the ICB website once ratified.
		The Chair shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.
18	Reporting	The ICB Place Committee shall submit its minutes to each formal ICB Board meeting.
		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.
		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.
		The ICB Place Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.
17	Authority	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.





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

Rotherham Place Board

21 August 2024

Author(s)	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
Sponsor Director Mark Janvier – Director of Corporate Governance & Board	
	Will Cleary-Gray, Executive Director of Strategy & Partnerships

Purpose of Paper

For members to have oversight of the current Risk Management Framework including Board Assurance Framework, Risk Register and Issues Log, which had been presented by exception on the 8 August 2024 as part of the Rotherham PET agenda. Updates following this meeting have been included within this report.

Key Issues / Points to Note

The current BAF, RR and IL is a standing item on the Rotherham Place Board agenda at each meeting. Reviews of risks, issues and the BAF are undertaken at SMT with a deep dive conducted a quarterly basis, with exception reporting occurring between each deep dive. Risks can be added, amended, or deleted at any time by contacting a member of the risk management team, it doesn't have to wait for a meeting.

Executive Summary

Changes have been made to the presentation of the Risk Register and Issues Log. The view available to Rotherham Place Board Member is inclusive of:

- ICB-Wide Corporate Risks / Issues with a Score of 12 or above (threshold for ICB Board).
- 'All Place' based risks / issues where each Place has individual responsibility for update, review and action.
- Risks / issues in which Place Teams have to provide assurance.

The BAF, RR and IL has transferred to the new digital system, which launched on the 1 April 2024. However, due to the access rights of the ICB, the information will be provided on the appendices supporting this cover paper.

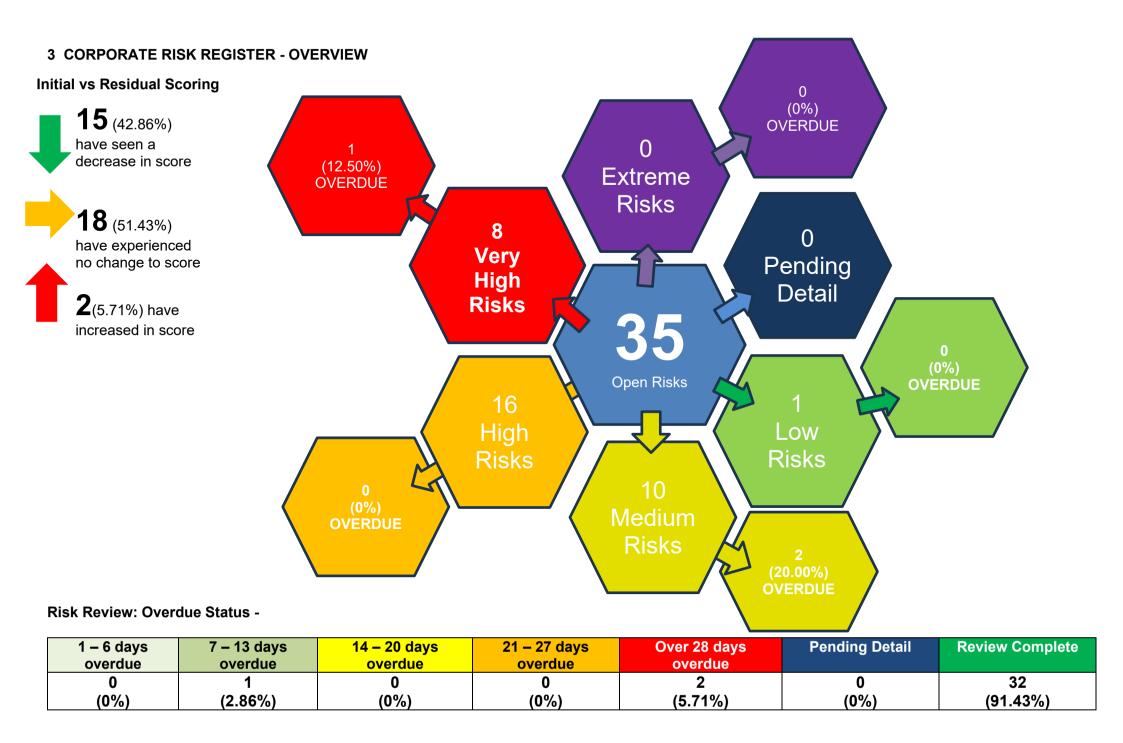
Board Assurance Framework

A new BAF went live on the 1 April 2024. The new BAF has been aligned to the 5-year joint forward plan. Work has been undertaken in collaboration with the Corporate Risk Team and the Accountable Officers. It is to be acknowledged that this is a work in progress, so further amendments and updates are anticipated over time. The new BAF is available on the link noted

Ref	How is the Board Assured that	Residual Score	Actions
1.3 – R	The local healthcare system is sustainable, accessible and reactive to change, through the development and implementation of effective Local Place Partnerships and Plans.	3 x 3 = 9	 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 Mode Q4.
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 achieved 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and 	3 x 3 = 9	 ICB level and Place level oversight of deliverables and adherence to access and waiting times standards Implementation of 2x MHSTs in 2024/25 Review and refresh of LTP for CYP in 2024/25 at place supported by the system Review of CYP LDA programme to ensure alignment Interdepencies with Provider Collaborative delivery of all-age eating disorder reconfiguration"

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; on the four main modifiable risk factors of smoking, healthy weight (diet and physical activity), alcohol and hypertension, improved management of long term conditions which are the main causes of premature mortality in South Yorkshire (cardiovascular and respiratory) in order to delay and prevent co-morbidity from occurring 	3 x 3 = 9	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	 Clear line-of-sight for Health Inequalities investment in the 2023/24 Operating and Financial Plan - Final sign-off in July 2023 ICB Board Robust ICB 5-year Joint Forward plan - agreed at July board 2023 Effective Reporting of progress being made and mainstreaming in the Integrated Performance Report - Q2 2023 Stocktake 360 Internal Audit HI completed May 23. Audit and PHM SDG action plan presented to August QPPIE - HI internal audit to be included in the internal audit ICB annual Plan.
1.1.1 – 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	 Delivery of the target minimum viable product for SCR within the next two financial years. Delivery of the SY Data Platform to support population health management by June 2024 Inclusion of qualitative (public) insight into the SY Data Platform by Q3 24-25. Development of a pathways costing model by June 2024 to support identification of productivity opportunities. To implement Eclipse across all GPs in South Yorkshire by Q2 2024
3.10	The ICB is improving digital inclusion to ensure optimal use of digital and data solutions for our citizens and wider population	2 x 1 = 2	 Establish SY Digital Inclusion working group and delivery plan by June 2024. Co-design and deliver a system wide coordinated approach to the use of digital communication across South Yorkshire by 2025
1.6.1 – 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



3.1 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

PersonRiskDescriptionResponsibleReferencefor Update	Score	Days Overdue	Review Requests Sent
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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.

Ref	Descriptor	Score	Change in Score	Mitigation / Treatment
SY042 - R	Service Delivery - There is a risk that the number of transformation workstreams within Places are not delivered which will cause a non delivery of our plans of services population health improvement and potential funding gap.	5 x 4 = 20		 Place Committee. Partnership Agreements.

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

SY028	Oncology Workforce Challenges – in recent months we have become aware of a growing pressure on the oncology workforce, which is replicated nationally, related to the number of Oncologists across services locally. A temporary breast oncology service, head and neck service and Lower 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.	4 x 4 = 16	 National mitigation for recruitment on oncology workforce required. Mutual aid requested through regional team with Incident Management Team established. Sheffield Teaching Hospitals (STH) are establishing an Non-Surgical Oncology (NSO) insourcing model for breast services with Remedy to secure additional capacity.
SY115	Operational Recovery - There is a risk that operational recovery for cancer services will be significantly hindered by further Industrial Action (IA)	4 x 4 = 16	 Continue to support local derogations in relation to cancer services if possible. Cancer Alliance Board have requested work is undertaken to fully understand the impact of IA on cancer pathways and identify opportunities that could enhance mitigations as a result of further action
SY116	Operational Recovery - There is a risk that Oral and maxillofacial surgery (OMFS) Consultant pressures for cancer services will lead to an increase and inequity	4 x 4 = 16	Discussions ongoing with Doncaster Bassetlaw Hospital Foundation Trust

	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. • Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of OMFS services.
SY117	Paediatric Radiotherapy - There is a requirement to extend the mutual aid arrangements for Paediatric Radiotherapy with Leeds Teaching Hospitals (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		 NHSE Specialised commissioning leading discussions with LTH, Sheffield Childrens Hospital (SCH) and STH. Current commitment to March '24 based on increased training commitment of the STH clinical oncologist
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	Î	 Regular Case Reviews with place and Programme Director to identify and unblock barriers to discharge Expansion of Children and Young People Keyworker Programme – Prevent risk of admission, facilitate discharge

purchased placements	promptly
	Development of
	Safe Place/Crisis
	beds as part of the crisis
	response
	pathway to
	prevent
	admission and
	placement
	breakdown
	Development of
	a Specialist
	Autism Team
	working
	alongside
	existing teams on
	complex cases
	Links with both
	Mental Health
	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
	• Expansion of
	Forensic
	Outreach Liaison
	Services
	Delivery of SY
	LDA Housing
	Needs
	Assessment
	Implementation
	of the Care
	Education
	Treatment
	Review and
	Dynamic Support
	Register Policy to
	ensure that
	regular

			independent reviews are taking place to enable discharge planning and implement ICB assurance and escalation processes to provide overall assurance that we are meeting the policy requirements
SY132	GP Action - 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	4 x 4 = 16	 We committed to continued dialogue – and discuss potential "themes" of action – e.g. shared care – that may allow us to plan accordingly with partners We discussed that this may be seen as an opportunity to accelerate some of the transformation – particularly the primary / secondary care interface work Inevitably Service Development Funding (SDF) was mentioned – as discussed we need to be open about this and really give some thought to prioritisation

	Escalate Risk through NHSE regional and national channels. Brief local MPs and seek support to resolve the dispute between BMA and
	and Government.

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



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	9
(10%)	(0%)	(0%)	(0%)	(0%)	(0%)	(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	Issue Log	Description	Score	Days	Review				
Responsible	Reference			Overdue	Requests				
for Update					Sent				
There are no issues that meet this criteria									

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:

Ref	Descriptor	Score	Change in Score	Mitigation / Treatment
IL18	Doncaster Royal Infirmary (DRI) - Backlog Maintenance - Recent incidents at DRI including a fire at the maternity wing, evacuation of South Block and failure of lifts have demonstrated significant risks within the estate of DRI. The issue has the potential to cause harm to patients, staff and visitors.	5 x 5 = 25		 Risk summit held with local partners. Put improved electrical infrastructure. Upgraded roofing and replaced windows. Improve fire precautions. Multi agency workshop on 9th October 2023 involving all SY trusts Ambulance Service and NHSE. NHSE appointed project manager to oversee development of offsite SY wide Plan. Doncaster Place Team are organising a Doncaster providers workshop to look at mitigation of this risk take place on 4th December 2023.

Table 5: extreme and very high issues, by score

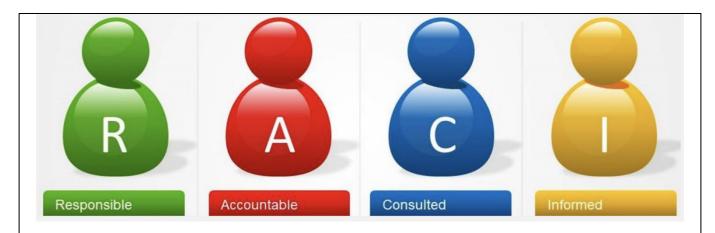
	I		ŢŢŢ
			• Weekly planning briefs to update on mitigation of risk being provided by NHSE lead to WCG.
IL12	Cancer – Due to a shortfall in the consultant oncology workforce, there is an extension to the wait time for patients requiring non-surgical oncology resulting in possible harm to patients.	5 x 4 = 20	 Breast waiting times are being monitored through the Regional Incident management team meetings. Mutual aid has been fully explored through regional team. However, capacity issues are reflected regionally and nationally. Some capacity has been established through insourcing.
IL03	Strike Action across health and social care workforce - industrial action following union ballots across health and care impacting on all programmes of work in particular the ability to safely deliver urgent and emergency care pathways.	5 x 4 = 20	Effective incident planning of services local discussion about derogations services that should continue during strike.
IL13	78/104 Week Waits - The system has not eliminated patient waits 78 and 104 weeks. Risk to patients and risk to ICB reputational damage not meeting national targets.	4 x 4 = 16	• Elective recovery plan overseen at system level with individual trusts efforts to recover their elective lists.
IL17	Continuing Health Care - 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.	4 x 4 = 16	 Review of CHC all age teams across South Yorkshire. Identification of areas of highest need and consideration of whether resources can be moved to target these. Commencement of transformation project for all age continuing care.

IL09	Medication Supply - There is a risk that shortages of medicines due to increases in demand and/or supply issues will prevent appropriate treatment/ condition management and potentially increase medicine costs.	5 x 3 = 15	 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. To raise with the system control centres the possibility of dealing stock from hospitals, Release advice about alternatives and how they can be used To raise with NHS region.
IL07 - R	Urgent and Emergency Care (including 111/999)- there continues to be significant pressure faced by Urgent and Emergency Care Services including the Yorkshire Ambulance Service. Which could result in patient harm, reputational damage for the ICB.	5 x 3 = 15	 Note Contract led by West Yorkshire ICB. South Yorkshire ICB executive represented on the Yorkshire & Humber Executive Leadership Board, Memorandum of Understanding in place between 3 ICBs (WY, HNY and SY)and Yorkshire Ambulance Service (YAS) Good engagement and representation from YAS at place and South Yorkshire Urgent Emergency Care (SY UEC) Alliance Board. System Co-Ordination Centre (SCC), manages the live risk and responds to pressure across the system. New National Draft SCC and Operational Pressures Escalation Levels (OPEL) reporting guidance being consulted on and expected to be final in Autumn.

	Places have fallen behind			 The governance arrangements are via the SY UEC Alliance Board with delivery through each of our 4 Place UEC delivery groups. Letter issued to Place Delivery Board from UEC Senior Responsible Officer (SRO) and Exec lead to request recovery plan to recover current operational attainment
IL20	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	 CPO; PDMOs David Crichton, S&D leads, Genna Miller

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

• For Consideration - An item of business that requires discussion by the Committee prior to agreement of a formal decision or a general policy steer to the executive officers

Recommendations / Action Required

Members are asked to:

- Review the collated SY ICB Risk Register and Issues Log for Quarter 2; and
- Support the ongoing development of the BAF, Risk Register and Issues log.

Board Assurance Framework

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

Priority 1 - Improving outcomes in population health and health care.	√	Priority 2 - Tackling inequalities in outcomes, experience, and access.	√						
Priority 3 - Enhancing productivity and value for money.	•	Priority 4 - Helping the NHS to support broader social and economic development.	~						
In addition, this report also provides evidence against the following corporate goals (place 🗸									

beside all that apply):									
Goal 1 – Inspired Colleagues: To make our organisation a great place to work where everyone belongs and makes a difference.	√								
Goal 2 – Integrated Care: To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.	✓								
Goal 3 – Involved Communities: To work with our communities so their strengths, experiences and needs are at the heart of all decision making.									
Are there any potential Risk Implications? (Including reputational, financial etc)?									
There are no risk implications.									
Are there any Resource Implications (including Financial, Staffing etc)?									
There are no financial implications for this paper but notwithstanding some of the rinn have financial implications for the ICB.	isk areas will								
Are there any Procurement Implications?									
There are no procurement implications.									
Have you carried out an Equality Impact Assessment and is it attached?									
Not applicable									
Have you involved patients, carers, and the public in the preparation of the	report?								
There has been no Patient or public involvement in the development of the BAF, R Log but stakeholders/risk owners are being contacted for conversations about their and this will continue in a structured way during each cycle of updates.									

Appendices

- BAF
- IL
- RR

Board Assurance Framework, Corporate Risk Register & Corporate Issues Log

Version :LiveMeeting Date:21/08/2024

REPORT FOR: Rotherham Place Board



Updated - 07.06.24

BAF		Consequences / Severity									
	Insignificant	Minor	Moderate	Major	Catastrophic						
Likelihood	1	2	3	4	5						
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	MILLO	Moderate	Major	Catastrophic
Likelihood	ï				
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	Minor	Moderate	Major	Catastrophic						
Likelihood	1	2	3	4	5						
Rare 1											
Unlikely 2											
Possible 3					IL07, IL08, IL09, IL20						
Likely 4			IL19	IL17							
Almost Certain 5				IL03, IL12, IL13	IL18						

Ref Objective 1: Improve Outcomes in Populat	How is the Board Assured that	Accountable Officers	Delegated to	Principal Oversight Committees that must be in the Governance Biorocame (User Place Committee, SLE, QSO)	RACI	Link to Risk Source of Risk Register/issues Log	1st Line of Defence - Risk Ownership/ Front Line e.g. operational processes, project risk and control activity, business level monitoring CONTROLS		Sid Line of Defence - External and Interna audt, CIC Regulator, COC, Monitor, audt, CIC Regulator, COC, Monitor, e.g. Monitor compliance and provide independent challenge and assurance EXTERNAL ASSURANCE		Control Assurance Gap What additional actions need to be taken to manage this reliciously timescate(s) or what additional assurance do we need to esoak	What would be required to reduce the risk?	Residual Assurance Ration Score Level source Resk Appeter 9	le for nce I SMART (Specific, Measurable, Achievable, Resourced and Timely)	Potentiai audit area
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 ICI Place Committees	B Accountable	Svili4.Svili5. Svili4.Svili5. Jonif Forward Plan Svid2.Svili7. Svid2.Svili7.	Rotherham Health and Care Place Plan details plans and is owneen by the Rotherham place board and of by all statutory partners, VAR and Connect Healthcare	Rothenham Place Board recieves monthly performance and quality reports. Rothenham place leadershipm team meets weekly	Quarterly performance meetings between Rotherham place and SYICS. 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 SY031, SY082, Joint Forward SY089, SY089, Plan / BAF 2023 SY040, IL02	Development and implementation of effective system-wide and Placo Operational Plans Effective delivery management processes at place inducting internal ICB excellation - Platent experience completions and engulies - Platent experience and engagement process - Intergrand Care Strategy - 5 year ICB Plan - 5 Net Fordand/SY ICB Assurance MOU	- ICB Place Committees - Operational Executive - Board Sub Committee review	- Local HWBBs - NHSE Single Oversight Framework - NHSE Assurance process	3x4 = 12	 Ongoing, effective leadership in the development and implementation of Place Partnerships, collaborative working, and plan Subsidiently a Place a fundamental and underpinning principle of the of Phase 1 (to June 2023) Organisational Change programme in response to the National ICB Ruming Cost Reduction programme - Ongoing focus on prevention of illness - Sufficient funding and workforce 	resources to provide planned services - Effective and successful Organisational Redesigned required	3 x 3 = 9 Medium	 - 2023/24 Operational Plan, including NHSE Assurance Oversight and sign-off - ICB Executive Director Portfolio Objectives - 100 June 2023 Organisational Charge programme in response to the National ICB Running Cost Allowance Reduction programme. Change Programme inglementation 02 & Q3. Transition to new Operating Model (Q4. 	0
1.6.1 - R	Children and Young People (0-25) services are effective (General Services)	Will Cleany Gray (Director of Strategy and Partnerships)	Helen Sweaton	Place Committee	Accountable	South Yorkshire Joint Forward SY040 Plan	SY chains and young People Allance Worklet Control (Control (Contr	Pace Board and Place Plan and performance reporting, Rotherham Safeguarding Children's Board. Health and Welbeing Board. Children and Young People's Plannership Board.	Y&H Network. NHSE: Ofsted/ CQC including SEND inspection Framework/ JTAL		Review Child Development Centre Development of an SEMH Framework.: Rotherham – Review Child Development Centre Development of an SEMH	Involve CYP Health Equity Collaborative Long term conditions New service models & pilots gg core connect Children and young people mental health Family hubs Involve CYP Involve CYP Collaborative Health Equity Collaborative Health Emergencettines			
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 SY040 Plan	SY Children and Young People Alliance				hubs, neuro diversity pathways, short breaks for disabled CYP, Inclusion locality model, SEND improvement, prep for adulthood. Doncaster – Start for life project, SEND	Long term conditions New service models & pilots eg core connect Children and young people mental health Family hubs			
163.	Children and Young People (0-25) services are effective (Mental Health, LD and Autlam Specifically for mental health this includes: - implementation of Mental Health Seport Teams in Schools - A comprehensive offer for 0-25 year dish that reaches across mental health services for CVP and adults. - The 69% CVP Eating Biotecher referral to treatment time standards and the proportion - Of CVP waiting 4 weeks of heas to start certaining they achieved - Of CVP waiting 4 weeks of heas to start certaining they achieved - Of CVP waiting 4 weeks of heas to start certaining they achieved - Of CVP waiting 4 weeks of heas to start certaining they achieved - Of CVP waiting they certain transformation plan (ind by specialised collaborative) - CVP mental heat plans will align with those for children and young people services, and heath and justice) Wendy Lowder (Director of Barnsley Place)	Kelly Glover	Place Committee	Accountable	South Yorkshire South Forward SY040 Plan	Development and implementation of effective system vide and Place Operational Plans to deliver LTP B35 planning objectives Effective delivery management processes at place notaring internal LOB escalation and system level original process to support delivery undertaken by VCSE partner - Focus on delivering the ambitions of the integrated care Strategy and Syari CB Plan with a focus on early intervention and prevention	ICB Place Convritees IMH-DDA SOG Serior Lasdernihp Executive Operational Executive Board	- NHSE Assurance process	3x3 = 9	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 locality model,	Involve CVP Hwalth Guyly Collaborative Long Item conditions New service models & pilots eg core connect Children and young people mental health Family huba Pull usage of targeted SDF	3x2 = 6 Medium	ICB level and Place level oversight of deliverables and adherence to access and valing times standards. Implementation of 2 MHSTs in 202425. Review and referen of 12P for CYP in 202425. Review and referen of 12P for CYP in 202425. Review of CYP LDA programme to ensure alignment Interdependencies with Provider Caliborative delivery of all-age esting disorder reconfiguration and ASD/ADHD workstream.	
17.	The ICB has a programme of work in place to strengthen and accelerate our focus on prevention and early identification that has a floca or where it can have the most impact in improving adcomes; (i) on the four main modifiable risk floctors of annoling, healthy weight (et and physical is)) improved management of ong term conditions which are the main causes of premature mortality in South Yorkshire (cardiovascular and respiratory) in order to delay and prevent co-motivity from occurring.		David Lautman / Lisa Wilkins	Pop Health and Health Inequalities SDG, Place Committee	Accountable	South Yorkshire Joint Forward SY044 Plan	In gen dear oversigt Prevention and LTC peers tabeling programs against. FP profiles all be to tabled any present and rest DOG and Board. This such is led by the Prevention and Public Health Taam (Medical Directions) and the Population Health Taam (Medical Directions) and the Population Health Tammong Cardionean of the Imrigated Cardion and Jamming Cardionean of the Imrigated Cardion and Jamming Cardionean of the Imrigated Cardion and Pacific Tables and the Imrigated Cardion and Pace Pacification of a National Mark Conditions Strategy withich will Strate guide this work. The programme of work is did neutration by the barm and led by doines. Physical Health and you pu- clinical Programmes team at NHSE NEY Regional Team.	- at Place Partnership Committees - 5 Y SOG Population Health and Hts	- NEY NHSE Regional meetings (NEY Prevention Board and NEY Physical Health Board)	3x3+9	Cardiac. Alignment of Respiratory plans to place	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 - Ontimel models of care, multi	3x3×9 Medum		
1.8 - R	Primary care services are effective in Place.	Chris Edwards (Rotherham Place Director)		System Leadenhip Executi Group supported by: Place Committee	ve Accountable	South Yorkshire Joint Forward Plan	Pace Primary Care meetings: Parmary Care Delivery Group chaired by Deputy Place Decids: decids meets weathy shares appoint decids meets weathy shares appoint decids meets weathy shares appoint Oversight by Rotherham PLACE board		Annual update to Health Select committee						
Objective 2: Tackle Inequalities in Outcon	nes, Experience and Access - Executive Lead - Chief Medical Officer						- PHM SDG -			Risk Appetite 9			Risk Appetite 9		
2.1.	Through effective Place Partnership Plans, the ICB is tacking inequalities and moving towards greater self-care prevention and patient empowerment.	Dr David Crichton (Chief Medical Officer)		Place Committees	Accountable	South Yorkshire SY021. SY042, Joint Forward SY010, SY010, SY010, Plan / BAF 2023 SY044, SY114	Digital Research Innovation (DRI) SDG +CS Constitution sets out statutory duties - ICS Engagement and Involvement Strategy and policies - Place Communication & Engagement Plan - Strong reliationship with Heathwatch - Health & Welbeing Board - local collaborative work in immore heath outcomes and address heath	SY Population health SDG and 580 Hi audit action plan Digital Research and innovation SDG Juccome Statements - Integrated Case - Integrated Case - x 4 Pace Partnership Committees	360 Internal Audit on His completed with considerations , action plan developed at OPHE 88, Action plan developed presented to Optime 9 and progress to be presented to Presented to Presented to Presented to Presented to Presented to Presented to Presented	40=12	reduces health inequalities and inequity of access (investment £ and capacity / resources) - Health Care related Inequalities are clearly reported, in equivalence with other ICB	being made and mainstreaming in the Integrated Performance Report including reporting health outcomes and HIs measurement and regularly	4 x 2 = 8 Medium	 Clear line-of-sight for Health Inequalities Investment in the 2023/24 Operating and Financial Plan - Final sign- off in ukly 2023 ICB Board Start Start Start Start Start Start Start Start Start + My board 2023 Effective Reporting of progress being made and maintreaming in the Integrated Performance Report - 350 Internal Audit H completed May 23. Audit and PMI SDG action plan presented to August OPPE - H Internal audit to be included in the Internal audit ICB annual Plan. 	
27.1 - 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	Rotherham Health and Care Place Plan details plans and a consenen by the Rotherham place board and be Health and Verbing board. Plan is also signed the state of the state of the state of the state Healthcare	Rotherham Place ICB board sub committee	Rotherham Piace ICB board sub committee, alongside the Piace Pian there is a Population Health and Inequalities strategy developed through a steering group chaired by Ben Anderson Public Health Director and Depuly Piace Director ICB - an action pian is monitored through this group and the Piace Board / H&WB.						
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 IL17 Plan	Rotherham Health and Care Place Plan details plans and is overseen by the Rotherham place boards be leads and without plans. The lasts signed healthcare. Better Care Fund utilized appropriately healthcare. Better Care Fund utilized appropriately mitiggated services in MSGC - positive feedback from or submission annually.	Rothenham Place ICB board sub committee	Rotherham HWBB		& EOLC review / respect	Integrated neighbourhood team development Community services transformation Uigent community response Pallative and end of life care			
Objective 3: Enhance Productivity and Va	lue for Money - Executive Lead - Chief Finance Officer									Risk Appetite 9			Risk Appetite 9		

3.3.	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)	Kleran Baker	ICB Board IG Group (Covering Cyber, Digital and Data Security, Clinical Safety Place Committees QIPPE	Accountable	South Yorkshire Joint Forward Plan		ICS Data and Insight Strategy ICS Digital Strategy Digital, Research and Innovation SDG	Digita, Data and Technology Delivery Oversight Group	360 Audit - Data Strategy 360 Audit - Data Quality and Performance Management NHCE NEY Digital Transformation Programme	2X2=4	SY ICS Digital, Data and Technology Workforce Pian Implementation of Eclipse Vista aross 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.	x 1 = 2	Delivery of the target minimum viable product for SCR within the net to the horacial 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 (0.2 34-23,
3.10.			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	ICS Data and Insight Strategy ICS Digital Strategy ICS Cyber Strategy Digital, Research and Innovation SDG	Digita, Data and Technology Delivery Oversight Group	NHSE NEY Digital Transformation Programme Primary Care Alliance SY Digital Inclusion Audit	020-4	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 2026	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 Yorkshure by 2025
Objective 4: Help the NHS Support Broad	Ser Social and Economic Value - Executive Lead, Director of Strategy & Partnerships										Risk Appetite 9		Ap	Risk ppetite 9	
4.9 - R	Our work with people and communities is effective	Chris Edwards (Rotherham Place Director)		Place Committees	Accountable	South Yorkshire Joint Forward Plan	SY010	ICB Involvement Team & wider network Places, Provider Collaboratives and Alliances	Rotherham Place ICB board sub committee	нив			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	Rothenham PLACE partnership is co-chaired by ICB RMBC. Plans are signed off by both organisations. WHBB 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 protifiely.	Rotherham Place ICB board sub committee	HWBB			Support and strengthen our partnership arrangements in our places and our SY Integrated Care Partnership		

Raf	Place	Category	Domain Li	nk to Board Assurance Framewor	k Risk Description	Likelihood Impact	Score	RACI	Mitigation / Treatment	Laad risk owner	Source of Risk	Residual Risk Score	Impact Re	sidual Score Date risk assessed Next assessment due	Days Overdue	Person Responsible for Updates	Progress / Update	Date for reassessment	au rance	ara ight	Date added to RR	Month added to RR Nur	nber of days open	Commentary to Support Review
51942	Al Passs	Finance inc Flood	6.7	BM 21, BM 33, BM 43	Santa Delary - Nan is a site that he number of transformation webstreams with Pueza as not delarest which will cause and ablency of an aplanet direction population hashit represented and prioritical facility gas	4 3	22	Accountable	Rac Contention - sensing and place factors and an homotopic processors. Description of the sensitivity of manifogic management of the sensitivity of the sensitivity of the sensitivity management of the sensitivity of the sensitivity of the sensitivity management of the sensitivity of the sensitivity of the sensitivity the sensitivity of the sensitivity of the sensitivity of the sensitivity the sensitivity of the sensitivity of the sensitivity of the sensitivity the sensitivity of the sensitivity of the sensitivity of the sensitivity becauter. Red Strategy experiments are control (place polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Red H on Neuro Compared of a factor and polyares et the Neuron Neur	Lee Outhealts (Chel Finance Office	Presiona CCD Real Management Processes	Å	A	6/11/2022 60.00027 10	Not averdue	Benning kenala Aglar Benala Yagin Tagin Sakata Saka Kita, Akat Akat	Bankary, 44 space an guesney than 2425 bunchmarkar and, suggesting a new tak abids which carbina 59507 / 2552 and 7964. Agoint : Sharea an its suggestion are than the animal register to the bankary parameters and the 2552 bit at theme multiply and set of the a guest to 2552 bit at theme sets the a guest to 2552 bit at theme sets the a guest to 2552 bit at theme sets the a guest to 2552 bit at theme sets the animal register to 2552 bit at theme sets the animal register to 2552 bit at theme sets the animal register to 2552 bit at theme sets the animal register to 2552 bit at theme sets the animal register to 2552 bit at theme sets the animal register to 2552 bit at theme sets the animal register to 2552 bit at theme sets theme sets the animal register. Also git the test the animal register to 2552 bit at theme sets theme sets permitter that the animal register to 2552 bit at theme sets theme sets permitter the animal register to 2552 bit at theme sets theme sets permitter the animal register to 2552 bit at theme sets theme sets permitters that the animal register to 2552 bit at theme sets permitters that the animal register to 2552 bit at theme sets permitters the animal register to 2552 bit at theme sets permitters the animal registers. Also gives the to 2552 bit at theme sets permitters the animal registers the	Hotting	AE Piace Committees	Finance & Investment Committee	44300	44296	440	Discussed at Process and Investment CommitteeSectified monthing BM signation (4.1), Residual rise scene increment to 5 s 4 - 20
SY115	All places	Cancer	1,2,5,8	No link to BAF	Operational Recovery - There is a risk that operational recovery for cancer services will be significantly kindered by further inductive Action		28	Accountable	Continue to support local derogations in relation to cancer services if possible. Cancer Malance Board have respected work is understated to thilly understated the inpact of the or cancer pathways and islandly opportunities that could enhance mitigations as a result of further action	Emma Latimer (ICB SRO Cancer)	Cancer Alliance	4	4	65/98/2023 31/20/2023 69/12/2023 58 20/05/2024 45540 20/05/2024 60/06/2024	Not overdue	Julia Jessep, Cancer Alliance Managing Director	Continue to maintain sensingly through Cancer Million & SEOCI and specific satisfued file 1 cells for STMPT. 65.81.22014. Impact cells such as the machined.	Monthly	Quality Improvement Performance stient Experience	Audit and Risk Committee	45174	45170	244	Workstll engoing
SY116	Atplaces	Cancer	1,2,5,8	No link to BAF	Operational Receivey - There is a risk that OMPS Consultant pressures for cancer services will lead to an increase and inequity in waiting time leading to potential ham for patients with head and neck cancer.	m 4 4	26	Accountable	Discussions ongoing with DBHFT / STHFT to estudish solution and ensure equity of waiting times. Agreement to broaden discussions across all providers and incorporate into the wider Acute Federation review of CMFS services.	Emma Latimer (CB SRO Cancer)	Cancer Alliance	4	4	85/99/2023 31/12/02/33 81/12/02/3 81/12/02/3 81/12/02/3 80/5/02/4 80/5/02/4 80/6/02/4	Not overfaxe	Julia Jessop, Cancer Alliance Managing Director	Excess discussions to Agenet has substances and horizoning to indice waiting times. Other systems are also lagging (DME) as a present series and approximation of the system of the syst	t Monthly P	Quality Improvement Performance stient Experience	Audit and Risk Committee	45174	45170	244	Work still ongoing
SY117	Atplaces	Cancer	1,5,8	No link to BAF	Paediatric Radiotherapy - Them is a requirement to ortend the mutual aid arrangements for Paediatric Relationscopy with Leads Tracking Hospitals INFS Foundation Through Days of September 2023 with a lack of control date for repartiation to Shaffield Faeching Hospitals. There is a nak that the paediatic addotherapy service will not be able to be esturned.	4 4	26	Accountable	NHEE Specialised commissioning leading discussions with 1THFT, SOH and STHFT. Cument commitment to March 24 based on increased training commitment of the STHFT clinical oncologist	Emma Latimer (CB SRO Cancer)	Cancer Alliance	4	4	05-98/2023 31/20/2023 05/17/2023 20/27/2023 45540 20/07/2024 05/07/2024	Not overdue	Julia Jessop, Cancer Alliance Managing Director	Barc commonthising to hill myslementing with DMT SSD and SSMT Bannamis proteins being anglend in companies. 5512202: Discussions are alterapting in station To be to endowing addresses: O Mannamis proteins and the stationary of the barby and the stationary of the barby intradiction and palative addresses QL 2020 Exocident commonstances contract barbard and the stationary and and constructed barby of the barby intradiction and palative addresses QL 2020 Exocident commonstances contract barbard and parameters are used and and the stationary of the stationary and	Monthly P	Quality Improvement Performance stient Experience	Audit and Risk Committee	45174	45170	244	Work still ongoing
SY152 (New)	IC8	Primary Care			OP Action - There is a rais of OP action during 302 AFS due to the BMPA Querent Practiceur Currenting England; Sangin Buyuka with MHI England in advance to the 30204 OFC and a second s		16		Bio committed to continued distigant— and discuss protected "Nerves" of action—as galance care. The temp galance was trajent according to anyone the discontent that the temp is sum as an anyone protectively rais of temp of the transmitter—periodically the protectively care with the headboard SCP or many temp of the content to segme table to the transmitter—set of the segme table of the pro- tection in the temp of NECT anyon and action charante. -Broards match temp of NECT anyon and action charante. -Broards match temp of NECT anyon and action charante.	Anthony Fitzgerald (Doncaster Place Director)	² Operational Executive	4	4	36 27.05/0234 27.06/0234	-42	Karen Curran		Monthly	Primary Care Committee	Operational Executive				Addaed on to 1904 register 21/5/34
51128	108	Cancer	125,8	BAF11,80412 BAF22	Oncode Wolfness Challenge – in nosmit months an have become aware of a prevent granuous on the intercading wordness, which is septicated status and a status of an end of the second status of a second status of the second status of a second, and and next second and there of second status and the second status of and an and and second second and there of second status of the substatus for second and the second second status of second se	4 3 4	22	Accountable	National selegation for reconfigure to exceting workforce respond. Multiul air leganetat the selection of the additional of these excetations are then selection of the second additional capacity. Remarks to second additional capacity.	Emmi Latime (CB SRO Carcer)	CCD Due Diligence Assusience Letters	£	4	44-12-022 1944-022 1944-022 1946-	Not overdue	Julia Jassey, Cancer Manuel Manuforg Director	Togenerative strain programmed to extrain in potents for consultation on balance models. The particular talk is hours an uncleas to being memory tanks and the strain of the particular talk is hours and the strain of the particular talk is hours and the strain of the particular talk is hours and the strain of the particular talk is hours and the strain of the particular talk is hours and the strain of the	a Monthly P	Quality Inprovement Performance utient Experience	Audt and Risk Committee	44200	44636	440	Work all engang
9/187	128	Children and Young People	12.345,678	No loca di V	Community PassBattics/Children Pathage. There is a not that content communities arrives, justificing and cigarity of the arrives in plants in topport and the second second second second second second second second RD basesment. Steep Pathage, DeseawChildrenes Segret LTC and offer the next approximation must be anotable and causing in parases the next approximation that the second seco	8 1 4 4 1 1	и	Responsible	CB Peer Committee Lastering - margins / kia and actions required to milgan. QMM marging 77.04 CE granulinaria secolita Pieze Communes in pieze for 1500, junity with LA	Caty Webst	os	4		10/13/0020 80/03/04 80/03/04 80/03/04 80/03/04 10/6/03/04 10/6/03/04 20/6/02/04 20/6/02/04	Not averdue	Render Junit Wite Descenter Alla Lagfers futbalaut Caus Son La Roman	Annuer stage dataset hereating benchmark produces integra register at particles to assess par. Advance Stateg, and Schney Para, and an environment of the state o	,	128 Pace Committee	Operational Executive	45124	0	O	Barmbay Aug 2023 - These confirms to bia applicant pressures on ADD Assessment pathways and white preventing discussions contracts are grant, then is not real availability and and associate the applicant number of China the values of the anticest the confirms in the shadepent scatters to exother as
51124	108	Mental Haalth Services Inc. LD/Autism/CM445	· 1358 B	F11,84F12,84F21,84F31 84F43	National Togectry for Learning Shadeling and Autore (JSN) important. There is a re- angement of the state of	0	28	Accountable	Ingges Can Johann with size and typement Directs in Satelly and authorized the starts in Satelling Equation of Orders and Truck Dynamic Integration. The size of the Direct Direct Direct Dynamic Integration of the Satelling Direct Direct Dir	Wordy Leader (Barniay Place Directo	r) LDA Programme Roak	4	4	10/13/022 20/07/223 20/07/223 20/07/223	Nec overdue	Kelg Glove	Hg 24. Individual grade discusses in the current publication to bit includates with early grade. This is were introplicational tables in the current publication of the current publication of the current publication of the current publication. The current publication of the current publication of the current publication of the current publication. The current publication of the current publication of the current publication of the current publication. The current publication of the current publication of the current publication of the current publication. The current publication of the current publication of the current publication of the current publication. The current publication of the current publication of the current publication of the current publication. The current publication of the current publication. The current publication of the current publication of the current publication of the current publication of the current publication. The current publication of the current publication. The current publication of the c	Quarterly	Al Piace Committees	Quality Improvement Padromance Patient Experience	45215	45200	215	Users 244 Rended Hats 2423 mere 229 certained and the sense of the se
SY128	System / Barnsley / Doncaste	er Children and Young People	2,5,8,8	No link to BAF	Packdotic Huaring Sarvices Improvement Programme-Notional melies of gasebati auditogy autoices has result that these out of his services in South Yoshibire au- assessed and RM Rikk and pack of a service autoscale al where. A fixed one baseba- the package register to base lock and even even addition fit hum has base out- dance. The surfaces may examine a second of poor quarty autoices and stiggetion.	c e 4 3	12	Accountable	517 Quality Oversignt & Improvement Group with clinical actentific input and persopaport established for each trustmetice. Piece Quality Name commany Duality actions plans. There with accentional theoretical endowers and the state of the state of the state of the state Parlaments. A Funct Experience committee, Quality Board England Impacts Academy Quality Board England Impacts and plans.	David Crichton	National Paediatric Audiology Review	4	3	21 2020034 21802034 21804024 21804024 21804024 218040204 46902024 65082024	Not overdue	System-Japhe Sixikumar Bansky / Stoffsid - Aun Windle Doncaster / Rotherham - Andrew Ruccast	Vierts 11 for complete with lefter of actions quest. Firmal incident susquences the been pairs place. Other find and toot take which are dischargeropored to revers to Arbor. The occursm of the vierts. The 22 is converting with the Major Khane Experime. The C2 will be writted as some as The Same movied. Descare: 55620216 doesnances upon in glace to consider all discard provide assurances in statem to endprice, upon improvement, subge and impact quere children and and a consider all discard provide assurances in statem to endprice, upon improvement, subge and impact quere children and actions. Action plan monitored throughly through through thread monitor and thread pair of Cancel Assurance with inplace with expertentional and equipont.	Quaterly	System Quality Group I	Quality Improvement Performance Patient Experience	45310	Reviewed at Chief Nursies meeting, score newased to 4 x 4 due to reputational consequences and the fisk is not mitigated with the actions.	0	1200/222. Agreement between A Model and A Magai for data to a gate. 5122 will used involve- nce as a system maximit on the such Statistical Point in a new additional score gate management /addition. 5/12.4 - Ionizieu picce max to be optimed tokoneng Regional SHF services.
SY113	IC8	Elective Care	1458	No link to BAF	Walling times - failures to diminute flatfasts to Traument (HT) wats over 65 weaks affects patient access, patient suflay and experience, security of thruse funcing and 57th expectation, by March 2024	4 5	20	Accountable	Implament SIMA Glagnostis & Electrin Recovery Plan GMT improvement programm NetE Quality improvement support Planter in Island digital mutual aid system (2004); in development by Herd T a alice for better access and chickes for patients	Chris Edwards (Executive Place Direct Rothenham)	Dr Sarah Bayliss	4	3	156/01/01/01 11/09/02/01 11/09/02/01 11/09/02/01 11/09/02/01 15/01/02/01 15/01/02/01 15/01/02/01 15/02/02/02/02/02/02/02/02/02/02/02/02/02/	Not overdue	Catty Hassell, Managing Director South Yorknine & Basentian Acute Federation // Sare Baylos	In some of the wave advance in density to human-prime by bisecurity of the set of Heck24, in the set of density advance is a dense in density advance is a dense in density advance in the set of the	Quaterly	All Place Committees	Quality Improvement Performance Patient Experience	45156	46170	256	This was choosed at the Acat Federation based meeting which agreed that, given the current context, the pair emitpation contribution the single-target meeting and the single-target and the single-target and the They were acat and the single-target meeting and the single-target meeting and meeting our attribute sciences 45 were wants by the end of the year. Discusses at OC - agreed changes to conteg 4:3 - 12
SY123	ICB	Complaints	1567	BAF11	Complaints - Due to the volume of complaints lock of capacity, lack of data analysis or other learning from complaints may haid to a reportational, quality and safety risk possibility of not measing our overright requirements and not litatening to our public Volume of complaints is also a caving pressures on staffing which could load to personal biory	s . 5 3	15	Responsible	Actionsindgement latters changed to acknowledge delays in the process and assigned to context. From 1 April 2004 cetta have moved and the functions due to BCAwith new staff already in post. Workford has been assessed and work is enging to decrease the backling.	Will Cleary-Gray (Director of Strategy ar Partnerships)	1d Chief Nurses	4	3	211/30/2023 4/12/2023 04/02/2024 22 23/82/2024 29/82/2024 29/82/2024 29/82/2024	Not overfaxe	Ruth Nationen	Week is segange bring the new comparison have highline to work 2000 the CE dang with work to quartify the number of comparison currently bring societies and is program.	Quarterly P		Quality Improvement Performance Patient Experience	45212	0	0	Service continues to be impacted by SLIF shortages, sickness and annual laws.
Si108	ICB	Infection Control	15,8,7,8	No link to BAF	Indicision Provention and Custors. The Cala and exacting the target for cultif. These a risk that and cultime PRoje assess with the VMS and the target for cultime anterna of C DBT and as a setup that the VMS will be now the C DBT thresholds and the VMSE. Reveals have an increase assess in cases locating and the C DBT thresholds and the "Buttern appare to be the setup as previously, for example the cases in Rhmshman appares to be the revealence of the target and the states of the target remembershift means of the revealence of the revealence of the revealence of the revealence of the revealence of the revealence of the revealence of the revealence of the revealence of the revealence of the revealence of the revealence of the revealence revealence of the revea	5 3	25	Accountable	Each Place within the ICB has diffusing processes of wakewing, monitoring and understaing actions around C DOR, and this is unlikely to change. The PBMF process is also being implemented currenty. Each and also being and improvement induction plan and are looking at themes and tends and actions registed. These can be this start or also diff and are validitors in trusts and places. There is a plane to thing all the plane together and develop an ICB wide improvement policitors that incorporates started work.	Cattly Winfield	0E	4	3	05/10/023 20/07/024 45559 64/06/224	Not overdue	Jayne Sivakumar	Hedrog's bit place is bing Place plant topher and tool have to more forward with an CB reductor/improvement position. Actions are bing understain in each Place.	Quarterly	Quality Improvement Performance I utient Experience	Quality Improvement Performance Patient Experience	45124	45108	280	NHSE environing the threshold setting process this may impact on the threshold levels and therefore the amount one for near-year. There is also the quality and patient safety aspect. Some cases have not acclines stated to environ the improvements assumed the quality in patient (associated and the Childboordwork includes the Holdies explorations tharm and environments and primary cases many differing environment submit associations training and the constraints and primary 2023;24 Arimitics, Controlscie 401,2023;204,999(2013);240,247,247,247,247,247,247,247,247,247,247
9921	13	Quality	12588	MF21	LLONF. These is a state that the CB will not meet indicate gality requirements for LLONF, these is a state to diago in a parsing workfore and accumulation for the proton accumulation of the state of the state of the state of the state of the proton accumulation of the state of the state of the state of the state of the means of helicology and PDY-modelings from accumulation by MHSE	o 4 3	22	Responsible	+ South Tradeline approach to manage LaCall	Wenty Lender (Barniley Place Directo	v) Presidue CCC Rule Management Processes	£	з	11.000/2022 11.02.022 12.02.022 13.050/2023 13.050/20	Not aventue	Kaly Claver / Anta Winter	Seniors can by Anis Wittenfully Gener setable as CA wild approach - supporter by East. 1 20hr tempory review regardly quere b toget acting for Amine year Amine and an Amine and Amin	Quarterly	All Place Committees 8	Quality Improvement Performance Patient Experience	44713	40723	573	When still engang
5956	63	Childres and Young People	5.6	8612	CAMPE - Sustainability of improvement is the quality of anxies in notation to CAMPE specificity investments primeric gamma from the specific constant on a distanticular and landing to Constant on providing. Constant and a distanticular the series by CPA, lantites and provide hittee.	4	æ	Accountable	- Newly methy phones IK28 and IBOAK CAMPEL and IRFC. Healty CAMPE cantace parlaments mething Descusate: Newly place based Chrical Quely Neelee Group averages	Westy Lander (Barriso) Press Directo	9 Pestos CO Rat Mangenet Piccias	3		64-13-2027 84-50-2023 94-50-2023 94-50-2023 94-50-2023 94-50-2023 94-50-2024 94-50-200-2024 94-50-2	Not availue	Specify Prior Technic Bandy Janes Blair Documer also agenter Rithman Care Bally Staffet - Un Alterna	Udd EDG pagement carbinas, tear extellatores estabilistes	Quatory	Al Piace Connitise	Quality Ingrovement Performance Patient Experience	4400	4455	440	Densativ Weik confirms Bueffield (7/18/24 - Coppresite find frammer with Kaut fram for fight frammer with Saud Basel and fing Course
51091	ICB	Human Resources	128	84F2.1	Corporate C2 Corports, There is a risk of insufficient corports) in the C2 in strand Anctions and place taken to be able to fulfil the obligations of the C3	3 4	12	Accountable	Shard functions and Place transmit work to hold scalence within their functions during and positive nunning costs allowaicous porgramme	Christine Joy (Chief People Officer) / Garin Boyle (Chief Executive)	Previous CCD Risk Management Processes	3		65-12/022 1306/0223 92/95/2023 92/97/223 1119/0223 1119/0223 131/12/023 131/12/023 131/12/023 135/12/023 135/12/023 135/12/023 135/12/023	Not overdue	Burning Wenty Lowder Doncaste Arthory Pitzgezie Rothatum Chris Edwards Shuffatt Enre Latimer	Resther to exact shaben apply this force yielted a positive impact in capicity. Of wells in place to apply the doubprint ad information of the new quality multiplication and the server energing that to must be capicity in the Apply place.	Quarterly	Operational Executive	People Worldonce and Culture	44303	44536	440	Rothelium SHT-autored as indive to al glasses we think that them should be a capsular sequence from Audy in low the take will support places to intigetie due too.

57644	At places	Data	1,58.8	BAF 21, 60F 43	Excelling Headth Inequalities—The impact of the Cand-32 participant, has been for availing and the sace's, construct and hand impacts as too of optimized and the same of the same of the same of the same information of the same of the same of the same of the same of the same photoms as easing of particular and and impact for the specialities.	5	5 2	Accountable	Essistent impact Carl Private part great storig-this is nor we will est types a system to induce start induced. Developing your the Servery part is to be a low and start induces to data bag parts that a low and the space and start induces to the parts that a low and the space and start parts is also bag with space to a low and the space and start parts and the space of the start parts and start parts and the start bag and Carls and and the parts and all parts and the antibilities to scale bad in repeates.	WEI Chary Corg Streets of Thirding and Perturnishipsi	CCD the Dilgence Assume Letters	3 3	3	65/13/2022 67/03/2023 19/06/2023 29/06/2023 29/05/2023 69/06/2023 06/06/2023 06/07/2024 13/07/2024 13/07/2024 13/07/2024 29/07/2024 29/07/2024	45594	Not overdue	Sanday Ja Koson Norana Alan jagtan Rhankan Cara Secto Santhat ta Allowan	Earning The Barning Nex Commiss / Periorsing Barch An adapted a joint approach to tacking respective and genores the Barning Next Power Commiss / Periorsing Respective And Perior Respective And Peri	Quaterly	Al: Place Committees	Quality Improvement Performance Patien Experience	44000	44636	440	Work on the 1 Descador Plan and Those continues
57682	At Paces	Montal Haveth Stanfords Inc. LD/Audion/COMPS	12.358	84° 11.84° 12	And Percel Hugh. Access the CS have an investeinty presentative for anti- generative states. The second state of the second states of protocol in the spectrum access the spectra Social free and states amount disc current analysis and second access the spectra Social free and states amount disc current analysis and states and the spectra Social free and states amount disc current analysis and states and access and a second state and the states of the states of the analysis devices and access and states and states and access and and disc data and a second state and instates of the states of the states and and disc data and a second states and states and states and states and the states and access and access and states and states and access the spectra tests.	3	4 =	Accountable	Perharship using distributing Yappo established, Resculture to Onlo moticator preventing province commissioned. Development of MM MM Decenter and a community pathway dependence on account of discussions with MP Peopler Odd accidence to some and apprend to their plane.	Wendy Levelar (Burnisky Place Director)	Class Smith Interespublic company	3 3		6/12/2022 3.8(15)/2023 3.9(4)/2023 3.9(4)/2023 3.9(4)/2023 3.9(4)/2023 3.9(4)/2023 3.9(4)/2023 3.9(4)/2023 4.9(5)/2024 4.9(5)/2023 4.9(5)/2024 4.9(5)/2024 4.9(5)/2024 4.9(5)/2024 4.9(5)/2024 4.9(5)/2024 4.9(5)/	40601	Not condue	Bensiy-Janu Waa Donzare Allu Legita Ratherter Caucho Adrian Adrian Sant Bud (ai CS Prog Dector for H4)	Beam HM-Disclassication are referred integrations and encoded	Quaterly	Al Pace Compiles	Quality improvement Performers Experience	44000	٥	O	Assessment of the balance of risk to be compared paid excerning of discussions with MH Physicle Calibrations. Durfled: 27/92/24 - Copyonals Risk Taum met alm MH - Action for Kito invite score and physicle update in conjunction with Swall Boul
51016	IC8	Finance inc Finaud	1,3.5,8	BAF 11, BAF 15	Flaud - Then is a dist that CHC / PMB finds provided for publicit can an intentioning disturbed by publicits or that can be offen and a start of can a start of the B and basis at the phonology in the of memory in the CB and calls of can be publicit.	3	4 I	Responsibile	- Holise prices to CC and Pell. - Build are and which the work significant cont. - Robus an applicity adult - Robus a sinking to an adult, a global adult of the sic and - Robus adult of the significant control of the size - Robus a subtract - Robus and Robus - Robus adult of	Lee Outhwalte (Diref Finance Officer)	Previous CCD Risk Management Processes	3 3	•	18/11/2022 (2)/31/2022 23/31/2022 23/31/2022 23/31/2022 23/36/2022 24/36/2022 23/36/2022 23/36/2022 23/36/2022 23/36/2022 23/36/2022 23/37/2024 22/37/2024 22/37/2024	45597	Not overfue	Hayley Tingle (Laading on CHC Budget)	Bensign winning at OPCMH processe/systems- join to indicate spins CBLA internal and even of processes due to take process (1) 12022A. Find a full even of the factors of al OPC maybe care mangement that inclusify the late to explore a part of this winning in the constraint of the processes of the antibility processes in the constraint of the processes of the antibility processes in the constraint of the processes of the antibility processes in the constraint of the processes of the antibility processes in the constraint of the processes in processes are processes in processes and processes are processes are processes in processes and processes are processes are processes are processes in processes are processes in processes are processes in processes are proceses are processes are processes are proceses	Quatorly	All Place Committees	Audit and Risk Committee	44883	44066	451	Person nagonalide brogadas is Hayley Togle as Hayley hauts on CHC Budget
57649	All places	Corporate Services	128,8	2.8	Compliance with 5000 and Patician at Reas - The CER Processors and the local generatics an angement is not comply in a long toroung any with the CEN paticity in expand of Committee at a long and the CEN paticity in expand of Committee at a long at plantament, there is a not independent of the decision balance.	2	3 4	Responsible	- Cli brackos el facoso el color de la grad colisi, as interactivis; mento el color de la	Mark Janvier (Director of Corporate and Covemance)	Previous CCD Risk Management Processes	2 3	6	20/02/2023 02/03/2023 24/05/2023 04/07/2023 08/02/2024 08/07/2024 08/07/2024	45885	Not overdue	Ruth Nutrient	Baart to be updated on any decision make at Place. Anonexes toxings to got it place. Novies of SDD and guerances is light of Novay Cas and Specialised Commissioning toxed of families.	Six Monthly	AE Place Committees	Audit and Risk Committee	44977	44958	385	Rotherhen negworkd claffordins on the INI Jugger Classes, \$2214. Herk kenier neiweed, discussion enging semanarity general classes
SY130	AL Places	Care Home - Individual Placements	257	No Enkto BAF	Care Homes - There is a fink of access to independent care provision outside of acces hospital is a Resisterial Care Homes / Supported hirty. This is due to provider capacity and whorage access desponde living. Which may result in prolonged singh of hospital admission / patients accessing support out-of-area.	3	3 2	Accountable	Building better relationships with provided Improved capacity within system Better communication with providers - updated with developments within the and Wonking closely with Local Authority partners	Cathy Winfield	QPPE	3 2	6	02/04/2034 29/05/2024	45625	Not overface	Alun Windle	8	Six Monthly	Quality Improvement Parformance Patient Experience		45350	45323	118	The ICB are not responsible for commissioning of provision
SY106	Rotherham	Mental Health Services inc. LD/Autism/CAMHS	125,68	No link to BAF	Travers Resiliences Sancios - These is a risk of funding basing unwaitabile from Hach 2015 sensets. Provide Indiana seaso sciences from Hachina and antices since 2027 2014 to separate the Netwanian sensets at the Schedung of the Assessita years and the 2014 of element funding causes there is and its the languing of the Assessita years and the media attention. The All December of the Assessita years and the anti- media attention. The All December of the Assessita years and the media attention. The All December of the All December of the All Sanciari explorition is expected the continue for a number of years.	2	4 5	Accountable	Ravies of metal haufs services cormissioned by Rotherham CB to understand demand and value for money in current model. Working with TRS to horizon can and supports upply for external funding where available.	Chris Edwards (Executive Place Director Rothenham)	Rotherham Place Executive Team	2 2	4	30/06/2023 11/08/2023 10/12/2023 10/12/2023 18/12/2023 18/12/2023 18/12/2024 15/06/2024 15/06/2024 27/06/2024	45681	Not overdue	Claire Smith	The Reference place decima has belowed in additional designets: manage the sink of court cases through to 2020, Reference Place 2020, Reference 20	SixMonthly	Rotherham Place Executive Meeting / Storewood Strategic Coordination Group	Improvement Performance Patien	45107	45078	291	Pag-bank to accord this risk.
SY133 (NEW)	108	Information Governance	12.6.7.8	٥	There is a risk that the ICB may not be permitted to submit a Confidentially Advisory Orea op CAD application to gain approval to line pirmary care OP data to other data sets (i.e., a cand, such on the CS exection blocks a OP If monoment plan tobeing the DSPF audit, resulting is an inability to make the because of OP data, which are landing in the ICB Data Parform over the corning weeks.	2	1 2	Responsible	Now member of staff will be joining shortly who will be able to take forward many of the outstanding actions required for the SPF improvement. Aim is to have insues scientified in the coming months able will be able and date for submitting the C/D application. Not having C/D approval work impact on our ability to built and that the data-animoment so we expect the impact to be minimal.	Wit Cinary-Gray (Disector of Strategy and Pathenships)	Kî Group	1 1	1	45429	45884	Not overfue	Barbara Coyle	8	Annually	IC Group	Audit and Risk Committee	45499	45474	11	New risk added following 10 Subgroup

Ref	Place/ICB	Domain	Link to	Issue Description		Likelihood	Impact	Score RACI	Mitigation /	Lead issue owner	Source of Issue	Date issue assessed	Due for review	Overdue?	Responsible	Progress / update	Date for reassessment	83620		✓ Date issue Added to IL	Days Open	Comments
1.15	53	12572	No linked BAF of Risks	Doncaster Royal Infirmary (DRI) - Backlog Maintenance - Recent Incidents at DRI	ts n ial	5	5	25 Regarda	Risk summit held with local partners Put improved electrical infrastructure Upgraded roofing and replaced windows. Improve fire precautions. Mutti agency workshop on 9th October 2023 involving all SY trusts Ambulance Service and NHSE. NHSE appointed	Cool so is do dollar	UNP Ra Rejoter	86/11/2023 68/02/2024 19/02/2024 19/02/2024 19/07/2024 29/07/2024 29/07/2024	4553	4	Alfsa Leighton /	Not Associations local patients interactions interactions of patients of patients of patients of patients of patients interactions i	Vieskly	Local Health Resilience Partnership	Aufl and Ro. Committee	4225	200	EPR Hauge out to reculment
603	128	1.2.4.6	BAF 2.2 SY031, SY028, SY078	State Active access health and social can workfore, - instantial active tolerange may all programmes of work in particular activity to a sket Animore and a company can pathway.				20 Accountable	Effective incident glanning of services local discussion about deregations services that should continue during strike.	Will Charp-Gray (Director of Bioalog) and Purkwonkips)	DTGE ME STOLE	18/12/2022 16/01/2023 04/05/2023 04/05/2023 04/05/2023 22/04/2024 28/05/2024	45514	Not overdue	Christine Joy Chief Nursing Office - Cathy Winfield Director of Strategy	Manager commenced post on the 4 March 2024. Awaiting the implications of the industrial action in primary care.	Heathy	Operational Executive	Aufland Rok Committee	44813	430	EPRIV Managenetin organisation on 20 becomes 2000. Recommentation inducement complete an advancement of controller to commenting on Affects 2004. Waterin an anguments through existing traver members.
1.12	13	12.58	BAF 11, BAF 12 SV028	Cancer-Danto a destruit in the consultat enclogy workforce, then is an extension beyond the structure approximation of the structure of particular barr to partients	nt to m	5		2 Accentiale	Brach noting trees are boing expansion to calor management taus meeting. Mutual al has been fully explore through regional sim- basis are reflected regionally and automative sizes are reflected and and and automative size and	Emma Latiner (Defined Place Director)	CCD Due Diligence Assurance Letters	00.12.000 2010/2023 280/37023 180/47023 180/47023 010/47023 010/47023 010/47023 010/47023 010/47024 010/17024 010/17024	4555	Not overdue	Julia Jessop	spirer control tests and regular to a 1 end to a 1 the test spectrum Additional capacity being accured through Remody, the discussion will, control and the additional capacity the control tests and additional capacity will making thems event back to pre escalation. Additional capacity will be additional of August the additional capacity will be additional capacity and regularized on the provide regular provide regular capacity and public capacity and public capac	Huntily	Garcer Allance	Quality, Performance, Patient Involvement, Esperiere	cc 4805	440	Luble to be reparted by real point of industrial action. CurrentRoad schedular for 1/2/2, update to by product holoung the selecting.
6.53	13	128	BAF 1.1, BAF 2.1	76/164 View Wols - The system has not elimited aparterization 27 and 124 events takes a paintern and the 10 Amputton damage nd meeting-national targets.		£		18 Accountable	Elactive recovery plan overseend a spatian level with end-duck level with end-duck level decible Bits.	Chris Eileante (Retherham Place Director)	SantiBoylin	0306/2023 11/06/2023 11/06/2023 02/12/02/3 11/06/2023 02/12/02/3 02/12/2023 11/06/2023 02/12/02/3 13/06/2024 13/06/2024	4536	Not overdue	Cathy Hazoeli / Sandi Bayles	International in the import performance report. There is a time the performance in the performance period and the period	Hunthy	Doncaster Place Committee	Quality, Performance, Patient Involvement, Espetem	ca 4508	334	Lable to be impacted by real period of inductrial action
8.17	13	5,6,8	59105	Continuing Health Care - Current Hak access Licit is instation to capacity to obter statutory aquarements adortfared within to Card Charmannow the to capacity results is a potential data you parties are induced quality of care.	ie -	£		18 Accountable	be moved to target these. Commencement of transformation project for all age continuing care.	Cuthy Worked	South Yorkshire (CB Chief Nurse formal meeting, SHCB Place Direction and OAH and Place Decome Yourn meeting	28/68/2023 61/12/2023 01/02/204 21/02/204 23/06/2024 23/06/2024 22/07/2024	4535	Not overtue	Andrea Russell	Decusions regarding setting a JAL age continuing care transformations proop of the content of the content plant in realistic to mediate care that the mediate care that the mediate case. In the content chare of the content of the content content of the content of the content of the No charge in the	Hunthy	Al Pace Committees	Quality, Performance, Patient Involvement, Esperien	ca 45357	249	Rore currently being reviewed as losse is grader in some areas over others
1.07	Al places	13.0	84f 11	Open ad Integercy Cett (Fickler) 11/1999; the continues to be significant persone baceday logant and Renegator. Cent shore as sublight in tracking Cent shore as sublight in tracking contained and shore the state of the cent shore the state of the shore the ICB.	·	5	3	2 Consulted	Net Automatic and your West Youkhale CR. Such Youkhale CR.	Dr Devid Crichten (Chef Pfedical Officer)	57/C8 95 51648	85-12/022 22-01/0223 23-01/0223 24-01/0223 24-01/0223 25-01/0223 25-01/0223 25-01/0223 25-01/0223 25-01/0223 26-01/023 26-01/023	4553	Not overthan	/ Doncaster: Alsa Leighton / Rotherham: Claire Smith (Steph Watt) / Sheffield: Ian	animary costs expegnent than all preferences that all preferences that all preferences that all preferences that all preferences that all preferences and all constriptions even and constriptions even and constriptions even and all preferences and constriptions even analyse all preferences and pregrammers to to all preferences and the monotonic to all preferences and preferences and preferences and the constription of the preferences and the monotonic to all preferences and the second all pre	Mothly	Al Pace Committees	Quilly, Performance, Palast Insolvement, Espelen	ce 4600	460	Burnlay Continues to see flast-turlises in performances (20/5/24), SC) Docidante Performances metrics have been more challenging to adu, infercing the interpart of parasitations. What is used to be a set quantify the inspect of plants to 24/24 and the local UEE Board to Board Parameters and a set of the set of the set of the set of the set flast set of the set of the set of the set of the set of the device flast set of the set of the set of the set of the device flast set of the set of the set of the set of the device flast set of the set of the set of the set of the device flast set of the set of the set of the set of the device flast set of the set of the set of the set of the device flast set of the set of the set of the set of the device flast set of the set of the set of the set of the device flast set of the set of the set of the set of the set of the device flast set of the set of the set of the set of the set of the device flast set of the set of the set of the set of the set of the device flast set of the set of the set of the set of the device flast set of the set of the set of the set of the set of the device flast set of the set of the set of the set of the set of the device flast set of the set of the set of the set of the set of the device flast set of the set of the set of the set of the set of the device flast set of the set of the set of the set of the set of the device flast set of the set
1.09	C 8	33.6	84F11	Medication Supply-Times to a nix that detaution supply to the second second second second detaution and second second second second second management and particularly creates medicate costs.	in	5	3	13 Accuunt204	To communicate displayment of serious shoring protocols, and additional mitigation response is a co- ordinated Auding of our across places and being developed in the event of a subdate tectical level response being developed in the event of a subdate control centres the possibility of dealing stack from hespitality relates a skete about the possibility of dealing be rates with NHS region.	Dr Bavel Criction (Chief Medical Officer)	Period CC0 Ris Progenet Posses	130442023 18042023 210802023 210802023 210802023 210802023 21020204 200802024 200802024 200802024 200802024 200802024	4555	Net overtlae	Azs Hojneox (Osief Paamacy Officer)	Additional national medicines strutures have been reported. The medicines strutures medicines for Other metal Colocians and metal colocians and patients are being patients are being pa	Hanthly	Al Face Connities	Quilly, Performance, Patient Involvement, Esperiere	cc 43539	347	The is a fluid topic with new darts of medication shortages. Proposed a paper is presented to QPPE is September

1.33 158 2	Project State Strate States and States and States S	024 dd dhy dd dd dd dd dd dd dd dd dd dd dd dd dd	3	15	0	CPC; PDHOs David Cricition, São Isada, Ocena Miler	David Dichten	RokRegister - 57223	43506	455.37	Not overdue	Alex Holyneux	we up to a set a transmission of the set of	Honthly	Medicines Management Optimization Oroop	Quality improvement Performance Patient Experience	
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4556	o	Relact as in issue following increase in score on Rei Register (\$1103)	
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						Initi	l Risk						Residual Ris	k			
Ref	Category	Place	Domain	Link to Board Assurance Framework	Risk Description	Likelihoo d Im	act Score	RACI	Mitigation / Treatment	Lead risk owner	Source of Risk	Likelihood	Impact	Residual Score	Date risk assessed	Person Responsible for Updates	Progress / Update
RPP001	Mental Health Services	Rotherham	1.2,5,6.8	1.2,2.1,2.2	There is a rick 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	o	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 dfer. Place pathress to feedback and support in review of pathway design in order to mitigate risks across the to patients and pathers	Claire Smith SYICB (Place Partnership)	Rotherham PET	2	2	4	6.10.23	Claire Smith Deputy Place Director (Rotherham)	Rdash informed SYICB colleagues of the decision to reconfigure pathwaye mid-sept, this was discussed at our PLT on 4th October with a regular for RDASH to present to the group exidence and impact assurance for the model. This will be appriated by Place colleagues and support provided to ensure all risks are mitigated update 11/123. Risk ressensed as presentation and report submitted the PLT which has given further assurance on impact. There will be 20% increase in community capcity with approach now over 7 days instead of 5. update 11/123 report to board discussed. monitoring impact in comprises 22/12 update continue to monitor but low risk. 11/124. A No further update on position work ongoing. April update - OAA placements are increasing but no evidence as yet linked will monitor and regulars an update obtain to coming months. Nay Update - Julie Thomton will be presenting an update on Goldcreat dosaure and a review of any impact/actions taken to mitgate a Board this month. This may as be this risk, come discling favorably, there doesn't served have been at nagad but to bork form with adjuined days pauling field up to 3 mits until a more detail revier takes place. August - position remains as is, 3 mths review in Sept
RPP002	Diabetes Pathway	Rotherham	1,2,5,6,8		There is a risk that palients with diabetes in Rotherham are not managed effectively or equitably leading to additional pressure on primary and secondary care services.	4	4 16	Accountabl	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 (2)r) funding of resource across place to lead transformation. There is a TSF group establish and once in post this resource will drive our key priorities which have alreayd 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) Stua Lakin (Rotherham)	Post agreed, will all with TRFT but will be a transformational role for Place. T&F group estabilished an work underway to recruit. Update 1/12/23. recuritment underway, this is now agreed Place priority limited to und two areas of transformation on OSR methodology for 24-25. Project checklist completed and prescribing savings identified (initial thoughts only). 22.12 update recruitment underway for the project level 10/24 post appointed to workshop by March 218 with presentation to exe cloard etf on progress and proposed next steps. April update - new stater commenced and work is starting to progress request to close risk at next board MayJubur update - work is congoin estabilished T&F and awaiting baseline, expected outcomes to monitor in support of transformation. A regular oversight impercent work in progress, outcome measures agreed and working through financial impact of immelemention transformation.
RPP003	Mental Health Services Inc. LD/Autism/ CAMHS	Rotherham	1,2,5,6,8		Trauma Resilience Service - There is a risk of funding being unavailable from March 2025 onwards. Previous funding was received from Health and Justice since 2017/18 to support the Roherham negoties to the findings of the Aless Jay report in 2014. If redemal funding coases there is a risk to the kongevity of unifered exploitation. This could also result in adverse media attention. The Stovewood investigation into non recent child sexual exploitation is expected to continue for a number of years	4	1 6	Accountabl	Review of mental health services commissioned by Rotherham ICB to understand demand and value for money and current model. Wroking with TRS to horizon core 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 Smi	No funding expected from Health and Justice, Rotherham Place ICB has funding identified to March 2025 however, with a significant defict planned for next finacial year funding of the model is unsutainable past this point. All livelive of the outcomes of the service, funding for this cohrd acros or ur Place partners and required demand/model moving forward is required and will commence shortly initial convensations have taken place to raise this risk? All with the provider and a meeting will discuss further in October. Risk to be tolerated, newlew continues. Toxik to be tolerated. Review continues, 1932 to roise completed and report provided to the provide the structure of the service of
RPP004	Financial positon and required savings/officenies 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 on ceasing provision) that impact negative on Place Partners and the overall outcomes/health and weetbeing of the Rotherham populations	4	5 20	Accountabl	Rotherham Place Leadership Board, refreshed Place Plan 23-25 with clear Place Priorities. Formal processes in place for exclation across partners in weekly priorities and the meetings. Finance executive leads meet regulatry with oversight at Board level.	Claire Smith SYICB (Place Partnership) Wendy Allott SYICB Chief Finance Officer	Rotherham Place Leadership Board & Rotherham Place Executive Team	3	3	9	6.10.23	Wendy Allott / Claire Smith	Discussion have taken place with partners through the PLT regarding working collaboratively on any MTFS plans. Shared understanding of financial positions has been discussed and continues to be an agenda item at Board. Commitment across Place to leave nonce behind— in terms of understanding impact across Place partners of any decisions on savings/efficiencies. Joint roles in place in commissioning that support integration across Place on decision making. 22112 update our 4 transformational and efficiency projects have been agreed at Place Board SI groups will be established for these in new gat and there will be updated for assurance to board as well as within ICS. work. planning for 24-25 consultation out. 10202 Finance Is being taken through Place Board regarably from Place partners collectively. PET: 605.244 - future rowive to take place AprilMay when there is better understanding of the financial regime for 24/25. May/June Update. Risk assed and to remain as a AUGUST IUPATE: 7070824 MIS ICB position were to FC 7C 2020/2424 - avaiting feedback on any required actions/further impacts on Place. Leave risk as is for now.
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 patient solutiones if the transition isn't managed appropriately across partners	4	4 16	Accountabl	Rotherham Place Leadership team took a presentation on the proposed changes and impact, reports going through RMIC governance to Cabinet in Dez 23 and through partners governance. There is a commitment across patheres to minimise impact and to ensure that the advectory of the state of the state of the state deal with the proposed changes collaboratively	Claire Smith SYICB (Place Partnership) Kirsty Littlewood AD RMBC Julie Thomton 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	sare plovisuit. Optiaer NL - size Lauries applovable working intrody impact with optiaels to "race board JTh - ROASH will present a detailed risk review during February 2024. May Update: suggestion that this is reduced to 2 and 2, however RMBC need to confirm a greement of this, will confirmed in the next update. JUME - residual risk reduced to 2 x 25 config. proposed by CS and approved by KL. AUGUST UPDATE: IN AGREEMENT WITH J THORNTON, K LITTLEWOOD AND C SMITH THIS RISK IS TO BE STOOD DOWN - IMPACT HAS NOT BEENT TO THE LEVEL EXPECTED
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 increase 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	Accountabl	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 SY10B (Place Partnership) & Andrew Russell Chief Nurs	Board & Rotherham Place	4	4	16	01/02/2024	Andrew Russell/Claire Smit	Options for non recurrent funding via IBCF is being discussed with a longer term solution required PET: 06.03.24 further work is taking place with the DPH to mitgate risk. April Update: Note 1 years funding has been secured and options are being worked up to reduce the risk based on that, but that there is no long term solution identified as yet to fund a Community IPC the Service substantively. Moy/June Update - this remains an issue Rotherham is only LA in SY that doesn't have a resource for IPC, there has been a committeent from BCF for one year but nothing recurrently which remains the concern
RPP 008 (NEW)	MHRA bed alert	Rotherham	1.3.5.6.8		There is a risk of ligury or death from entragment or fails from medical body, thology, bod rails, bud grash handles and lateral tuming devices, as alerted by the medicines and healthcare product regulatory agency.	2	4 8	Accountabl	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;	Mediatuis: Community Occupational Therapy: Kinsty Uittercodiudia Roberts Hospice: Mat Cottle Shaw TRFT Therapy and nursing. Joide Roberts Care Homes: Owners/Directors	Rotherham Place Leadership Team	3	3	9	28/05/2024	Claire Smith	RDs8H and TBFT have set up working groups and Medicaja and the Hospice have action plans SV ICB commissioning team are co-ordinating, assume of the mitigating actions including circulating the alert twice to care homes and issuing and reviewing an audit quetornaire to setablish the number of impaction teacients, actions and timeline and outstanding actions June update - caper presented to Place Board in May 24 a further update excepted in 3 mths. July further paper with updated actions plan to Place Dearship this week 34 duly. August - process agreed at PLT regarding assessments to ensure consistency across partners, risk remains due to number of people still awaiting review. regular updates to PLT in place and within providers
RPP 0009 (NEW)	RDASH Care Home Liaison Team Acute staffing levels	Rotherham	1,2,6		If the RDASH CHLT cannot address the acute staffing levels within it's Nussing learn three 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	Accountabl	Actions: To address the staffing issues through sickness management and recruitment. To support service delively through mutual support from recorcise within the Care Group, charact to explore coportunities for mutual support. To pursue the LES proposal for shared care with Primary Care through the RIBC.	Claire Smith SYICB (Place Partnership) Julie Thomton RDASH	Rotherham Place Leadership Team	2	2	4	07/06/2024	Claire Smith SYICB (Place Partnership) Julie Thornton RDASH	July - Review of dementia LES has taken place with possibility of locking at enhancing this to cover the requirements of the service, availing result of the Schefield Hallaum Un review of dementia and the administ nurses by end of July to then progress with disuscisions. Provider looking to mitigate risk in the meantime. August - RDASH have inclated that ther firsk is reducing as a member of staff has come back to work from LT sick leave. AUGUST UPDATE: RISK TO BE REUCED FURTHER IN ACREEMENT WITH J THORNTON AND C SMITH

	Date for reassessment	Assurance	Oversight	Date added to RR	Commentary to Support Review
ce and led to mitted to apcity ving late on linked ornton mitgate n been ty. The ail review	Dec-23	Monthly	Place Leadership Team		
hed and ority inderway board ting to &F and ght in pact of	Monthly	mn,	Place Leadership Team		
March art across e shortly. icss	Six Monthly	Rotherham Place Executive Meeting / Storwood Strategic Coordination Group	Quality, Performance, Involvement, Experience	30/06/2023	
n any be an nding ablished ork inancial ily from is better n as is. on any	Monthly	Monthly	Place Leadership Team		
with lops g of inet nsure ace , will be and DOD LEVEL	Monthly	Monthly	Place Leadership Team	01/11/2023	
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cover and the sk in the scome	Monthly	Monthly	Place Leadership Team	07/06/2024	





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

21 August 2024

RPET Meeting Date	Item Discussed	Outcome	Date reported to Rotherham ICB Committee
11.07.24	Rotherham Town Centre Development	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	Rotherham QWELL	RPET received a paper on the current contractual and service delivery position of Rotherham QWELL which is a mental health platform for adults.	21.08.24
		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.	
18.07.24	Dementia Carers Resilience Service	RPET received a paper informing that the current contract for the Dementia Carers Resilience Service is due to expire on 31 March 2025.	21.08.24
		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.	
18.07.24	Rotherham Place Review 23/24	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.	21.08.24
		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.	

	Minutes
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.45 – 11.30am
Date of Meeting:	Wednesday 17 July 2024
Venue:	Rotherham Hospice
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Primary Care Representative, RPCCG 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
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members Present:

Chris Edwards (**CE**), Chair, Executive Place Director, NHS SY ICB Dr Jason Page (**JP**), Medical Director, NHS SY ICB 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



ltem Number	Discussion Items						
i27/7/24	Place Performance Report						
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:

- There has been a decrease in diagnostics performance resulting in Rotherham being 3rd out of 106 trusts
- Referral to treatment target performance has been maintained performance but continuing to work towards the 92% target
- Overperformance continues against the IAPT 6 week wait target in terms of the national perspective. It was noted that self-referral is contributing.

The 18-week wait position for the IAPT service at the end of May was consistently meeting 95% std.

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.

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.

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.

TRFT has reverted to reporting the A&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&E pilot.

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%.

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.

JP queried the deterioration in performance around ultrasound. JW will look to add more narrative to future reports to give better context.

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.

Action: JW/LG/MCS

Members noted performance this month.

i28/7/24 Quality, Patient Safety & Experience Report

AR presented the report highlighting areas of note:

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.

<u>Membership</u>

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				

Participants

Ben Anderson	Director of Public Health Rotherham Metropolitan Borough Co			
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		
lan 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)								
Mtg Date	Item No.	Agenda Item Title	Action Description	Ву	Action Status	Comments		
17-Jul-24	i27/7/24		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		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		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			